



Professional event

The College of Nursing invites you to a Professional Evening

The Health Reform Debate: What it means for you.

Thursday 29 July 2010 ~ 6.00 – 8.00pm

This forum gives you the opportunity to hear what current leaders from the health community have to say about the health reform debate and what it will mean for you.

Program

Introduction and Welcome

Adjunct Professor Kathy Baker AM, FCN, Board President, The College of Nursing

Dr Richard Matthews, Deputy Director General, Strategic Development, NSW Department of Health

- The recent COAG agreement from a State perspective
- What will the changes mean for nurses and other health professionals at the operational level?
- How will the changes impact on patients/community?
- How will the changes impact on the funding, organisation and management of health services in NSW?
- Question time.

Ms Heather McDonald, Manager, Measurement and Validation, National e-Health Transition Authority

- National e-Health Transition Authority (NeHTA) and its purpose
- The current work program from NeHTA
- Discussion around the: Individual Health Identifiers (IHI); Healthcare Provider Identifiers - Individual (HPI-I); Healthcare Provider Identifiers - Organisations (HPI-O)
- Recent announcements around the Patient Controlled Electronic Health Record (PCEHR)
- Clinical governance and clinical safety of e-health systems – what it means for nurses
- Question time.

Closing remarks

Tracey Osmond, Chief Executive, The College of Nursing

Registration 5.30pm, Presentations 6.00pm – 8.00pm. A light supper will be provided following the forum from 8.00pm – 9.00pm

Venue The College of Nursing, 14 Railway Parade, Burwood NSW

Fee \$65 non-members and \$55 members

CPD hours 2

Enquiries Call Customer Service Centre on toll free 1800 265 534 or email csc@nursing.edu.au

To enrol Please complete the form below with payment details and fax to (02) 9745 7501 or mail to The College of Nursing, Locked Bag 3030 Burwood NSW 1805

Registration: The Health Reform Debate: What it means for you.

CONTACT DETAILS

Name: _____

Address: _____

Suburb/Town: _____ Postcode: _____

Phone (H): _____ Phone (W): _____

Email: _____

Place of Employment: _____

Position: _____

Ward/unit/department: _____

PAYMENT DETAILS

Fee: Member \$55.00 or Non Member \$65.00

I enclose a cheque/money order
made payable to The College of Nursing

OR

Please debit my: M/card Visa Amex

Amount: _____ Expiry date: _____

Card number:

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Cardholder's name:

Signature:
