

**2007 Greater Cincinnati
Health Information
Management
Association Fall
Workshop**

**September 15, 2007
8:00am-1:00pm
Mercy Fairfield
HealthPlex**

Agenda

Registration, breakfast beginning a
8:00 am
Workshop begins at 8:30am

8:30	8:30 am-9:00 am Welcome & OHIMA Update Gail Smith & Erica Moncrief (delegate)
9:00	9:00-10:30 am Data Standards and Interoperability: HIM Roles Keith Olenik, MA, RHIA, CHP The Olenik Consulting Group Visiting Professor, University of Cincinnati
10:30	10:30 am-10:45 am Break
10:45	10:45-11:45 am Medicare Severity DRGs(MS-DRGs): What you need to know! June Bronnert, RHIA, CCS, CCS-P AHIMA Practice Manager
11:45	11:45 am-noon Break
12:00	Noon-1:00 pm EHR Implementation Update Beth Liette, RHIA Director HIM, Children's Hospital Medical Center Privacy Survey Laura Hughes, RHIA HIM Intern, VA Medical Center

GCHIMA

*"Working to make you
more informed
professionally...and
personally."*

Educational Topics

*The educational sessions will provide
the attendee with a variety of subject
matter promoting the professional,
clinical, and personal skills of the HIM
professional.*

A Catered Continental

**Breakfast Compliments of
GCHIMA**

Directions to conference room:
1-275 to Exit #39
(Forest Fair Mall/Cincinnati Mills)
North off exit onto S. Gilmore Road
Right onto Mack Road
Drive past the hospital on the left.
Healthplex will be straight ahead.
Parking to the right of the hospital
And to the left of the Healthplex
Enter the Healthplex through the front
Auditorium to the left

Free Parking

**Please reserve your spot at the
workshop by returning this form to the
Treasurer Dianne Lindner.

If you cannot enclose the check with
your reservation please indicate that
above and bring your check with you
the day of the note you must have a
workshop.

Location

**Mercy Fairfield
HealthPlex Auditorium
3050 Mack Road
Fairfield, Ohio 45014
513/870-7878**

Check www.e-mercy.com
For driving directions.

Registration Portion

Name: _____

Credentials: _____

Address: _____

Company: _____

Please circle type of registration:

**Active/Retired HIM Professional:
30.00**

Student Cost: 15.00

Check enclosed: Yes: _____

**No: ___ Will bring to workshop on
9/15/07**

Please return above portion with check
or money order** made out to
GCHIMA to:

**Dianne Lindner
2947 Windon Dr..
Cincinnati, OH 45251**