

The "Seven Pillars" Approach:
Improving Patient Safety and
Decreasing Liability through Transparency

Presented by
Dr. Timothy McDonald,
Chief Safety & Risk Officer for
Health Affairs, University of Illinois

Jointly sponsored by
Sangamon County Medical Society and SIU School of Medicine
Additional support provided by: Springfield Clinic, St. John's Hospital,
The Medicine Shoppe and Vono Medical Supplies

Thursday, April 5, 2012
St. John's Hospital - Centennial Hall

Registration & heavy hors d'oeuvres begin at 5:30 p.m.
Presentation from 6:00 to 7:30 p.m.

**Register now by completing the registration form and mailing it along with your
registration fee to SCMS at 2040 Timberbrook Lane, Springfield, IL 62702**

Registration Deadline: March 23rd

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Southern Illinois University School of Medicine and the Sangamon County Medical Society. The SIU School of Medicine is accredited by the ACCME to provide continuing medical education for physicians. This live activity has been designated for 1.5 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

SIU School of Medicine is preapproved as a continuing nursing education provider pursuant to Section 1300.130, subsection c), 1), B) and P) of the Illinois Department of Financial and Professional Regulation Nurse Practice Act. Nurses may receive a maximum of 1.5 contact hours for completing this activity.

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Attendees (s): Member _____ Non-Member _____ Healthcare Professional _____

- Free for all dues paying Sangamon County Medical Society Members.
- \$25 for non-dues paying members (retired, emeritus, member spouse, Residents, other county medical society member.)
- \$40 for non-members (Nurses, Hospital Administrators, Physician Executive Staff, Medical Office Staff, Public Health Professionals and etc.

AMOUNT ENCLOSED: _____

Name: _____

Degree(s) : MD DO PA NP RN PhD Other: _____

Address: _____ City: _____ Zip: _____

Daytime Phone: _____ Fax: _____ Email: _____