

# **Program Description**

This course will provide an overview of the health informatics discipline, areas of education and research, challenges in incorporating HIT in practice, and patient-provider and provider-computer interaction practices.

## **Target Audience**

Nurses and other clinicians who work with Health Information Technologies such as Electronic Health Records, Computerized Provider Order Entry, Patient Portals, etc.

#### **Desired Outcomes:**

Participants will:

- Develop a better understanding of health informatics and how it can improve practice.
- Understand HIT pain points and ways to improve them.
- Comprehend the value of documentation, information storage and retrieval and its impact on outcomes.
- Increase awareness of the new healthcare environment
- Identify where the current challenges are and how to fix them

## **Registration Fee**

\$20 | NHRMC Staff Register Via NetLearning

## **Faculty**

Dr. Saif Khairat is an assistant professor of Health Informatics at the School of Nursing and the Carolina Health Informatics Program at the University of North Carolina at Chapel Hill. Dr. Khairat has a decade's worth of Health IT experience. His work focuses on the use of telemedicine to improve health access, disparities, and outcomes. He also investigates provider burnout and patient safety as it relates to electronic health record use. Dr. Khairat led a \$1 million federally funded telehealth center with a catchment area of 18 million people in the Great Plains region.

Dr. Khairat is a health informatics expert who has authored over 50 scientific articles in 25 different, peer-reviewed international journals, and has served as an investigator for more than \$6.5 million in research grants in the past 5 years. Dr. Khairat has a doctorate degree in health informatics from the University of Missouri and master's in Health Policy and Management from the University of North Carolina at Chapel Hill.

This program is offered in conjunction with the UNC School of Nursing—Chapel Hill





Registration Fee: \$20

**Payment methods:** Full payment must accompany your registration. Payment may be in the form of: cash, check (payable to SEAHEC), Visa or MasterCard.

In Person or by Mail: 2511 Delaney Ave. Wilmington, NC 28403

By Fax (credit card only): **866-734-4405**Online (credit card only): <u>www.seahec.net</u>

#### Cancelation/Refund Policy

- Registrants cancelling between two weeks and two full business days <u>prior to the first day of the event</u> are refunded at 70% of the registration fee subject to a minimum \$25 cancellation fee.
- No refunds or credits will be given for cancelations received less than two full business days prior to the event.
- Cancellations greater than 2 weeks prior to the event will receive 100% refund.
- No vouchers will be issued in lieu of a refund.
- Transfers/substitute(s) are welcome (notify us of this in advance of the program)

Cancellations must be in writing (fax, email, or mail)

#### **CE Credit:**

1.0 Nursing Continuing Prof. Development (NCPD)

South East Area Health Education Center (SEAHEC) is approved as a provider of nursing continuing professional development by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

No partial credit will be given. Participants must attend the entire program in order to receive credit.

1.0 Contact Hours

# **CLICK HERE TO REGISTER**

or visit www.seahec.net

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If you have any question concerning accessibility or special needs assistance please call 910-667-9330

### SEAHEC REGISTRATION FORM

Event Name: Health Informatics				Event #:65188	
Registration Fees:	\$20 (NHRMC Staff Regis	ter Via NetLearnin	g)		
Participant Name:					
Title/Occupation					
Preferred Email				Credentials	
To receive course materials and CE Credit, all participants must have an account at www.seahec.net					
Home Address					
Home City/State/Zip				Home Phone	
Workplace/Dept.				Work Phone	
Work Address					
Work City/State/Zip					
Payment Method	Cash	Check	Visa	MasterCard	
(if applicable)		CHECK		Widstereard	
Credit Card#				Exp Date	
Printed Name as					
Appears on Card					
Cardholder's Address				Zip Code	
Cardholder's Signature					