



CALL FOR PRESENTATIONS

OAASC 2020 Annual Meeting: A Multi-Disciplinary Conference for ASC Professionals

September 30 & October 1, 2020

Submission deadline: June 26, 2020

**The Ohio Association of Ambulatory Surgery Centers
P.O. Box 340225, Columbus, OH 43234
614/358-0177 FAX 614/467-2071
Email – sam@oaasc.net**

THE 2020 OAASC ANNUAL MULTI-DISCIPLINE CONFERENCE

The Ohio Association of Ambulatory Surgery Centers (OAASC) will be holding its annual multi-disciplinary educational conference at the Hilton Polaris, 8700 Lyra Dr. Columbus, OH 43240 (north side of Columbus) on September 30 – October 1, 2020, and we would like to invite you to join us as a presenter.

OUR AUDIENCE

Typical conference attendance is 200, but given the current pandemic situation we are planning for an in person attendance of 125-150.

Attendees are ASC administrators, clinical directors, nurse managers, physicians, business managers, coders/billers and ASC industry support professionals.

PROPOSED TOPICS

Participants are invited to respond to this *Call for Presentations* with a wide range of proposals. Emphasis is placed on **clinical research, quality improvement, infection prevention, life safety codes, materials management, operations topics, governing/oversite bodies compliance, staff management, physician recruitment/management, coding, billing and reimbursement practices, center growth, leadership, and health care management.** **New this year – we are seeking emergency preparedness topics as well!**

Our goal is to help Ohio's ASC professionals keep their "fingers on the pulse" of what's important to their centers and professions, so the timelier the information, the better innovative approaches by Ohio ASCs in the realm of ambulatory surgery clinical issues, coding expertise, quality initiatives and business operations are encouraged and very much welcomed! Interdisciplinary team proposals and joint presentations by more than one ASC or organization are also encouraged.

PRESENTATION LEVELS

Applicants *must select an accurate* knowledge level for their intended audience.

- **Beginning:** For people with a basic knowledge in a subject area
- **Intermediate:** For those having a working knowledge in an area
- **Advanced:** Presenter and audience both are knowledgeable and able to discuss the subject matter thoroughly
- **General:** Relevant to all participants regardless of their professional discipline

Specifying levels assists participants in their selections and improves the presenter's evaluations.

PRESENTATION FORMATS

Workshops are scheduled for a 60 minute session. If a topic/presentation might require more than 60 minutes, we would entertain bridging the presentation over two time periods. Proposals must be submitted according to the recommended format.

DEADLINE

Proposals will be accepted by mail, fax or email by June 26, 2020. Proposals received after that date and time may not be subject to consideration. Please contact the OAASC if you have any questions or delays.

SCREENING AND NOTIFICATION

A panel of ASC professionals representative of an interdisciplinary team will screen the proposals. Presenters selected will be notified of acceptance by **July 15, 2020.**

REGISTRATION FEES

Speakers (including panel members) whose presentations are selected are invited to attend the conference free of charge if requested.

HONORARIUM/TRAVEL REIMBURSEMENTS

Please specify any honorarium or travel reimbursement requirements for your presentation. The OAASC will contact you with questions or concerns on your submission.

WHAT TO INCLUDE IN PROPOSALS

To submit a proposal, complete and mail, fax or email a copy of the following items to:

Heidi Moss, OAASC, P.O. Box 340225, Columbus, OH 43234, FAX 614-467-2071 or via email at sam@oaasc.net.

To be considered, proposals ***must include*** all of the following items:

- Presentation application form (1 page) with basic information for the OAASC's records.
- A **title of the presentation** that does not exceed ten (10) words or 54 characters. (Longer titles will be edited, if necessary.) The title should inform the reader of the subject matter.
- A **brief description of the presentation** (not to exceed 25 words or 150 characters) for inclusion in the registration brochure. Very important – please limit your description to 25 words or less as this will be the description included in the registration brochure which will have limited space.
- **Completed Conflict of Interest form** for submission of continuing education credits.

For multiple presenters, please submit a duplicate application and conflict of interest form for each speaker. One session title and description is obviously acceptable but information on each speaker is necessary for continuing education.

Once your presentation has been selected for the conference, you will be asked to provide educational objectives for the presentation (again for continuing education evaluation purposes). This requirement is far less detailed and onerous than past CE requirements. We will provide details after July 15, 2020.

Finally, we will need electronic copies of your presentation 6-8 weeks prior to the conference for printing and continuing education purposes. Details of these requirements will also be provided after July 15th, but we encourage you to keep your presentation slides brief. Our biggest complaint is that attendees can't read the printed version of the slides because the information is so dense.

Thank you for your consideration and we look forward to working with you and seeing you in September for Ohio's ONLY conference for ASC professionals!

The Ohio Association of Ambulatory Surgery Centers

The Ohio Association of Ambulatory Surgery Centers
2020 OAASC Annual Meeting – Sept 30 – October 1

PRESENTATION PROPOSAL APPLICATION

Please complete the application below along with the attached conflict of interest form required for continuing education credits. If there are multiple presenters, please complete one application for each.

Type of Presentation

- Workshop
- Research
- Panel / Team
- This session can also be presented in a virtual format

Audience Level

- Beginning
- Intermediate
- Advanced
- General

Name of Primary Presenter: _____
(As you would like it printed on registration brochure)

Name of Organization: _____

Your Mailing Address: _____

Your Telephone: (Work): _____ Cell: _____

Title of Presentation: _____
(10 words or less for brochure)

Honorarium Required (if applicable): _____
(If you require travel expenses, they must also be mentioned here.)

Teaching Methods:

- Handouts
- Experiential
- Lecture
- Power Point
- Panel
- Other: _____

AV Needs: Each room will be set up with podium and microphone (depending on size). What else do you need?

- Overhead Projector
- Flip Chart
- Screen
- LCD Projector
- VCR/TV
- Other _____

OAASC WILL HAVE LIMITED COMPUTER and PROJECTION EQUIPMENT (LCD) AVAILABLE FOR POWERPOINT PRESENTATIONS. IF YOU HAVE YOUR OWN LAPTOP, YOU MAY UTILIZE THAT WITH YOUR PRESENTATION LOADED ON IT. MORE INSTRUCTIONS WILL BE SENT LATER REGARDING PRESENTATION FORMAT FOR HANDOUTS. THANK YOU!

Please mail, email or fax this **Completed Application, a Description of Proposed Presentation**, (for use in the Registration Brochure) AND **CE Conflict of Interest Form**, by **June 26, 2020** to Heidi Moss at: OAASC, P.O. Box 340225, Columbus, OH 43234, FAX 614-467-2071, sam@oaasc.net.

IF MORE THAN ONE PRESENTER, PLEASE COMPLETE ONE FORM AND CONFLICT OF INTEREST FORM PER PRESENTER

Name of Presentation: (10 Words or less):

Presenter(s) Name(s):

Description (25 Words or less):

**Ohio Nurses Association
Conflict of Interest Form
2015 Criteria**

Title of Educational Activity: OAASC 2020 Annual Conference Educational Activity Date: 930/2020– 10/01/2020

Role in Educational Activity: (Check all that apply)

<input type="checkbox"/>	Nurse Planner
<input type="checkbox"/>	Content Expert
<input checked="" type="checkbox"/>	Faculty/Presenter/Author
<input type="checkbox"/>	Content Reviewer
<input type="checkbox"/>	Other – Describe: _____

Section 1: Demographic Data

Name with Credentials/Degrees: _____

If RN, Nursing Degree(s): AD Diploma BSN Masters Doctorate

Address: _____

Phone Number: _____ Email Address: _____

Current Employer: _____

Position/Title: _____

Section 2: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. (Please reference content integrity document for further clarity <http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf>)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual’s spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an

advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

_____ Yes _____ No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

* **All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Typed or Electronic Signature: Name and Credentials (Required) **Date**

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

- _____ Not applicable since no conflict of interest.
- _____ Removed individual with conflict of interest from participating in all parts of the educational activity.
- _____ Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- _____ Not awarding contact hours for a portion or all of the educational activity.
- _____ Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- _____ Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- _____ Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of

bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.

_____ Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

_____ Other - Describe: _____

Nurse Planner Signature

(*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Typed or Electronic Signature: Name and Credentials (Required)

Date