



INSTITUTE FOR  
HEALTHCARE  
IMPROVEMENT

**Invoice No.** 206610  
**Invoice Date:** 10/16/2009  
**Current Date:** 2/19/2010

**Reducing Readmissions by Improving Transitions in Care**  
**9/1/2009 to 8/31/2010**

Brenda Hall  
 355 Grand Street  
 Jersey City, New Jersey 07302  
 United States  
 Phone: (201) 915-2215  
 Email: bhall@libertyhcs.org

**Payment Terms:**

Upon Receipt  
 US Dollars (USD) only  
 Full payment is due within 30 days of receipt of the first invoice.  
 Please send copy of invoice with payment as a remittance

Customer ID	Purchaser	Key Contact	Organization	Rate	
LIBERTYHEALTHC	Leigh Baillie	Leigh Baillie	Liberty Health Care System	Regular	
Line Item				Purchase Date	Cost
Reducing Readmissions by Improving Transitions in Care				10/16/2009	\$15,000.00
				<b>Total Cost</b>	<b>\$15,000.00</b>

**Please Note: This invoice is 171 days past due. Please remit payment as soon as possible. Balance Due \$15,000.00**

**Tax ID: 38-3017223 Customer ID: LIBERTYHEALTHC Invoice No.: 206610**

<p><b>Send Payment To:</b></p> <p>Institute for Healthcare Improvement          20 University Road, 7th Floor          Cambridge, MA 02138          Phone: (617) 301-4800          E-mail: payments@ihi.org</p> <p>Please include this invoice with your check.</p>	<p><b>Wire Transfer Information:</b></p> <p>For wire transfers, please submit the following information to our bank with your payment:</p> <p align="center">Reference: Invoice Number 206610</p> <p>Bank Receiver: Citizens Bank          435 Brookline Ave          Boston, MA 02215</p> <p>Routing Number: 011500120          Account Number: 1137524313          Swift # CTZIUS33</p>
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**Credit Card Payments:**

In order to make a credit card payment online, you must either be the person who purchased the offering, or the attendee/key contact. If you are the billing contact, but not the purchaser, attendee, or key contact, please contact our Customer Service Department and they will be happy to process the credit card payment over the phone.

**Cancellations:**

IHI offers a 2 month grace period to ensure these extended programs are a good fit for participating organizations. Cancellations made within the first two months of the program will receive a full refund of the enrollment fee. Regretfully, refunds will not be granted for cancellations made after the 2nd month of the program.



**Invoice No.** 243376  
**Invoice Date:** 5/11/2010  
**Current Date:** 7/10/2010

**Expedition: Improving Perinatal Safety - The Oxytocin Bundle**  
 5/14/2010 to 8/6/2010

Tyshawn Toney  
 355 Grand Street  
 Jersey City, New Jersey 07302  
 United States  
 Phone: 201-915-2934  
 Email: ttoney@libertyhcs.org

**Payment Terms:**

Upon Receipt  
 US Dollars (USD) only  
 Full payment must be received prior to the start of the meeting  
 Please send copy of invoice with payment as a remittance

Customer ID	Purchaser	Attendee Name	Organization	Rate
MASTROVITCHF	Fadia Mastrovitch	Fadia Mastrovitch	Jersey City Medical Center	Regular
Line Item			Purchase Date	Cost
Expedition: Improving Perinatal Safety - The Oxytocin Bundle			5/11/2010	\$750.00
			<b>Total Cost</b>	<b>\$750.00</b>

Please Note: This invoice is 57 days past due. Please remit payment as soon as possible. **Balance Due** \$750.00

**Tax ID:** 38-3017223 **Customer ID:** MASTROVITCHF **Invoice No.:** 243376

<p><b>Send Payment To:</b></p> <p>Institute for Healthcare Improvement          20 University Road, 7th Floor          Cambridge, MA 02138          Phone: (617) 301-4800          E-mail: payments@ihi.org</p> <p>Please include this invoice with your check.</p>	<p><b>Wire Transfer Information:</b></p> <p>For wire transfers, please submit the following information to our bank with your payment:</p> <p>Reference: Invoice Number 243376</p> <p>Bank Receiver: Citizens Bank          435 Brookline Ave          Boston, MA 02215</p> <p>Routing Number: 011500120          Account Number: 1137524313          Swift # CTZIUS33</p>
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**Credit Card Payments:**

In order to make a credit card payment online, you must either be the person who purchased the offering, or the attendee/key contact. If you are the billing contact, but not the purchaser, attendee, or key contact, please contact our Customer Service Department and they will be happy to process the credit card payment over the phone.

**Cancellations and Substitutions:**

You will receive a full refund of your enrollment fee if you cancel before the start date of the program, or if you substitute one person for another at any time. Regretfully, refunds will not be granted for cancellations made on or after the first day of the program.

\*\*\* HISTORICAL \*\*\*

### Invoice

## HEALTH RESEARCH & EDUC. TRUST

PO Box 828691

Philadelphia, PA 19182-8691

<b>Invoice Number</b>	HRET12453
<b>Invoice Date</b>	4/26/2010
<b>Customer Number</b>	0273
<b>Payment Terms</b>	Net 30
<b>Purchase Order No.</b>	

Bill To: LibertyHealth-Jersey City Medical Center Campus  
 Traci Morris  
 355 Grand St.  
 Jersey City, NJ 07302

Please refer any questions to Linda Pinelli  
 Phone: (609) 275-4168  
 Fax: (609) 275-8158  
 Email: lpinelli@njha.com

Description of service	Amount
Perinatal Collaborative Partnership Second Year NJHA Perinatal Collaborative	\$1,500.00
Subtotal: \$1,500.00	
Tax: \$0.00	
<b>Total due: \$1,500.00</b>	

PLEASE RETURN THIS PORTION WITH YOUR CHECK OR CREDIT CARD INFORMATION

Please make checks payable to:

**HEALTH RESEARCH & EDUC. TRUST**

PO Box 828691

Philadelphia, PA 19182-8691

MasterCard   
  VISA   
  American Express

\$ \_\_\_\_\_  
 Amount to charge

For office use only

0273 LibertyHealth-Jersey City Medical Center Campu

4/26/2010 HRET12453 \$1,500.00

Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Print name (as it appears on card) \_\_\_\_\_

Cardholder's billing address \_\_\_\_\_

Cardholder's signature \_\_\_\_\_





## **NJHA Perinatal Collaborative**

**March 26, 2012**

9:00 a.m. – 3:45 p.m.

760 Alexander Road, Princeton, NJ

**At the conclusion of this activity, participants should be able to:**

- Discuss the Geisinger Model of ProvenCare Perinatal
- Review key components of the work being done by NIH on stillbirths
- Summarize recommendations of the VBAC white paper
- List two benefits of simulation in perinatal safety efforts

**TARGET AUDIENCE**

Physicians. Medical and nursing directors of OB/GYN departments, nurses, social workers, maternal health, women and children's services and quality and performance improvement staff.

**CONTINUING EDUCATION CREDITS**

**Accreditation Statement:**

HRET is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians.

**AMA Credit Designation Statement:**

HRET designates this live educational activity for a maximum of 5.75 *AMA PRA Category 1 Credits*.<sup>TM</sup> Physicians should claim only the credit commensurate with the extent of their participation in the activity.

HRET-NJHA is an approved provider of continuing education by the New Jersey State Nurses Association, an accredited approver by the American Nurses Credentialing Center's COA. P#131-5/11-14.

This activity is approved for 5.75 contact hours.

There is no commercial support for this activity. Accredited status does not imply endorsement by the provider or American Nurses Credentialing Center's COA of any commercial products displayed in conjunction with an activity.

Disclosure information: Full disclosure will be provided at the educational activity.



NJHA Healthcare Business Solutions  
is proud to be the sponsor of the  
NJHA/HRET educational programs.

**New Jersey Hospital Association  
Perinatal Collaborative**

**March 26, 2012**

**Agenda**

- 8:30 *Registration and Continental Breakfast*
- 9:00 **Welcome and Overview**  
***Thomas Westover, MD***  
Chair, Perinatal Collaborative  
Division of Maternal Fetal Medicine  
The Cooper Health System
- 9:30 **Geisinger Model: ProvenCare Perinatal: A Model for Delivering Evidence-Guideline-Based Care for Perinatal Populations**  
***Harry O. Mateer, MD***  
Director of Obstetrics and Gynecology  
Geisinger Medical Center
- Ruth A. Nolan, PhD, RNC***  
Vice President, Operations, Anesthesia, Surgical Suites  
and Women's Health Service Lines  
Geisinger Health System
- 10:30 *Break*
- 10:45 **NIH Stillbirth Initiative**  
***Uma M. Reddy, MD, MPH***  
Medical Officer  
Pregnancy and Perinatology Branch  
Eunice K. Shriver National Institute of Child Health and Human Development  
National Institutes of Health
- 11:45 **Simulation in Perinatal Safety**  
***Jared Kutzin, DNP, MPH, RN***  
Director, Regional Perinatal Simulation Center  
Barnabas Health
- 12:30 *Networking Luncheon*
- 1:15 **Update from the VBAC Task Force**  
***Charles Denk, PhD***  
Research Scientist, Maternal and Child Health Epidemiology  
N.J. Department of Health and Senior Services
- 2:00 **Partnerships for Patients**  
***Aline M. Holmes, MSN, RN***  
Senior Vice President, Clinical Affairs  
Director, NJHA Institute for Quality and Patient Safety
- 2:30 **Panel Presentation**  
**TBD**
- 3:30 *Q & A/Evaluation*
- 3:45 *Adjournment*

# PERINATAL COLLABORATIVE

## March 26, 2012

### REGISTRATION INFORMATION

**Fee: \$30 ea. for NJHEN and NJHA Perinatal Collaborative members**

**\$195 ea. for non-members of NJHEN**

Includes continental breakfast, lunch and materials.

- **Payment by credit card or check is required at enrollment.**
- Registrations will be accepted by FAX (609-275-4271) ONLY IF ACCOMPANIED BY credit card information (MasterCard, VISA or American Express).
- **Make checks payable to: HRET of NJ**
- **Mail to: Educational Services**  
HRET of NJ  
P.O. Box 828691  
Philadelphia, PA 19182-8691
- **If you use a credit card to hold your registration it will be charged if payment is not received by the date of the conference.**
- **Cancellations received by Mar. 16 will receive a refund minus \$10 per person service fee for members and \$80 for non-members. Cancellations received after that date are ineligible for a refund..**
- **Registrants unable to attend may send an alternate.**
- **No confirmation will be sent.**

FOR MORE INFORMATION, OR IF YOU HAVE A DISABILITY AND NEED A SPECIAL ACCOMMODATION, PLEASE CALL 609-275-4180 or 4181.



In the event of inclement or questionable weather conditions,  
please call 609-275-4140 for meeting information.



**For directions visit NJHA on the Web at <http://www.njha.com/directions.aspx>.**

**To register online with a credit card please go to [www.HRET-Register.com](http://www.HRET-Register.com).**

**REGISTRATION** (Please Type or Print Clearly)

Seminar #1228 (Perinatal Coll.) Mem. \$30 Non-mem. \$195

① Rachele Mattaliano  
Name (as it should appear on badge)

\_\_\_\_\_  
Hospital/Firm

Registered Nurse  
Title

\_\_\_\_\_  
Street

rdalalian@libertyhcs.org  
e-Mail

\_\_\_\_\_  
City State Zip

② ~~Rachele Mattaliano~~ DMIT  
Name (as it should appear on badge)

\_\_\_\_\_  
Phone # Fax #

\_\_\_\_\_  
Title

Method of Payment: Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
e-Mail

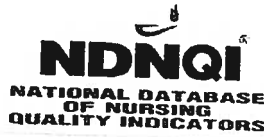
MasterCard  VISA  Amex

\_\_\_\_\_  
Card # Expiration Date

**To list names of additional attendees, please copy this form.**

\_\_\_\_\_  
Signature

# INVOICE



Invoice Date  
01/17/2012

## REFERENCE

Director:  
Nancy Dunton, Ph.D.

Project Title: National Database of Nursing Quality Indicators

Jersey City Medical Center  
355 Grand Street  
Jersey City, NJ 07302

2012 INVOICE

NDNqi Billing ID#: 50084

NDNqi Invoice #: 11297

<u>Description</u>	<u>Amount</u>
2012 National Database of Nursing Quality Indicators Membership	\$5,400.00
Previous Balance	\$0.00
Magnet Discount, Subsequent years	
	<b>Total Discounts</b>
	(\$270.00)
Payment - Check # 11122178	(\$570.00)
<b>TOTAL DUE</b>	
<b>\$4,560.00</b>	

Note:

Make check payable to: KUMC Research Institute, Inc.  
Please include your NDNqi Invoice # 11297 on your check  
Contact information: ndnqi@kumc.edu or 913-588-1691

Retain this portion for your records

.....  
Detach this Portion and return with your payment to:

KUMC Research Institute, Inc.  
PO Box 801708  
Kansas City, MO 64180-1708

Total Due: \$4,560.00  
NDNqi Invoice #: 11297

Note: Please include your NDNqi Invoice # 11297 on your check.  
No overnight delivery accepted. Please use first class mail.





AHC MEDIA LLC  
 PO BOX 105109  
 ATLANTA, GA 30348-5109  
 FED ID: 20-5272136 GST: 129-430-435

INVOICE

SUBSCRIBER/ORDER # 54892624 / 4555847  
 PURCHASE ORDER # L37131  
 INVOICE DATE 01/01/10 Effort: 5  
 START/EXP DATE  

AMOUNT DUE	\$374.00
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BILL TO:

BRENDA HALL  
 SVP QUALITY & PATIENT SAFETY  
 LIBERTY HEALTH  
 QUALITY MGMT  
 355 GRAND ST  
 JERSEY CITY, NJ 07302-4321

SHIP TO:

BRENDA HALL  
 SVP QUALITY & PATIENT SAFETY  
 LIBERTY HEALTH  
 QUALITY MGMT  
 355 GRAND ST  
 JERSEY CITY, NJ 07302-4321

PUBLICATION	PUB CODE	# OF COPIES	AMOUNT
Patient Falls 2010: What Every Healthcare Facility Should Know - Audio Conference and CD Combo	14T09382	1	\$374.00
Thank you for your order.			

Customer Service Hours: M-Thur. 8:30AM - 6PM EST., Fri. 8:30AM - 4:30PM EST.  
 Tel: 1-800-688-2421 Fax #: 1-800-850-1232  
 Email: customerservice@ahcmmedia.com Web address: www.ahcmmedia.com

Group and site license rates are available offering substantial discounts off regular rates. Contact the Sales & Service Department at 1-800-688-2421 or 1-404-262-5476 and ask to speak to a Group Sales Representative for pricing.



SHIPPING/HANDLING	\$0.00
GST/SALES TAX	\$0.00
LESS PAYMENTS	\$0.00
<b>TOTAL DUE</b>	<b>\$374.00</b>

KEEP THIS PORTION FOR YOUR RECORDS

TERMS: Net 30



AHC MEDIA LLC  
 PO BOX 105109  
 ATLANTA, GA 30348-5109

**RETURN THIS PORTION WITH REMITTANCE**

MAKE CHECK PAYABLE TO: AHC Media LLC  
 BILL MY CREDIT CARD:  
 AMEX  DINERS CLUB  DISCOVER  MASTERCARD  VISA  
 CARD # \_\_\_\_\_  
 EXPIRE DATE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

BRENDA HALL  
 SVP QUALITY & PATIENT SAFETY  
 LIBERTY HEALTH  
 QUALITY MGMT  
 355 GRAND ST  
 JERSEY CITY, NJ 07302-4321

SUBSCRIBER/ORDER #	54892624 / 4555847	Effort: 5
START/EXP DATE		
PUB CODE	14T09382	
<b>AMOUNT DUE</b>	<b>\$374.00</b>	

ALL PAYMENTS MUST BE  
 MADE IN U.S. FUNDS

See reverse for additional terms and conditions.



AHC MEDIA LLC  
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 FED ID: 20-5272136 GST: 129-430-435

INVOICE

SUBSCRIBER/ORDER # 54892624 / 4555847  
 PURCHASE ORDER # L37131  
 INVOICE DATE 01/08/10 Effort: 6  
 START/EXP DATE  

<b>AMOUNT DUE</b>	<b>\$374.00</b>
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**BILL TO:**

BRENDA HALL  
 SVP QUALITY & PATIENT SAFETY  
 LIBERTY HEALTH  
 QUALITY MGMT  
 355 GRAND ST  
 JERSEY CITY, NJ 07302-4321

**SHIP TO:**

BRENDA HALL  
 SVP QUALITY & PATIENT SAFETY  
 LIBERTY HEALTH  
 QUALITY MGMT  
 355 GRAND ST  
 JERSEY CITY, NJ 07302-4321

PUBLICATION	PUB CODE	# OF COPIES	AMOUNT
Patient Falls 2010: What Every Healthcare Facility Should Know - Audio Conference and CD Combo	14T09382	1	\$374.00
Thank you for your order.			

Customer Service Hours: M-Thur. 8:30AM - 6PM EST., Fri. 8:30AM - 4:30PM EST.  
 Tel: 1-800-688-2421 Fax #: 1-800-850-1232  
 Email: customerservice@ahcmedia.com Web address: www.ahcmedia.com

Group and site license rates are available offering substantial discounts off regular rates. Contact the Sales & Service Department at 1-800-688-2421 or 1-404-262-5476 and ask to speak to a Group Sales Representative for pricing.



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LESS PAYMENTS	\$0.00
<b>TOTAL DUE</b>	<b>\$374.00</b>

KEEP THIS PORTION FOR YOUR RECORDS

TERMS: Net 30



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 PO BOX 105109  
 ATLANTA, GA 30348-5109

**RETURN THIS PORTION WITH REMITTANCE**

MAKE CHECK PAYABLE TO: AHC Media LLC  
 BILL MY CREDIT CARD:  
 AMEX  DINERS CLUB  DISCOVER  MASTERCARD  VISA  
 CARD # \_\_\_\_\_  
 EXPIRE DATE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

BRENDA HALL  
 SVP QUALITY & PATIENT SAFETY  
 LIBERTY HEALTH  
 QUALITY MGMT  
 355 GRAND ST  
 JERSEY CITY, NJ 07302-4321

SUBSCRIBER/ORDER #	54892624 / 4555847	Effort: 6
START/EXP DATE		
PUB CODE	14T09382	
<b>AMOUNT DUE</b>	<b>\$374.00</b>	ALL PAYMENTS MUST BE MADE IN U.S. FUNDS

See reverse for additional terms and conditions.



CHK #  
Feb. 1st

PO Number: 35-34663  
PO Date: 12/18/2009

<b>Vendor:</b> <b>AHC MEDIA LLC</b> PO BOX 105109 ATLANTA, GA 30348-9891 Phone: 800 688 2421 Fax: 800 850 1232		<b>Ship To:</b> <b>JERSEY CITY MEDICAL CENTER RECEIVING</b> 391 GRAND STREET JCMC RECEIVING DOCK JERSEY CITY, NJ 07302 Phone: Fax:		<b>Bill To:</b> <b>LIBERTY HEALTH</b> <b>LHCS ACCOUNTS PAYABLE</b> 55 MEADOWLANDS PARKWAY SECAUCUS, NJ 07096 Phone: 201-392-3100 Fax: 201-325-6782			
<b>Vendor Code:</b> 17350 <b>PO Type:</b> BILL <b>PO Status:</b> Complete <b>Customer No:</b>		<b>Comment:</b> PERF IMPROVE/TY SHAWY X2934 INVOICE DATED 12/4/09 AAPCPYPPO SUBSCRIBER/ORDER # 54892624/4555847		<b>Composed By:</b> ROSEMARIE PISANO 201-271-3680 <b>Terms:</b> 120 DAYS - NO DISCOUNT <b>FOB:</b> <b>Delivery Date:</b> 12/18/2009 <b>Tax ID Number:</b> 223113960			
<b>Line Modified</b>	<b>Vendor Catalog</b>	<b>Order Quantity</b>	<b>Mfr Catalog Contract</b>	<b>Charge Dept. Sub-Ledger</b>	<b>Project Sub-Project</b>	<b>Price Discount List Price</b>	<b>Ext. Price Tax</b>
1	14T093982-EM10156	1 EA	12/18/09	35-7810-08570		\$374.00	\$374.00 \$0
<b>Item:</b> [non-catalog] PT FALLS 2010: WHAT EVERY HEALTHCARE FACILITY SHOULD KNOW							
<b>PO Sub Total:</b> \$374.00		<b>Tax Total:</b> \$0		<b>Purchase Order Total:</b> \$374.00			

Signature(s):



# INVOICE



Outcome Sciences  
201 Broadway, 5th Floor  
Cambridge, MA 02139

Jersey City Medical Center  
Brenda Hall  
355 Grand Street  
Jersey City NJ 07302  
United States

**Invoice Number:** CBG-002446  
**Invoice Date:** 17-Dec-2012  
**Payment Terms:** 30 Days  
**Due Date:** 16-Jan-2013  
**Study Reference:**  
**Protocol Number:**  
**Customer Reference:**  
**PO Reference:**  
**Project Code:** PR001049

**Customer Contract**

**Customer No:** 200002626

On Behalf Of:	Amount USD
Effective Date: 01/01/2013 - 12/31/2013	
GTWG - Heart Failure	1,710.00
GTWG - Stroke	1,899.00
<b>Amount Due</b>	<b>USD 3,609.00</b>

For all technical questions related to the program(s) you are subscribed to, please contact the Outcome Help Desk at 888-526-6700 or support@outcome.com  
For queries regarding this invoice or to advise of Purchase Order details please send email to Provider.Billing@quintiles.com or call 913-708-6505

When making payments reference invoice number

**Invoice Number:** CBG-002446  
**Remittance Due By:** 16-Jan-2013 USD 3,609.00

**Please Remit to:**

**OVERNIGHT/EXPRESS MAIL ADDRESS**

Outcome Sciences, Inc  
c/o Wells Fargo Bank  
Lockbox #601070  
1525 West WT Harris Blvd - 2C2  
Charlotte, NC 28262

**POST OFFICE BOX REMITTANCE**

Outcome Sciences, Inc  
PO Box 601070  
Charlotte, NC 28260-1070

**ACH/FEDWIRE INSTRUCTIONS**

Outcome Sciences, Inc  
A Quintiles, Inc. Company  
Wire transfer/ACH routing #121 000 248  
Wells Fargo Bank - Charlotte, NC 28262  
Swift/BIC code: WFBIUS6S

**Credit Card Payments**

Call: Erin Burtis  
(913) 708-6505  
or email Provider.Billing@quintiles.com

Federal Tax ID 04-3511768