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Filing date: **06/09/2009**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Proceeding	91177234
Party	Plaintiff Cardinal Health 303, Inc.
Correspondence Address	Joseph R. Dreitler Bricker & Eckler LLP 100 S. Third Street Columbus, OH 43215-4291 UNITED STATES mtrue@bricker.com
Submission	Plaintiff's Notice of Reliance
Filer's Name	Mary R. True
Filer's e-mail	trademarks@bricker.com
Signature	/Mary R. True/
Date	06/09/2009
Attachments	Vanderveen 1.pdf (25 pages)(1032266 bytes)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
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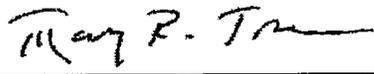
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|------------------------------|---|------------------------------|
| 1. CARDINAL HEALTH 303, INC. | : | |
| Opposer | : | |
| v. | : | Opposition No.: 91-177,234 |
| THE ALARIS GROUP, INC. | : | |
| Applicant | : | |
| 2. CARDINAL HEALTH 303, INC. | : | |
| Opposer | : | |
| v. | : | Opposition No.: 91-177,365 |
| THE ALARIS GROUP, INC. | : | |
| Applicant | : | |
| 3. CARDINAL HEALTH 303, INC. | : | |
| Opposer | : | |
| v. | : | Opposition No.: 91-177,366 |
| THE ALARIS GROUP, INC. | : | |
| Applicant | : | |
| 4. CARDINAL HEALTH 303, INC. | : | |
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| THE ALARIS GROUP, INC. | : | |
| Applicant | : | |
| 5. CARDINAL HEALTH 303, INC. | : | |
| Petitioner | : | |
| v. | : | Cancellation No.: 92-048,172 |
| THE ALARIS GROUP, INC. | : | |
| Registrant. | : | |

NOTICE OF RELIANCE PURSUANT TO 37 C.F.R. § 2.122(e)

Opposer/Petitioner Cardinal Health 303, Inc., gives notice of its reliance on the attached Declaration of Timothy Vanderveen and supporting exhibits, which are being submitted and relied upon to show the history of Opposer/Petitioner, the products sold and service offered under the Alaris trademark, customers, and the potential for overlap and customer confusion with the services offered by Applicant/Registrant.

Dated: June 9, 2009

Respectfully submitted,

By: 

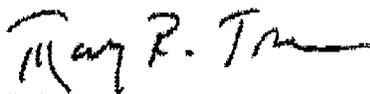
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Attorneys for Opposer
Cardinal Health 303, Inc.

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing was served upon the following attorney of record for Applicant by electronic and First Class Mail, this 8th day of June 2009:

Kristine Boylan
Merchant & Gould
3200 IDS Center
80 South 8th Street
Minneapolis, Minnesota 55402
kboylan@merchantgould.com



Mary R. True

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5. CARDINAL HEALTH 303, INC.	:	
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Petitioner	:	
	:	
v.	:	Cancellation No. 92-048,172
	:	
THE ALARIS GROUP, INC.	:	
	:	
Registrant	:	

STIPULATED TESTIMONY OF TIMOTHY VANDERVEEN

Pursuant to the Stipulation of April 29, 2009, between the parties as to means of taking testimony, filed with the TTAB and in accordance with the TTAB Rules of Procedure, I, Timothy Vanderveen, state that as a witness for The Company, if called I would testify as follows:

1. I am the Vice President, Center for Safety and Clinical Excellence, CTS-The Center, Clinical Technologies and Services, Cardinal Health 303, Inc. San Diego, CA, and have held this position since 2005.

2. I have been employed by Cardinal Health 303, Inc. San Diego, CA and its predecessors in interest (collectively “the Company”) since 1983. I am personally familiar with the history of the Company, the products and services it sells and their uses, and the customers to whom these products and services are sold.

3. I have held the following positions at the Company:

- a. Manger, Clinical Services
- b. Director, Clinical Services
- c. Executive Director, Center for Medication Safety
- d. Vice President, Center for Safety and Clinical Excellence.

4. The present Company had its beginnings in 1967 as IVAC Corporation, a medical device company that focused on producing various products and services relating to intravenous technology, including infusion pumps, infusion delivery systems and patient vital sign measuring products. In 1996, IVAC Corporation was acquired by a company called Advanced Medical, Inc., which had a subsidiary called IMED Corporation, a leader in the field of producing infusion pumps for the medical and health care market.

5. The merger of IVAC and IMED created a world leader in medical infusion products and services. The merged company changed its name to Alaris Medical Systems in April of 1997.

6. On January 10, 1997, the Company filed its first intent to use trademark application, Serial No. 75/223900 to register the trademark Alaris.

7. The first use of the trademark Alaris on the goods and services occurred on or about July 24, 1997.

8. By the middle of July 1997, the Company had re-branded all of the medical products and services it was then selling under the Alaris trademark and was using Alaris Medical Systems as its trade name and corporate name.

9. Alaris Medical Systems became a wholly owned subsidiary of Cardinal Health, Inc. in October 2004 under the name Cardinal Health 303, Inc. While the Company ceased use of Alaris as a trade name in October 2004, the new Company continues to use the Alaris name on a wide variety of medical products and services relating to IV medication delivery and infusion therapy, patient monitoring, and related products and services.

10. The Company is a world leader in the design, manufacture and marketing of intravenous (IV) fluid delivery and infusion therapy devices, needle-free disposables and related monitoring equipment in the United States and internationally. Alaris infusion products are used to introduce fluids into a patient intravenously, including saline solution to re-hydrate a person, nutritional fluids, drug and pharmaceutical products, antibiotics and chemotherapy drugs.

11. In addition to infusion products, The Company also manufactures and sells a range of devices for monitoring patient vital signs, including sophisticated, proprietary thermometers, blood pressure cuffs and devices that monitor patient oxygen levels.

12. The Company also manufactures and sells computer system support solutions for regulating and monitoring Alaris infusion systems and for wirelessly connecting infusion and patient monitoring products.

13. The Company provides maintenance and repair services for its products, and also has rental/leasing programs for its Alaris-branded products.

14. The Company has sold, and is currently selling, the following infusion products under the ALARIS name:

- Signature Edition Gold Infusion System
- Gemini Infusion Management System
- MedSystem III Multichannel Infusion System
- ReadyMed Elastomeric Ambulatory Infusion System
- Medley Medication Safety System
- Signature Edition Infusion System
- SmartSite Needle-Free Components and Sets
- Texium Closed Male Luer Systems

15. The Company has sold, and is currently selling, the following monitoring products under the ALARIS name:

Turbo Temp electronic thermometer
Core Check thermometer systems
Temp Plus II electronic thermometer
Vital Check vital signs monitors and blood pressure cuffs

16. The Company has sold, and is currently selling, the following computer software and networking monitoring products under the ALARIS name:

Guardrails software suite
Alaris Systems Manager
Alaris Gateway
Alaris Auto-ID Module

17. Each of the infusion and monitoring systems offered under the ALARIS name and described in Paragraphs 14 and 15 also use disposable products that are labeled with the ALARIS trademark, including the following:

LVP (large volume pump) infusion sets and accessories, for use with Alaris, Med System III, Signature Edition pumps and Gemini infusion pumps
Gravity infusion sets (non pump-sets) for use with non-pump IV
Extension sets, tubing that extends the length of IV systems
Syringe infusion sets and tubing
PCA (patient controlled analgesia) tubing and infusion sets
Secondary infusion sets used to deliver antibiotics in conjunction with large volume infusion therapy
Disposable probe covers for temperature monitoring devices

18. The price range for each of these medical products range from \$.10 for small disposable valves to more than \$5000 for sophisticated Alaris infusion systems intended for hospital use. The Alaris ReadyMed product, which was designed for home use, costs about \$10.

19. I have reviewed the listing of goods and services set forth in the Company's U.S. Trademark Registration No. 2,279,724 -- ALARIS -- registered on the Principal Register on September 21, 1999, for use in connection with:

Medical instruments and equipment, namely, infusion pumps and controllers, including volumetric infusion pumps, syringe pumps, programmable infusion pumps, programmable syringe pumps and the resident control programs; clinical vital signs measurement instruments, namely, thermometers for medical use, disposable thermometer covers, blood pressure measurement instruments, pulse rate measurement instruments, blood pressure cuffs, pulse oximetry instruments, namely, sensors and monitors, respiration measurement instruments, and ECG instruments; medical fluid administration sets for the delivery of medical fluids, namely, drug delivery tubing, clamps, flow control devices, drug infusion connectors, adapters, injection sites, needleless connectors, needleless ports, needleless injection sites, and medical valves; medical devices for the delivery of medical fluids, namely, drug delivery tubing, clamps, flow control devices, drug infusion connectors, adapters, injection sites, needleless connectors, needleless ports, needleless injection sites, and medical valves; intravenous fluid containers, monitors, alarms, rate meters; sphygmomanometers; enteric infusion pumps and bags therefor; medical instrument and intravenous fluid container stands and hanger devices; gastrointestinal feeding tubes; needle catheter jejunostomy kits, namely, tubing and needles; multiple specimen holders for medical use; cold and hot packs for chemically producing and absorbing heat for use in medical treatment and therapy in Class 010;

Service and repair of medical instruments, equipment and accessories in Class 037;

and

Leasing and rental of medical instruments, equipment, and accessories in Class 042.

20. Based upon my extensive knowledge of the products and services sold and provided by the Company, I confirm that each of the products and services referenced in Registration No. 2,279,724 have been, since July 1997, and are currently being sold by the Company.

21. I have reviewed the listing of goods set forth in U.S. Trade/Service Mark Registration No. 2,371,410 – ALARIS --registered on the Principal Register July 25, 2000, for use in connection with:

electronic equipment and accessories, namely, fluid monitors; fluid flow rate meters; metered infusion pumps;

ammeters; computer programs for controlling and monitoring fluid flows and detecting obstructions to fluid flows; and computer programs for capturing, storing, integrating, and presenting data in patient care management systems in Class 009.

22. Based on my extensive knowledge of the products sold by the Company, I confirm that each of the products referenced in Registration No. 2,371,410 have been, since July 1997, and are currently being sold by the Company.

23. Alaris products are used by technicians, nurses and doctors on patients in every conceivable setting. This includes hospitals, nursing homes, ambulatory care facilities and patients' homes. Relevant purchasers of Alaris products and services include acute care hospitals, nursing homes, ambulatory care centers, surgical centers, infusion centers, cancer centers, dental offices, doctors, pharmacies, laboratories, research clinics, schools, and home health care professionals.

24. The Company also promotes its Alaris products and services through events sponsored by its Center for Safety and Clinical Excellence (the "Center"). The Center was founded in 2002 to serve as a resource to help foster the development and dissemination of best practices, critical insights and innovations in the health care industry nationwide. The Center works with nationally and internationally recognized thought leaders to create conferences, educational programs, working groups, publications, web-based programming and industry initiatives that can help clinicians and administrators continuously improve the safety, quality of care, and financial performance of their institutions. Center-sponsored events include invited conferences, webinars, symposiums, professional affiliation support, reference partners, publishing and other miscellaneous marketing/education events. Attached hereto as Exhibit A is a brochure describing the Center and its activities.

25. Activities at the Center relate to and promote the full line of Cardinal Health products. The budget for the portion of Center-sponsored activities identified above that support the ALARIS mark is as follows:

Calendar Year 2005
\$152,000 Center sponsored activities

FY2007 (started fiscal year in July 2006)
Center sponsored activities \$560,000
Staff time: \$781,600

FY2008
Center sponsored activities \$600,000
Staff time: \$531,111

FY2009
Center sponsored activities estimated to be \$753,600 for the year
Staff time: \$379,000

26. On April 25, 1997 the Company changed its corporate name and trade name to Alaris Medical Systems, Inc., and the corporate name and trade name Alaris Medical Systems was promoted and used in dealings with all customers and potential customers until the Company was acquired by Cardinal Health, Inc., and the Company name was changed to Cardinal Health 303, Inc. on October 13, 2004.

27. Examples of materials that were used to promote the Company name and trade name Alaris Medical Systems, Inc. are attached hereto as Exhibit B.

28. The Company sells its Alaris products throughout the United States.

29. Alaris products are sold in all 50 states (as well as in dozens of foreign countries).

30. Alaris products are sold more than 600 hospitals all over the United States. By way of example only, the following is a random selection of hospitals which have purchased and use Alaris medical products and services:

North – Northwestern University

South -- Medical University of South Carolina

East – Hospital University of Pennsylvania

West – University of California-San Francisco

31. During my 26 years with the Company, we have expanded and added many new Alaris medical products and services.

32. Since adopting the Alaris trademark in 1997, the Company has expanded its goods and services sold under the Alaris trademark greatly.

33. For example, since 1997 we have introduced the following new Alaris products and services:

- Gemini PC-4
- Alaris Large Volume Pump
- Alaris Syringe Pump
- Alaris PCA pump
- Alaris Auto-ID
- Alaris End Tidal CO2
- Alaris Pulse Oximetry (Masimo)
- Alaris Pulse Oximetry (Nellcor)
- Alaris Server
- Alaris Gateway
- Alaris CQI Reporter
- Alaris CQI Editor
- Alaris Texium,
- Alaris non-DEHP Infusion Sets
- Alaris Smart-Site Plus

34. In addition, the Company spends approximately \$20 million dollars per year on research and development (“R&D”) to produce new products and services under the Alaris trademark.

35. For example, the Company is currently working on the following new Alaris products to be sold:

Alaris Target Controlled Infusion Sets to more accurately monitor and dose patients receiving IV therapy

Alaris Tight Glycemic Control to help nurses monitor blood sugar of critically ill patients

36. Alaris medical products, parts and services, are also sold throughout the United States to more than 600 direct customers, nursing homes, long and short term care facilities, rehabilitation facilities, and medical products distributors for further distribution, generally in the non-acute care setting.

37. Attached as Exhibit C is a list of companies who have purchased Alaris systems for the years 2004 – 2007 directly from the Company.

38. Over the past twelve (12) years Alaris medical products and services have become well known and received in the medical and hospital community.

39. In my opinion, based upon my 26 years of experience, it would be difficult to find a nurse, doctor, clinician, pharmacist or medical technician in the United States who has not been exposed to, trained on, or currently uses our Alaris medical products and/or services. Attached as Exhibit D are a series of blog entries that I downloaded from the website for nurses, www.allnurses.com, in which our Alaris products are being discussed.

40. The attached Bibliography (Exhibit E) of articles written by third parties about Alaris medical products demonstrates the renown and fame that Alaris medical products have generated in the medical field.

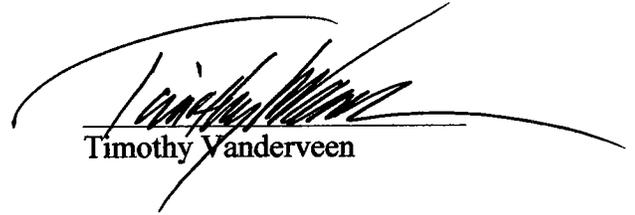
41. Given the widespread use of Alaris products in all health care settings, including home health care settings, I see a potential for confusion with the services provided by The Alaris Group in several areas: a) a patient who has been assigned to

The Alaris Group for case management could be using an ALARIS product in the home and may think there is a connection between the case manager and the Company; b) hospital personnel who may have had a bad experience with a case manager from The Alaris Group may not want to use products from my Company; c) patients working with The Alaris Group may try to reach their case manager and contact my Company by mistake; d) a patient who is using an ALARIS product in the home and who is working with The Alaris Group may have a question or problem with their ALARIS product and contact The Alaris Group by mistake. This last issue could have life-threatening consequences.

42. The potential for confusion is further demonstrated by doing a simple search on Google for “Alaris + nursing homes”. As the attached printout shows (Exhibit F), the first five entries relate to Alaris products, followed by several entries referencing The Alaris Group, Inc., which include links that take the viewer directly to the home page of The Alaris Group, Inc. In my opinion, this type of listing could be confusing for a home health care patient, and could cause them to think there was a connection between my Company’s Alaris products and the services provided by The Alaris Group, Inc.

I declare under the penalties of perjury that the foregoing statements are true to the best of my information, knowledge and belief.

June 3, 2009


Timothy Vanderveen



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Center for Safety and Clinical Excellence

The Center for Safety and Clinical Excellence was founded in 2002 to serve as a resource to help foster the development and dissemination of best practices, clinical insights and innovations nationwide.

NPSG 3E Resources

[Anticoagulation Safety Resources](#)

Contact information:

Cardinal Health
3750 Torrey View Court
San Diego, CA 92130



About the Center

In hospitals across the country, healthcare professionals continuously monitor their patients' ever-changing conditions to provide the safest, most effective care.

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Invited conferences and webcasts

Conferences and webcasts are available through the Center for Safety and Clinical Excellence.

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CE opportunities: Nursing, Pharmacy, and Surgical Technologists

CE programs are available through the center

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Medication safety and education

The Center for Safety and Clinical Excellence has compiled a list to help our partners understand, assess and prevent medication errors and focus on clinical improvement.

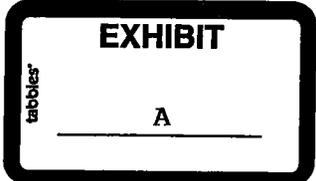
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Patient Safety Taskforce Projects

Download toolkits on PCA Guidelines of Care and High Risk IV Medications. Learn more about the next project on ICU Sedation

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+ Medication safety and education

+ Medication Safety Pyramid

Patient Safety Taskforce Projects: IV Standardization, PCA, ICU Sedation

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Home > Patient safety > Center for Safety and Clinical Excellence >

About the Center

In hospitals across the country, healthcare professionals continuously monitor their patients' ever-changing conditions to provide the safest, most effective care. Similarly, in today's rapidly changing health care environment, clinicians and administrators also need to stay abreast of the latest research findings, changing practices, standards of care, regulations, and technologies. The challenge is immense.

To help the healthcare community meet this challenge, the Center for Safety and Clinical Excellence was founded in 2002 to serve as a resource to help foster the development and dissemination of best practices, critical insights and innovations nationwide. The Center works with nationally and internationally recognized thought leaders to create conferences, educational programs, working groups, publications, web-based programming and industry initiatives that can help clinicians and administrators continuously improve the safety, quality of care, and financial performance of their institutions.

The Center serves as a focal point for iterative cycles of:

- Transforming data into information into knowledge;
- Using that knowledge to generate new data, new information, and new knowledge;
- Disseminating data, information and knowledge nationwide.

Current Center activities include:

1. **Invited Conferences** – Partnering with leading hospitals, organizations and leading experts such as David W. Bates, MD, Kenneth Barker, PhD, and Michael R. Cohen, RPh, ScD, the Center hosts a continuing series of invited conferences. Distinguished faculties are brought together from clinical practice, academia, organizations and government to focus on current issues and opportunities in healthcare. Evidence-based presentations and vigorous roundtable discussions allow participants to share data, experience and lessons learned. The publication of Conference Proceedings as journal supplements and/or internet postings then make these discussions available to a wider audience. Topics have included Measuring Medication Safety, Barcode Medication Administration, Drug Dispensing and Administration, Addressing Harm With High-Risk Drug Administration, and Pain Management and Sedation.
2. **Symposia** – The Center also supports symposia and other learning opportunities such as the recent session on Preventing Medication Errors—The IOM Report, held at the 2006 American Society of Health-System Pharmacists Midyear Meeting. The session was moderated and opened by Michael R. Cohen, RPh, ScD, and David W. Bates, MD, respectively—both members of the Committee that authored the IOM Report.
3. **Regional Education Programs** – Research presentations and hospital case studies outlining priorities and strategies for effectively implementing safe medication management systems and using data for continuous clinical improvement. Regional programs are co-hosted with leading academic medical centers and are offered for continuing medical, pharmacy and nursing education credits. Host hospitals have included Brigham and Women's, St. Jude's Medical Center and Main Line Health.
4. **Webcasts** – Live, computer-based presentations delivered via internet and phone have become a quick and effective method for delivering educational content to a national audience. One-hour programs feature clinical experts discussing topics ranging from community-acquired pneumonia to The Joint Commission patient safety initiatives to forecasting pharmacy budgets. The Center hosts approximately one webcast per month; programs are recorded and archived for viewing at a later date. Programs are also accredited for nursing, pharmacy and physician continuing education. Topics have included *Lessons Learned: The Aftermath of the Heparin Event at Methodist Hospital*; *Changing Practices: Pharmacy-Led Anemia and Blood Management*; *The IOM Report – and Improving Patient Safety: An Interdisciplinary*

Approach to Reducing Medication Errors.

5. **National Speakers' Bureau** – The Center's speakers' bureau allows others to also access its extensive network of recognized experts for national, regional and local conferences and educational programs.
6. **Publications** – Center experts have assisted with the preparation of journal articles such as *Variability in Intravenous Medication Practices: Implications for Medication Safety*, hospital newsletters, and toolkits such as *Safe Administration of High-Risk IV Medications: Intra- and Inter-Hospital Standardization of Drug Concentrations and Dosing Units*, created by the San Diego Patient Safety Consortium.
7. **Industry Initiatives** – The Center works with industry associations, advocacy groups, and organizations such as the Leapfrog Group, Institute of Medicine, Institute for Healthcare Improvement, National Patient Safety Foundation, Agency for Healthcare Research and Quality and Center for Medicare and Medicaid Services to comment on proposed requirements, regulations, legislation and new standards of care.

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About the Center

Management bios

Our partners

Invited conferences and webcasts

CE opportunities: Nursing, Pharmacy, and Surgical Technologists

Medication safety and education

Medication Safety Pyramid
Patient Safety Taskforce
Projects: IV Standardization, PCA, ICU Sedation

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Center Management team

Sherri-Lynne Almeida

Erin Curtis

Stephen Lewis

Tim Vanderveen



Home > Patient safety > Center for Medication Safety and Clinical Improvement > About the Center >

Management bios

Sherri-Lynne Almeida

Sherri-Lynne Almeida, DrPH, MSN, MEd, RN, CEN, FAEN, is Chief Nursing Officer for Clinical Medical Products (CMP). She has 26 years of nursing experience in Emergency Care and Infectious Diseases. Dr. Almeida earned her bachelor of science degree in nursing from Massachusetts' Fitchburg State College in 1981, a master of education in health science degree from Bridgewater State College, Massachusetts, in 1986, a master of nursing science from the University of Texas-Houston Graduate School of Nursing in 1990, and a doctorate in public health from the University of Texas-Houston School of Public Health in 1998. In 2005, Dr. Almeida was inducted into the Academy of Emergency Nursing.

Dr. Almeida has been active for many years in community, civic and professional organizations. Currently, Dr. Almeida is serving as a member of the Emergency Nurses Association (ENA) Board of Directors, the specialty nursing association serving the emergency nursing profession through research, publications, professional development, and injury prevention. Her term ends in December 2008. Previously she served on the ENA Board for seven years becoming the National President in 2002.

She is a member of ANA, AONE, AACN, Sigma Theta Tau, MNA, and TNA. She maintains an adjunct position as an Assistant Professor at the University of Texas Graduate School of Nursing in Houston, TX. Dr. Almeida has served on numerous national committees, including the American Red Cross Advisory Council on First Aid and Safety. She has been an instructor at both the undergraduate and graduate level and is a national speaker on the topics of emergency nursing and infectious diseases. Dr. Almeida is also a contributing author to numerous books and publications, including the United States Fire Administration's Safety and Health Considerations for the Design of Fire and Emergency Medical Service Stations.

Dr. Almeida joined Cardinal Health in 2005 as a Senior Consultant.

Erin Curtis

Erin Curtis, BA, MS is the Manager of Education Programs at the Center for Safety and Clinical Excellence. Erin has worked in healthcare for eleven years with eight of those years in healthcare education. In her current role, Erin helps create and develop education programs, including invited conferences, regional education symposiums and webcasts. Erin acts as the liaison between Cardinal Health and various healthcare industry organizations including the Institute for Healthcare Improvement and the National Patient Safety Foundation. Formerly with Hemotherapies, a medical device company, she was the Director of Education and Programs managing preceptorship and clinician training programs.

Stephen Lewis

Stephen Lewis, MD is Chief Medical Officer for Clinical Medical Products (CMP). Steve leads the Clinical Standards and Practice area - the Center for Safety and Clinical Excellence- which provides advice, expertise and oversight around all clinical practices, and establishes the clinical direction for CTS. Steve is responsible for establishing clinical protocols across our businesses, aligning clinical strategies with business strategies, and supporting safety and quality efforts at the bedside and point of care. In addition he represents and promotes CTS to the clinical community by participating in selected educational, clinical, medical and customer events, as well as serving on industry and advisory boards.

Steve joins CTS from VHA Southeast, most recently as vice president of Medical Affairs, where he was responsible for mining clinical quality and utilization data, directing consultation and facilitation of quality improvement efforts at member hospitals and maintaining a network of chief medical officers of the member organization. During his seven-year tenure at VHA Southeast, he developed quarterly balanced scorecards, a DRG assignment analysis and Case Mix Index report, and developed case management and documentation improvement consulting at member hospitals that resulted in increased revenues through process redesign.

Steve began his medical career as a practitioner in general internal medicine. He has served as director of an Intensive Care Unit, physician advisor for Utilization Management, medical director for a data analysis company, clinical investigator for a clinical research company, and vice president and principal for a hospital clinical information system and revenue management company.

Steve earned his bachelor's degree from Duke University and medical degree from the University of South Florida, where he also completed his internship in medicine and residency in internal medicine. He is board certified in internal medicine as well as quality assurance and utilization review, and is a member of the American College of Physicians and the American College of Physician Executives.

Tim Vanderveen

Tim Vanderveen, PharmD , MS , is Vice President of the Center for Safety and Clinical Excellence. He is responsible for ensuring our commitment to education and innovation to reduce variation in clinical practice, and to supporting hospitals' patient safety initiatives.

Prior to this position, Dr. Vanderveen was the Director of Clinical Affairs, Medication Management Systems, for ALARIS Medical Systems. He has been instrumental in the development of many of the innovations, and safety and performance enhancements in drug infusion. Dr. Vanderveen joined IMED Corporation in 1983. In 1996, IVAC Medical Systems merged with IMED Corporation to form ALARIS Medical Systems.

Dr. Vanderveen served a hospital pharmacy residency at Bronson Methodist Hospital in Kalamazoo , Michigan . From 1972–1983 he was on the faculty of the College of Pharmacy at Medical University of South Carolina and was Director of the Division of Clinical Pharmacy. He also had a faculty appointment in the College of Medicine and was on staff at the Charleston VA Hospital.

Dr. Vanderveen's clinical practice was in nutritional support, and he co-founded one of the first multi-disciplinary nutrition support teams. During his academic tenure, his research, speaking and publication interests were closely tied to drug therapy in patients receiving parenteral and enteral nutrition.

Dr. Vanderveen received his BS and MS degrees from Purdue University School of Pharmacy and his PharmD degree from the Medical University of South Carolina.

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- [-] About the Center
 - Management bios

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- + Invited conferences and webcasts
 - CE opportunities: Nursing, Pharmacy, and Surgical Technologists
- [-] Medication safety and education
- [-] Medication Safety Pyramid
 - Patient Safety Taskforce
 - Projects: IV Standardization, PCA, ICU Sedation
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Medication Safety Partners

The Center partners with some of the best hospitals in the United States to proactively identify best practices that help prevent medication errors at the point of care.

At these partner sites, customers can get a first-hand look at the latest in medication safety technology and best practices.

The Nebraska Medical Center

With a reputation for excellence, innovation and extraordinary patient care, The Nebraska Medical Center has earned J.D. Power and Associates' Hospital of Distinction award two consecutive years. It has also been recognized with the 2006 Consumer Choice Award, a mark of patient satisfaction as selected by healthcare consumers. As the teaching hospital for the University of Nebraska Medical Center, this 689 licensed bed academic medical center has an international reputation for providing solid organ and bone marrow transplantation services and is well known nationally and regionally for its oncology, neurology and cardiology programs.

Rady Children's Hospital-San Diego

Medication Safety Partner Children's Hospital-San Diego is the San Diego region's only designated pediatric trauma center and the only area hospital dedicated solely to pediatric care. Children's responds to pediatric healthcare needs by providing expert care within a unique healing environment. Children's recently became the first children's hospital in the nation to earn the prestigious Ernest A. Codman Award for its pioneering work in measuring and enhancing health care for seriously ill and injured children.

St. Joseph's/Candler

Medication Safety Partner St. Joseph's/Candle of Savannah, Georgia, is comprised of St. Joseph's Hospital, founded in 1875, and Candler Hospital, founded in 1808, making it one of the oldest continuously-operating hospitals in the United States. Together, they are the largest healthcare system in southeast Georgia. With their groundbreaking innovations, St. Joseph's/Candler sets the standards for health care in their region.

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Search

Center for Safety and Clinical Excellence

- + About the Center
- + Invited conferences and webcasts

Conferences

Webcasts

CE opportunities: Nursing, Pharmacy, and Surgical Technologists

- + Medication safety and education

- + Medication Safety Pyramid

Patient Safety Taskforce Projects: IV Standardization, PCA, ICU Sedation

Contact the Center



Home > Patient safety > Center for Safety and Clinical Excellence > Presentations, conferences and webcasts >

Conferences

Optimizing the Medication Use Process

Proceedings from the April 2008 Interdisciplinary Conference

Patient and medication safety is federally mandated and must be a priority for everyone. The requirements of the Centers for Medicaid and Medicare Services and the National Quality Forum-endorsed report "Safe Practices for Better Health Care" thrust governance leaders into a major new role in which they are vulnerable and accountable to identify and mitigate patient safety risks and hazards. A single-minded focus on safety and quality can also generate extraordinary financial results. To help hospitals achieve these goals, an invitational conference brought together nationally recognized experts to focus on "optimizing the medication use process".

[Read more](#)

[Brigham and Women's slides
Data and Analytic slides](#)

[Med Distribution System slides
UPMC slides](#)

Ninth Invited Conference

Improving Heparin Safety

March 13-14, 2008

An invited conference sponsored by the Center for Safety and Clinical Excellence was held to review and summarize expert opinion concerning safety issues associated with heparin therapy in the acute care setting. The program brought together a multidisciplinary group of experts to review data, present published work and collaborate on recommendations and guiding principles to improve the safety of heparin therapy.

[Read more](#)

[View Samuel Z. Goldhaber, MD's presentation via video](#)

Eighth Invited Conference

Healthcare-associated Blood Stream Infections

November 8-9, 2007

Over the course of one and one-half days, the conference made it possible for infection-control experts from the United States, South America, and Europe to hear leading-edge presentations, engage in wide-ranging discussions, and create and strengthen professional relationships. The distinguished faculty and attendees represented clinical practice, research, and infectious disease organizations, both nationally and internationally.

[Read more](#)

The complete Conference Proceedings are now available in the December 2008 issue of the American Journal of Infection Control - <http://www.ajicjournal.org/content/supplements>. Complimentary access to the website will be available through December 2009.

[View Peter Pronovost, MD's presentation via video](#)

Seventh Invited Conference

Intensive Insulin Therapy

June 7-8, 2007

The 7th Invited Conference brought together 50 of the world's leading experts from Australia, Europe, Canada, and across the United States to focus on the latest developments in IIT. This life-saving yet potentially hazardous treatment for post-operative and acutely ill patients seeks to maintain blood glucose (blood sugar) within a tightly controlled range.

[Read more](#)

[Conference Report](#)

Sixth Invited Conference

Pain Management and ICU Sedation

November 17-18, 2005

The Anesthesia Patient Safety Foundation was a key supporter in helping the Center for Medication Safety and Clinical Improvement develop content and recruit speakers to participate in this program. The conference was attended by over fifty thought leaders and experts from the US, New Zealand, England and Belgium who joined together to explore these topics.

[Conference Report - Sedation Therapy \(pdf - 3.86 Mb\)](#)

[Conference Report - Pain Management and Patient-Controlled Analgesia: Improving Safety and Quality of Care \(pdf - 628 kb\)](#)

Fifth Invited Conference

Drug Dispensing and Administration

April 21-22, 2005

Nationally-recognized experts in health-care met to discuss the use of technology in the dispensing and administration of pharmaceuticals. Together, they developed several process-improvement strategies to enhance the safety of drug dispensing and administration.

[Request a Copy of the Conference Proceedings](#)

Fourth Invited Conference

Measuring Medication Safety with Smart IV Systems

June 11, 2004

A highly-regarded conference, held on June 11, 2004, brought together health-care experts from across the United States to focus on the use of a leading-edge, intravenous medication safety system. Called Smart IV, this sophisticated system averts high-risk medication errors, significantly increasing patient safety and decreasing costs. The system also provides previously unavailable data to measure medication safety and best practice improvements.

[Conference Report - Conference Proceedings \(pdf - 447 KB\)](#)

Third Invited Conference

Addressing Harm with High-Risk Drug Administration

November 7, 2003

A distinguished group of health-care experts from clinical practice, academia, organizations and government convened November 7, 2003. Philip J. Schneider, MS, FASHP, Director of the Latiolais Leadership Program and Clinical Professor at the Ohio State University, chaired the conference and moderated the roundtable discussion on the use of an intravenous medication safety system to manage high-risk intravenous drug administration and provide actionable data for best practice improvements.

[Conference Report - Conference Proceedings \(pdf - 298 KB\)](#)

Second Invited Conference

Assessing and Reducing Medication Administration

April 25, 2003

Nationally-recognized experts from multiple health-care disciplines gathered on April 25, 2003, to discuss the benefits and challenges of bar code medication administration. Philip J. Schneider, MS, FASHP, Director of the Latiolais Leadership Program and Clinical Professor at the Ohio State University, chaired the conference and moderated the roundtable discussion.

Conference Report - Conference Proceedings (pdf - 4.3 MB)

First Invited Conference

Using Technology to Address Medication Administration Errors

November 7, 2002

A prestigious group of nationally-recognized experts from several health-care industry disciplines met on Nov. 7, 2002, to address the critical nature of medication administration errors and discuss potential solutions. David Bates, MD, Medical Director of Clinical and Quality Analysis at Brigham and Women's Hospital, chaired the conference. Philip J. Schneider, MS, FASHP, Director of the Latiolais Leadership Program and Clinical Professor at the Ohio State University, moderated the roundtable discussion. Complimenting the conference, Dr. Bates said, "If we want to achieve the dream described in the Institute of Medicine report, Crossing the Quality Chasm, we're going to need industry to take leadership in ways like this."

Conference Report - Executive Summary (pdf - 132 KB)
Request a Copy of the Conference Proceedings

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Center for Safety and Clinical Excellence

- + About the Center
- Invited conferences and webcasts

Conferences

Webcasts

CE opportunities: Nursing, Pharmacy, and Surgical Technologists

- + Medication safety and education

- + Medication Safety Pyramid

Patient Safety Taskforce Projects: IV Standardization, PCA, ICU Sedation

Contact the Center



Home > Patient safety > Center for Safety and Clinical Excellence > Presentations, conferences and webcasts >

Webcasts

The following webcasts are available through the Center for Safety and Clinical Excellence:

"Zeroing in on Zero: Targeting Catheter-Associated Blood Stream Infections"

Catheter-associated blood stream infections (CA-BSIs) are a significant source of morbidity and mortality encountered with a variety of devices used to access the vascular system. This session will provide an overview of barriers facing those who navigate change and lead the implementation of systems to reduce CA-BSIs. Our faculty will share their observations, best practices and outcome data as they discuss this important topic.

To access the program, go to:

<http://attewc.webex.com/attewc/onstage/tool/record/viewrecording1.php?EventID=472140543>

"Best Practices for Automated Dispensing Cabinets"

In December 2008, the Joint Commission issued Sentinel Event Alert 42 titled, "Safely Implementing Health Information and Converging Technologies". Of all the technologies discussed, automated dispensing cabinets (ADCs) had the largest installed base with 83% of U.S. hospitals having ADCs. In a recent ISMP survey, over half of the ADCs were used as the primary means of drug distribution. ISMP joined forces with clinical and vendor experts to create "Guidance on the Interdisciplinary Safe Use of ADCs". This webcast will help address Joint Commission concerns, use of the ISMP's guidance document, identifying areas of ADC practice that can lead to safety issues and reviewing best practices to maintain and manage ADCs on an ongoing basis. Our expert faculty will share their experiences, perspectives and tips on maximizing the safe use of the ADCs and address specific questions from the participating audience.

To access the program, go to:

<http://attewc.webex.com/attewc/onstage/tool/record/viewrecording1.php?EventID=472140254>

"Distractions and Interruptions: Impact on Nursing"

Nursing interruptions, distractions and unexpected situations can affect the quality of patient care. An understanding of interruptions in healthcare is important for the design, implementation, and evaluation of health information systems and for the management of clinical workflow and medical errors. This program will discuss the effect of interruptions on the cognitive work of nursing.

To access the program, go to:

<http://attewc.webex.com/attewc/onstage/tool/record/viewrecording1.php?EventID=471456036>

"Medication Safety Technologies: What is and is not working"

Program description:

This teleconference will feature two of the nation's best known medication safety experts who will offer their perspectives on where we are today almost 10 years after the publication of