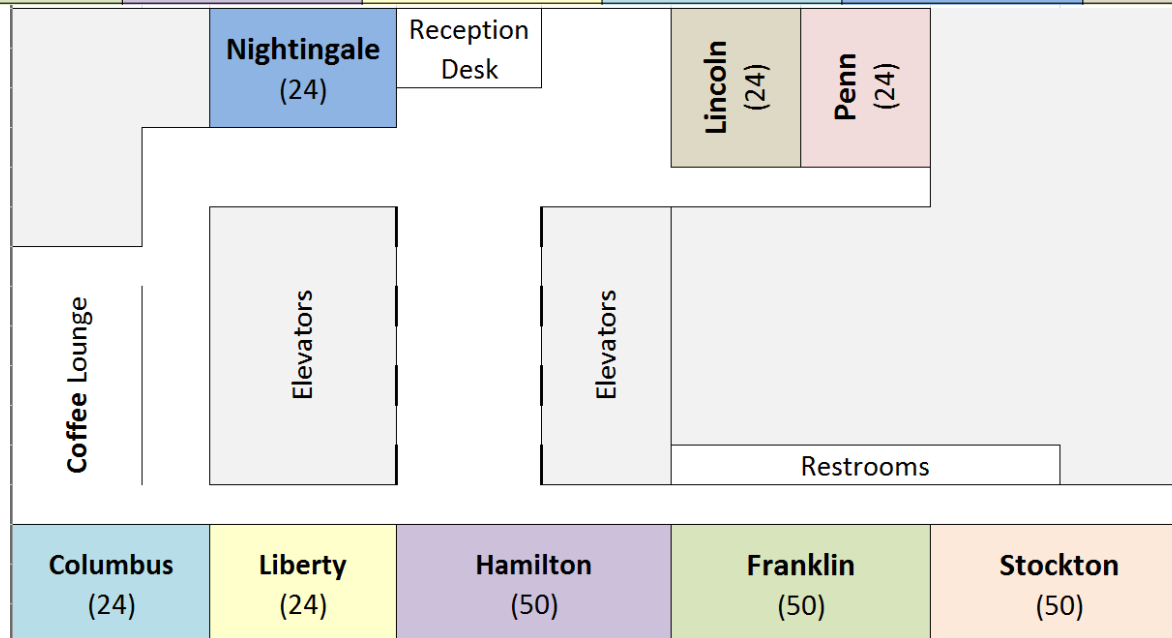


HEALTH CARE IT ROUNDTABLE

Agenda May 31st, 2019

FINAL

Stockton Room (50)	Franklin Room (50)	Hamilton Room (50)	Liberty Room (24)	Columbus Room (24)	Nightingale Room (24)	Lincoln Room (24)	Penn Room (24)
Coffee and light breakfast: Mingle & Network							
Assemble in the Triple Room (Stockton, Franklin, & Hamilton)							
Quick Instructions: Gordon Tait, Lead App Data Architect, Penn Medicine							
How Care Everywhere Impacts Care Transitions by Charleeda Redman Jefferson Health	Role of the Physician Informaticist in Reducing Physician Burden & Burnout by Athena Fernandes & Anne Satterthwaite, Penn Medicine	Remote Patient Monitoring by Rebecca Difrancesco Lehigh Valley Health	Experiences with Haiku Push Notifications by Gordon Tait Penn Medicine	Electronic Blood Product Ordering, Administration, & Distribution by Melonie Dougherty & Joe Pettit Virtua Health	Transitioning Rehab to Epic by Laurie Derres & Kim Cooper Main Line Health	Community Paramedic Program for Prevention of Readmissions by Monica Hooper, MSN, RN & Nancy Turner, RN, ACM Penn Med Lancaster Gen Hosp	Geisinger At Home Program by Mary Connell, CRNP Geisinger Health
Experiences with App Orchard & Web Service APIs & Discussion by Gordon Tait Penn Medicine	Implementation of Shared Notes by Melissa Brown & Jake Moore Penn Medicine	Epic Video Sitter Project by Nadine Optsbaum Lehigh Valley Health	Epic's Telehealth Capabilities Led by Kate Fuller (CHOP) & Liz Deleener, MBA, RN (Penn Medicine)	Implementing Clinical Case Management by Elizabeth Fons MSN, RN Cooper Health	Personalized Support for the User Community by Jennifer Moody, MBA Penn Medicine	Inpatient Consult Workflow to Enhance Notifications & Turnaround Time by Jeff Riggio, MD & Calistus Abara, Jefferson Health	Breast Cancer Screening Health Maintenance & BPA Structure by Andrew Histan Johns Hopkins Medicine
Lunch In The Triple Room						Lunch In The Double Room (more seating)	
Care Everywhere Discussion: Lab & Image Sharing Led by Kim Martino (Main Line Health) & Amber Werline (Cooper Health)	Clinical Pathways by Jon Pomeroy, MD Penn Medicine	Telemedicine: eConsult Workflow for Lyme Disease by Steve Klapper Johns Hopkins Medicine	Rover Post-Implementation Visit & Survey: IP & ED Workflows by Aubrey Hagemann & Evelyn Chen Johns Hopkins Medicine	Utilizing Custom EHR Innovations to Increase Heparin Protocol Safety By Danielle Wilson, MS & My Le Virtua Health	Data Analytics by Wade Becker Penn Medicine	SOGI & Preferred Name in Hyperspace & MyChart by Kathleen Lux & Tom Ford (Temple); Naomi Carlson & Omar Abarca (Johns Hopkins)	Procedure Pass Discussion Led by Sue Jansen, RN-BC Geisinger Health
Integration with CRISP (Maryland HIE) by Michael Shaughnessy Johns Hopkins Medicine	Tackling the Problem of Problem Oriented Charting by Carol Ross, RN; Denise Klahre, MSN, RN UPMC Pinnacle	Telemedicine: Carelink Video Visits for External Skilled Nursing Facilities by Steve Klapper Johns Hopkins Medicine	EVS Rover: Enhancing Communication Through the Use of Technology by Ariel Desphy-Carter & Justin Heartsfield Penn Medicine	Developing & Implementing a Universal Screening by Jency Daniel, MSN; Colleen Mallozzi, MBA; David Stabile, MSN Penn Medicine	PEP Sessions & Specialty Sprints Promoted Provider Wellness Related to the EHR by Bridget St. John, Debra Laumer, & Jonathan Glick; Penn Medicine	Enterprise Rollout of MyChart Bedside by Jawadali Ahmed, Mike Meltzer, & Sean Nevin Johns Hopkins Medicine	Charge Nurse Status Board for OR Throughput by Sue Jansen, RN-BC Geisinger Health
Happy Together: Care Everywhere Mappings & MyChart Activation by Michael Shaughnessy Johns Hopkins Medicine	Patient Engagement Before, During & After an Encounter by Pete Panagopoulos & Jeff Martinez CHOP	EpicCare Link & PACS Integration by David Smith & Ryan Heavener Penn Medicine	ED BCMA Using Rover by Kathy Zopf-Herling, MSN, RN-BC & Ben Weiss Penn Medicine	Implementing a Multi-Faceted Approach to Optimizing Epic in the Ambulatory Setting by Carole Rosen & Joe Fitzgerald Penn Medicine	Partnership Between Healthcare Senior Leaders & Analytics by Lori Yackanicz Lehigh Valley Health	Implementing an SBIRT by Susana Munoz & Corina Tamas Johns Hopkins Medicine	Implementing Electronic Pre Surgical Workflow by Steve Russo UPMC Pinnacle



Agenda Topic Descriptions:

Stockton Room:

9:15 to 10:00 AM: How Care Everywhere Impacts Care Transitions

Presented by Charleeda Redman (VP, Informatics & Clinical Integration, Office of the CMO) of Jefferson Health.

This session will build upon our organization's journey to enhance utilization of Care Everywhere and Happy Together. The presenter will outline collaborative efforts between Epic, Jefferson, and our regional Health Information Exchange partners to share data and incorporate the external data into Ambulatory Care Coordinator workflows to improve Care Transitions.

10:15 to 11:00 AM: Experiences with App Orchard and Web Service APIs

Presented and Discussion led by Gordon Tait (Lead Application Data Architect) of Penn Medicine.

Are APIs the new HL7? Some experiences will be shared working with the Epic APIs and various internal and external parties. The first choice of some vendors is now APIs. Other vendors want to use APIs only but is it worth your time to help them re-invent their products? Is your organization geared up to fully support the use of hundreds of APIs yet? For that matter is Epic geared up enough yet?

12:00 to 1:00 PM: Care Everywhere Discussion: Laboratory Sharing & Image Exchange

Discussion led by Kim Martino (ASAP, Care Everywhere) of Main Line Health and Amber Werline of Cooper Health.

Kim and Amber will help to lead a discussion about sharing Laboratory results in Happy Together as well as the Image Exchange. Both types of data exchange in Care Everywhere heavily rely on each organization involved in such exchange to work together on Lab mapping and document type group mapping respectively. Will working together reduce the effort that each of our organizations needs to invest in this sharing? Should we all start with select Labs and perhaps some types of documents/photos/images initially?

1:15 to 2:00 PM: Integration with CRISP (Maryland HIE)

Presented by Michael Shaughnessy of Johns Hopkins Medicine.

2:15 to 3:00 PM: Happy Together: Care Everywhere Mappings & MyChart Activation

Presented by Michael Shaughnessy of Johns Hopkins Medicine.

Franklin Room:

9:15 to 10:00 AM: Role of the Physician Informaticist in Reducing Physician Burden & Burnout

Presented by Athena Fernandes, DNP, MSN, RN-BC and Anne Satterthwaite, MSN, RN-BC of Penn Medicine.

Physicians working with multiple EHRs face unique challenges. Having a dedicated physician informatics team to support their EHR needs can reduce EHR burden and burn-out.

10:15 to 11:00 AM: Implementation of Shared Notes

Presented by Melissa Brown of Penn Medicine

The sharing of notes with patients will be presented. The initiation of the project, communication and education, decision points and build, and change management.

12:00 to 1:00 PM: Clinical Pathways

Presented by Jon Pomeroy, MD of Penn Medicine.

Dr. Pomeroy will be presenting on challenges and experiences relating to a Major Lower Joint Replacement Pathway, a Cardiovascular Surgery ERAS Pathway, and future steps in Pathways.

1:15 to 2:00 PM: Tackling the Problem of Problem Oriented Charting

Presented by Salim Saiyed, MD (VP, CMIO); Carol Ross, RN (System Analyst); and Denise Klahre, MSN, RN (Lead Orders Analyst) of UPMC Pinnacle. UPMC Pinnacle will describe implementation of organization wide, custom problem oriented charting and strategies to customize foundation build to satisfy specialty requirements. They will describe the opportunities and challenges of problem oriented charting. They will describe a strategic approach to effectively implement problem oriented charting. They will also describe strategies to customize Foundation for specialty based problem oriented charting to improve adoption.

2:15 to 3:00 PM: Patient Engagement Before, During, and After an Encounter

Presented by Pete Panagopoulos; and Jeff Martinez of the Children's Hospital of Philadelphia.

Studies have shown that patient engagement can improve health outcomes and ultimately lower healthcare costs. This presentation will review a number of Epic and Epic-integrated initiatives implemented at the Children's Hospital of Philadelphia to improve patient engagement.

Hamilton Room:

9:15 to 10:00 AM: Remote Patient Monitoring

Presented by Rebecca Difrancesco of Lehigh Valley Health Network.

LVHN leveraged existing EPIC technologies to create a new platform for patient engaged self-care. Patient health data is monitored using risk scoring, and dedicated nurses. This initial foundation is built to monitor patients living with COPD and CHF. The discussion will include the full workflow from data input to KPI review.

10:15 to 11:00 AM: Epic Video Sitter Project

Presented by Nadine Optsbaum of Lehigh Valley Health Network.

We extended our remote ICU functionality to include a Video Sitter for patients that need one to one nursing.

12:00 to 1:00 PM: Telemedicine: eConsult Workflow for Lyme Disease

Presented by Steve Klapper of Johns Hopkins Medicine.

1:15 to 2:00 PM: Telemedicine: Carelink Video Visits for External Skilled Nursing Facilities

Presented by Steve Klapper of Johns Hopkins Medicine.

2:15 to 3:00 PM: EpicCare Link & PACS Integration

Presented by David Smith; Ryan Heavener; and Dan Morton of Penn Medicine.

Activating the PACS Image Viewer enables the external community clinicians support staff the ability to track and view PACS result images. This allows external clinicians to use EpicCare Link as a convenient home workspace for daily activities. The activity shows the image details which assists the provider's decision making process for a shared patient.

Liberty Room:

9:15 to 10:00 AM: Experiences with Released and Customized Push Notifications for Haiku

Presented by Gordon Tait of Penn Medicine.

An overview of how the technology works will be given as well as mention of some of the Epic-released push notification types. We will share our initial focus, early challenges, Penn's implemented push types, and lessons learned. Specific use cases will be shown as well as some ideas and plans for future push notification types.

10:15 to 11:00 AM: Epic's Telehealth Capabilities

Discussion led by Kate Fuller (Virtual Care Portfolio Leader) of the Children's Hospital of Pennsylvania and Liz Deleener, MBA, BSN, RN (Director of Network Telemedicine) of Penn Medicine.

Using Epic features to enable remote communication between providers and remote access between patients and providers. Technologies will include Epic Video Visits (including multi-party), Epic Video Consults, Epic eVisits, and Epic eConsults. There will be time at the end for participants to share their health system's experiences with these technologies.

12:00 to 1:00 PM: Rover Post-Implementation Visit & Survey: Inpatient and ED Workflows

Presented by Aubrey Hagemann and Evelyn Chen of Johns Hopkins Medicine.

Johns Hopkins Medicine initiated an enterprise rollout for the Rover mobile app earlier this year to both inpatient and emergency department nurses, technicians and respiratory therapists. As JHM continue to rollout to the other entities, invaluable feedbacks and usage data have been gathered to better enhance the users' experiences. This session will focus on the post-implementation survey and usage data gathered, as well as provide an overview of Rover workflows and functionalities.

1:15 to 2:00 PM: EVS Rover: Enhancing Communication Through the Use of Technology

Presented by Ariel Desphy-Carter (Assistant Director, EVS) and Justin Heartsfield (Operations Manager, EVS) of Penn Medicine.

Ariel and Justin will present how Environmental Services used Rover to optimize their efficiency and communication. They will identify their opportunities and successes from using the Rover mobile application on iPhones.

2:15 to 3:00 PM: Emergency Department Barcoding Medication Administration Using Rover

Presented by Kathy Zopf-Herling, MSN, RN-BC (Director of Nursing Informatics) and Benjamin Weiss (ASAP Analyst) of Penn Medicine

Kathy and Ben will present on the challenges of successes of implementing the Rover iPhone application for the barcoding of medications in an emergency department. Initially using a Honeywell sled device and then transitioning to the sled-less option that uses the iPhone's camera.

Columbus Room:

9:15 to 10:00 AM: Electronic Blood Product Ordering, Administration, and Distribution

Presented by Melonie Dougherty and Joseph Pettit of Virtua Health.

This presentation will review how Virtua implemented a comprehensive electronic Blood Product Administration Module to improve quality and safety across the organization. Discussion will include modifications to our blood product ordering behavior to reduce product waste, as well as using Virtua's EHR to ensure regulatory compliance of blood administration documentation.

10:15 to 11:00 AM: Implementing Clinical Case Management: Impact on Documentation and Denials

Presented by Elizabeth Fons MSN, RN of Cooper Health.

Cooper University Health Care implemented the Clinical Case Management (CCM) module in December, 2018. Cooper will present their projected and realized impacts on payor denial rates, secondary review workflow documentation, and communication of patient information.

12:00 to 1:00 PM: Utilizing Custom EHR Innovations to Increase Heparin Protocol Safety

Presented by Danielle Wilson, MS and My Le of Virtua Health.

This presentation will review how Virtua consolidated disparate clinical systems to create a seamless electronic heparin protocol workflow to increase communication, clinical decision support, and decrease medication errors. This includes evaluation of problems and impacts of the paper Heparin Protocol workflow and how to leverage technology tools in Virtua's EMR to provide error prevention, increased transparency, and clinical communication. We will also discuss barriers, key performance indicator outcomes, and future planned optimizations.

1:15 to 2:00 PM: Developing and Implementing a Universal Screening Assessment for an Inpatient Population

Presented by Jency Daniel, MSN, RN; Coleen Mallozzi, MBA, RN; and David Stabile, MSN, RN of Penn Medicine.

The Universal Screening Assessment (USA) project is an innovative quality improvement initiative using clinical decision support (CDS) to improve compliance with quality metrics for an admitted patient to combat the rise in hospital acquired infections (HAIs) related to Chlorhexidine (CHG) bathing and Methicillin Resistant Staphylococcus Aureus (MRSA), sentinel events or near-miss events related to pregnancy, and a decrease in vaccine compliance since the implementation of the inpatient electronic health record (EHR). USA utilizes a combination of CDS, Epic smart tools and streamlined documentation to change behavior and workflow for nurses and providers.

2:15 to 3:00 PM: Implementing a Multi-Faceted Approach to Optimizing Epic in the Ambulatory Setting

Presented by Carole Rosen and Joe Fitzgerald of Penn Medicine.

We implemented an optimization program in 50 Clinical Care Associates ambulatory practices. We were able to successfully improve the efficiency of over 300 physicians, advanced practice practitioners and clinical support staff by reducing their time in the EHR, improving their response time to routine and critical results and increasing utilization of available tools in the EHR. We were able to see impressive objective improvements and received overwhelmingly positive feedback from our end users.

Nightingale Room:

9:15 to 10:00 AM: Transitioning Rehab to Epic

Presented by Laurie Derres and Kim Cooper of Main Line Health

Main Line Health will talk about their Executive Dashboards for an Inpatient Rehab facility (Admissions, 3-Hour Rule) as well as how that information along with additional build supported the transition of scheduling for a Rehab facility, Acute Hospital, and Outpatient therapy departments to Epic.

10:15 to 11:00 AM: Personalized Support for the User Community

Presented by Jennifer Moody, MBA of Penn Medicine.

Penn Medicine is shifting the focus from application and technology implementations to optimizing the customer experience. Learn how we are providing more personalized support for the user community through advanced educational tools and dashboards, smart bars, and an IS-concierge service.

12:00 to 1:00 PM: (data topic)

Presented by Patrick Farrell and Wade Becker of Penn Medicine.

TBD..

1:15 to 2:00 PM: PEP Sessions and Specialty Sprints Provided Wellness Related to the EHR

Presented by Bridget St. John (Manager); Debra Laumer, DNP, MBA, RN-BC (Senior Director EHR Transformation); and Jonathan Glick, MBA, BSN, RN (Applications Manager) of Penn Medicine

This session will cover the *Get More Time Back for You* campaign focused on provider wellness as it relates to the EHR. A one-month PEP (*Personalization Empowers Providers*) Sessions Blitz offered to all providers across the health system and quick build Specialty Sprints in four ambulatory practices addressed both individual provider efficiency and specific care team concerns respectively. PEP data and provider/ care team engagement were leveraged to help guide focus and measure success.

2:15 to 3:00 PM: Partnership Between Healthcare Senior Leaders & Analytics

Presented by Lori Yackanicz of Lehigh Valley Health Network.

At LVHN, our senior leaders utilize online analytics to provide them with up to date data regarding operation volumes, patient satisfaction and quality data.

During this presentation will be take you through the evolution of these analytics, from sending out excel spreadsheets, to online dashboards, which not only provide online updates, but also the ability to communicate and comment on operational statistics. Hear how our senior leadership utilize online dashboards to provide them with the information they need in order to chart the course for the future at LVHN.

Lincoln Room:**9:15 to 10:00 AM: Community Paramedic Program for Prevention of Readmissions**

Presented by Monica Hooper, MSN, RN and Nancy Turner, BSN, RN, ACM of Penn Medicine Lancaster General Hospital.

Penn Medicine Lancaster General Health has implemented a Community Based Paramedicine Program with our local ambulance service company. The goal of this program is to lower healthcare spending by reducing preventable readmissions, unnecessary 911 calls and non-emergent visits to the emergency department by initiating in-home post discharge visits and assessments performed by a community paramedic for patients who are discharged from an inpatient hospital stay with certain diagnosis.

10:15 to 11:00 AM: Inpatient Consult Workflow to Enhance Notifications & Turnaround Time

Presented by Jeff Riggio, MD (Associate CMIO) and Calistus Abara, MSBIS, BSc, HITPRO of Jefferson Health.

Knowing new inpatient consults is important for consultants in managing their patients lists and daily rounding workflow. We will demonstrate the workflow enhancements and build involved to improve on consult notifications, utilization of order association, and consult completion turnaround time.

12:00 to 1:00 PM: Sexual Orientation, Gender Identity, and Preferred Name in Hyperspace and MyChart.

Presented and Discussion led by Kathleen Lux and Tom Ford of Temple Health; and Naomi Carlson and Omar Abarca of Johns Hopkins Medicine.

How to handle this information in MyChart and Hyperspace across the continuum. Both organizations will talk about their challenges and decisions, and then open up the session for a discussion.

1:15 to 2:00 PM: Enterprise Rollout of MyChart Bedside

Presented by Jawadali Ahmed, Mike Meltzer, and Sean Nevin of Johns Hopkins Medicine.

Johns Hopkins Medicine is in the middle of its MyChart Bedside enterprise rollout, which began in April 2018. So far, over 1,100 tablets have been distributed at a ratio of 1 tablet to 1 bed, in 3 out of our 5 hospitals. More than 600 additional tablets slated for the remainder of rollout through FY 2020. This session will touch on the rollout experience, as well as provide an overview of the MyChart Bedside workflow and functionality.

2:15 to 3:00 PM: Implementing an SBIRT (Screening, Brief Intervention, and Referral to Treatment)

Presented by Susana Munoz and Corina Tamas of Johns Hopkins Medicine.

Several of our hospitals have received grants to implement SBIRT programs to identify and intervene on patients at risk for substance use disorders through the deployment of specially-trained Peer Recovery Coaches. This session will cover the workflows and build we put in place to facilitate the screening of ED patients and involvement of Peer Recovery Coaches in their care both during and after the ED visit.

Penn Room:

9:15 to 10:00 AM: Geisinger at Home Program

Presented by Mary Connell, CRNP of Geisinger Health.

Geisinger at Home is an innovative model of care focused on reducing admissions, readmissions, and improving quality of life for patients with 6 or more chronic conditions who are high utilizers of care. Redesigning the traditional model of care has been accomplished through delivery of various services within patients' homes, including, but not limited to: medical care, case management, mobile integrated health and palliative care.

10:15 to 11:00 AM: Breast Cancer Screening Health Maintenance and BPA Structure

Presented by Andrew MaslenHiland of Johns Hopkins Medicine.

Johns Hopkins Medicine overhauled our decision support structure for breast cancer screening to account for conflicting recommendations from ACR, ACOG, ACS, and USPTF regarding the starting age and interval for screening. Rather than following the recommendations of a single organization, our Best Practice Advisories give providers a table summarizing the different guidelines and offer multiple options for mammography screening plans. While our previous structure automatically enrolled nearly all women between ages 50 and 74 into the same screening plan, the new structure allows providers to make informed decisions that take into account provider preferences and individual patient needs. It also facilitates the initiation of screening at earlier ages and allows screening plans to continue past age 74 when appropriate.

12:00 to 1:00 PM: Procedure Pass Discussion

Discussion led by Sue Jansen, BSN, RN-BC of Geisinger Health.

A tool designed to direct activities through the pre surgical process. Is that how it is being used at your organization? Where have you found issues? Where have you found the most benefit? Is your organization a combination of employed and private surgeons and if so, how is it working for you? The questions could go on and on. Plan on bringing your successes, roadblocks, ideas and questions to this session to learn from each other.

1:15 to 2:00 PM: Charge Nurse Status Board for OR Throughput

Presented by Sue Jansen, BSN, RN-BC of Geisinger Health.

Basic Charge Status Board as designed by Epic was enhanced to create an "overall" charge status board. Incorporation of patients not arrived, post op patients, pediatric patients, and utilization of the summary tab to give a snapshot of any point in time of what is happening from a volume perspective in all areas of the surgical suite.

2:15 to 3:00 PM: Implementing Electronic Pre Surgical Workflow

Presented by Salim Saiyed, MD (VP, CMIO) and Steve Russo (Manager Informatics) of UPMC Pinnacle.

UPMC Pinnacle will describe implementation of an organization wide, pre surgical process and strategies for adoption. They will describe a strategic approach to effectively transition to fully electronic surgery scheduling, case request and orders workflow. They will describe the opportunities and challenges of implementing for independent and employed surgeons of electronic case request. They will also describe ways to optimize build to effectively adopt electronic workflows including second sign.

Map and Directions: 9th Floor, West Tower, 1500 Market St, Philadelphia, PA

Amtrak Trains: Get off at the Amtrak 30th Street Station stop. Amtrak riders will need to go upstairs to the main enormous room. You can take a Taxi to 1500 Market by going west out of the Amtrak building. Or you can go up the ramp, purchase a Septa ticket, and take a Septa train EASTbound (towards the skyscrapers) one stop to Suburban Station.

Septa Trains, including the Airport line: Get off at the Suburban Station stop. Exit out of Suburban Station by following the signs for Market Street, the lower the street number the better. If you come out on a numbered street you may need to walk a block south to Market Street. Once on Market Street, walk over to 1500 Market which is next to City Hall (white building in the middle of Market Street around 15th).

Driving in:

Each direction of travel on I-76 has its own Exit 345.

The building is in “Center City” Philadelphia just west of and next to City Hall (white building in the middle of Market Street) on Market Street.

If you are coming East(south) on the I-76 highway, then you can exit at the 30th Street Station, Exit 345. You will need to go around the 30th Street Station to get to Market Street. At the exit ramp traffic light, you will have to take a right. You will pass under a glass walking bridge and then pass under part of the train station. You will want to be in the 2nd from the left lane after you pass under that part of the station (since the left-most lane will trap you into driving around the station itself like a Taxi). If you do get stuck in that lane, you can circle around and try again. You will come up to the Market Street traffic light, take a left onto Market Street. You will cross over the river and go down the main street of skyscrapers.

If you are coming from I-76 West(north), take Exit 345 and that will bring you up a ramp to an intersection with Chestnut Street. You want to go straight to Market Street and work your way to the right lane so that you can take a right onto Market Street. At the Market Street traffic light, take a right onto Market Street. You will cross over the river and go down the main street of skyscrapers.

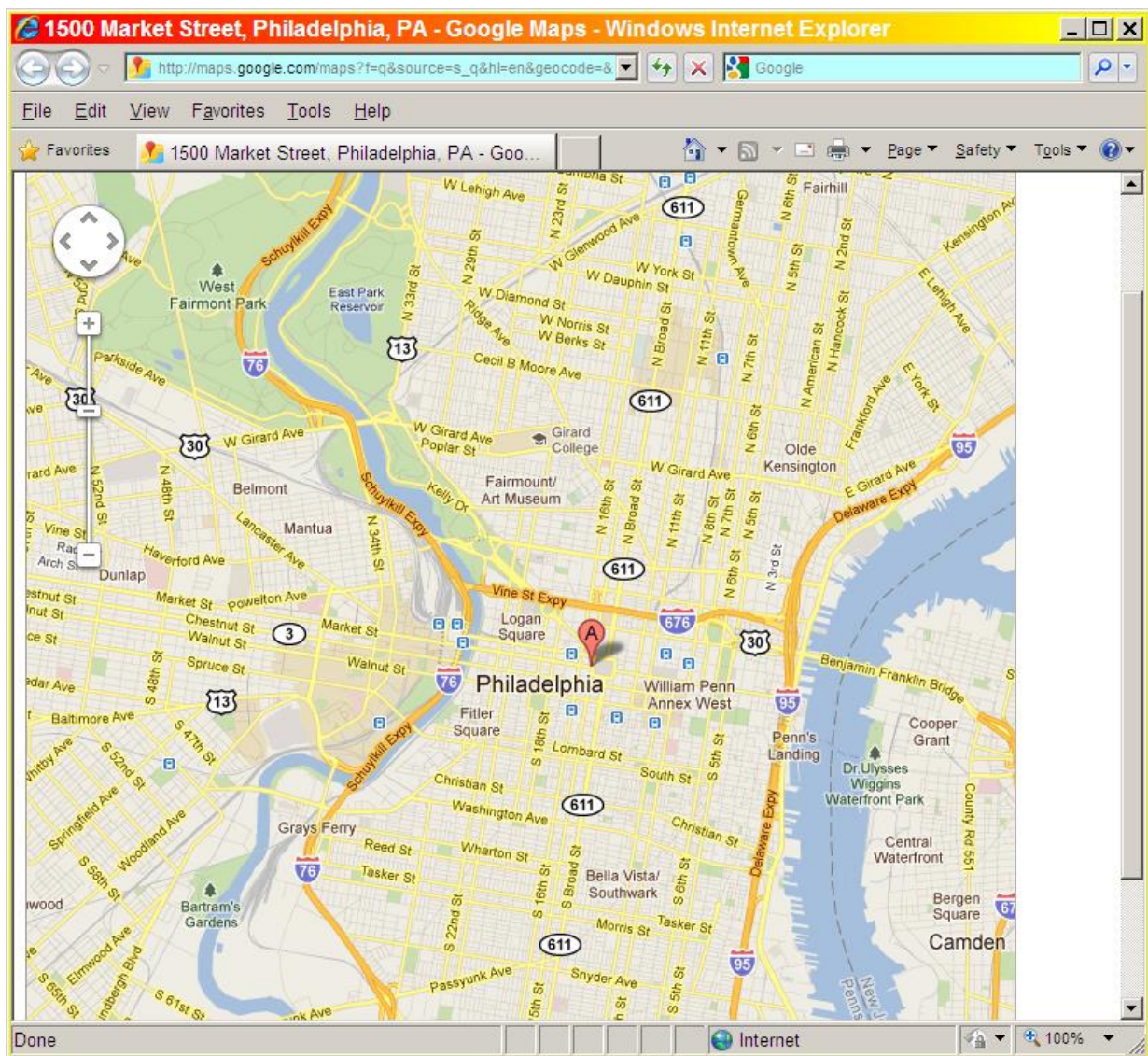
There may be parking in garages at 1800 Market Street (Crowne Plaza hotel 215-567-6326) as well as 1700 Market Street (Expert Parking 215-231-3155). Driving around City Hall should be avoided for sanity sake so you will want to park before it. You can then walk over to Centre Square at 1500 Market Street which has a large clothespin “sculpture”.

1500 Market Street (Centre Square - West Tower):

Once in the lobby, look for the Penn Medicine entrance to the right of the West Tower security desk. Tell them that you are attending a conference on the 9th floor in the Penn Medicine Center for Innovation and Learning. Tell them your name – bring a photo ID in case they ask for it. You will receive a building visitor sticker for the day, and a name tag for the Roundtable.

Take the elevators up to the 9th floor and go in through the glass doors to where reception persons are seated. We will be using the Franklin and Jefferson Rooms. We will have two connecting rooms so that we can have parallel sessions. Once in the rooms, please go up to the Signin table to let us know that you have arrived and to get your conference name tag.

When in doubt, please use online Map programs from your departure point, etc.!



Topics Can and Will change times and rooms as necessary to accommodate presenters. Other Presentation/Discussion topics not listed in this Roundtable will be candidates for the next Roundtable. For information, please contact Gordon Tait at Gordon.Tait@PennMedicine.UPenn.edu. If you are having difficulties finding the event on your way to it, then feel free to contact us via cell 215-275-6028. There are a variety of hotels within a few blocks of the event and City Hall.