Patient Safety, Quality and Sepsis Symposium Agenda

Day 1 | Monday, September 23

7:15 a.m.  Symposium Registration Opens

8:00 a.m.  Sepsis Conference: Solving the Puzzle of Sepsis—Putting the Pieces Together in Pennsylvania Welcome and Opening Remarks

8:10 a.m.  Pediatric Sepsis: Epidemiology, Outcomes, and Challenges of Caring for the Child

Julie C. Fitzgerald, MD, PhD, MSCE, Assistant Professor of Anesthesiology and Critical Care, The University of Pennsylvania Perelman School of Medicine, Attending Physician, Pediatric Intensive Care Unit, Children's Hospital of Philadelphia

This presentation will introduce the unique aspects of a child presenting with sepsis, address similarities and differences with the presentation of an adult with sepsis, and highlight methods to improve recognition of pediatric sepsis. Attendees will discuss the current epidemiology, outcomes, complications, and cognitive impacts of pediatric sepsis. The importance of the long-term health outcomes on a child and the public health consequences will also be evaluated.

8:50 a.m.  Pediatric Sepsis Screening to Community Sites: A CHOP/HAP Partnership Pilot Program

Fran Balamuth, MD, PhD, MSCE, The Children's Hospital of Philadelphia
Theresa Walls, MD, MPH, The Children's Hospital of Philadelphia
Christopher Valente, MD, Reading Hospital, Tower Health
Susan Yaeger, MD, Lehigh Valley Reilly Children’s Hospital

In 2017, CHOP and HAP developed a pilot partnership to expand CHOP's emergency department-based pediatric sepsis screening program to two community hospitals. During this session, attendees will discuss the specific challenges in pediatric sepsis education and examine implementation of a screening program. Attendees will be able to assess metrics in two newly established community-based pediatric sepsis screening programs.

9:30 a.m.  Break

9:40 a.m.  What Providers Need to Know about Sepsis Denials?

Jolene Calla, Esq., Vice President, Health Care Finance and Insurance, HAP
Robert Shipp, III, MSHSA, RN, NEA-BC, Vice President, Quality and Population Health, HAP

Providers are experiencing an increasing number of claim denials relative to a sepsis diagnosis. Learn from HAP experts who will explore the primary factors driving many of those
denials and identify steps providers can take to reduce denials and minimize the negative impact on their facilities. After this session, attendees will be able to highlight the differences between scoring methodologies for determining sepsis and explain the current CMS reporting requirements and the impact on reimbursement for hospitals.

10:00 a.m. **Audience Survey Via Cellphone**
*Robert Shipp, III, MSHSA, RN, NEA-BC, Vice President, Quality and Population Health, HAP*

10:10 a.m. **Hot Topics in Sepsis - Biomarkers and Stewardship**
*Thomas R. Stoner DO, FACOI, Vice President, Hospitalist Service Line, UPMC Pinnacle*

Hear from sepsis physician champion Dr. Thomas Stoner as he discusses current biomarkers for recognizing and differentiating sepsis in patients, which are available in HAP's toolkit. Attendees will be able to discuss the principles of fluid and antibiotic stewardship during post-resuscitation and outline future strategies to assist with sepsis diagnosis.

10:50 a.m. **Break**

11:00 a.m. **How Value-Based Care Can Lead to Better Health Outcomes after Sepsis**
*Mark E. Mikkelsen, MD, MSCE, Associate Professor of Medicine Chief, Section of Medical Critical Care Pulmonary, Allergy, and Critical Care Division, University of Pennsylvania Health System, Director, Medical Intensive Care Unit, Penn Presbyterian Medical Center, Perelman School of Medicine of the University of Pennsylvania*

Patients who live through an experience of sepsis often exhibit long-term physical, psychological, and cognitive challenges that result in health and social implications. During this session attendees will examine sepsis survivorship and evaluate post-acute care strategies that enhance recovery and prevent readmissions.

11:40 a.m. **ExSEPSIS Summary and Introduction of ExSEPSIS ExPRESS—Leveraging Real-time Data to Support Sepsis Survivors**
*Elizabeth (Beth) Murray M.Ed., RN, MCHES, Project Manager, HAP
Margaret (Maggie) Miller BS, MT(ASCP)M, CIC, FAPIC, Sepsis Project Manager, HAP
Zach Mitchell, PatientPing*

Decreases in Sepsis mortality has lead to more survivors who are at higher risk for readmission—the focus of HAP’s ExSEPSIS project during the past two years. The ExSEPSIS project has provided action tools, fact sheets, and training focused on reducing sepsis patient readmissions. During this session, expert faculty will share strategies to build on the success of this project in year-three, focusing on optimizing the discharge process and planning, implementing partnerships in post-acute care, and mapping the patient journey post-discharge.

11:55 a.m. **Lunch, Networking, and Posters**
12:45 p.m.  Sepsis Readmissions and Social Risk: The Good, the Bad, and the Preventable
Aparna Gupta, DNP, CPHQ, ANP-BC
Peter Nguyen, MBA, MHA, Manager Data Analytics, HAP

Surviving sepsis can be exacerbated by social risk factors. This session will examine social determinants of health and the impact on sepsis mortality and sepsis readmissions. Attendees will learn how to associate Pennsylvania data from registrant regions to trends at the national level.

1:25 p.m.  L.A.S.T. (Life after Sepsis Teaching)
Julie Rogan RN, MSN, CNS, ACCNS-AG, AOCNS
Genea Peay, RN, MSN, AG-CNS, Clinical Nurse Educator, Penn Presbyterian Medical Center

Penn Presbyterian Medical Center (PPMC) will share their project which focused on engaging nurses to educate sepsis survivors on their diagnosis and treatment. The team developed tools to help decrease readmission and engaged nurses through a unit-pilot using education tools that are shared with patients upon discharge. The team tracked these patients for 30, 60 and 90 days for readmission and will share the results of their pilot. After this session, participants will be able to describe and define sepsis survivorship, discuss engagement of nursing staff in sepsis survivorship, and illustrate a sustainable plan for engaging sepsis survivors.

1:55 p.m.  Development and Implementation of a Cross-Continuum Sepsis Program
Philip Billoni, MD, Lancaster General Health
Heather Snyder, RN, Lancaster General Health
Deb Heisey, RN, Lancaster General Health

Representatives of Lancaster General Hospital will discuss how they developed and implemented a comprehensive sepsis program. From early identification and treatment, to comprehensive hand-off to post-acute services, and monitoring during post-acute care, Lancaster’s program is addressing the reduction of cost of care as well as decreasing readmissions and mortality. During this session, attendees will learn how sepsis can be addressed in a coordinated manner in the hospital and beyond.

2:35 p.m.  ExSEPSIS Summary and Closing Remarks
Thomas R. Stoner DO, FACOI, Vice President, Hospitalist Service Line, UPMC Pinnacle
Margaret Miller, BS, MT(ASCP)M, CIC, FAPIC, Sepsis Program Manager, HAP

2:45 p.m.  Sepsis Conference Adjournment

3:00 p.m.  Patient Safety, Quality, and Sepsis Symposium Welcome
Andy Carter, President and Chief Executive Officer, HAP

3:10 p.m.  Stopping Sepsis: Saving Lives in Pennsylvania
Rachel Levine, MD, Secretary of Health for the Commonwealth of Pennsylvania
3:35 p.m. In Shock: A Journey from Death to Recovery
Rana Awdish, MD, FCCP, Director, Pulmonary Hypertension Program and Medical Director, Care Experience, Henry Ford Hospital and Henry Ford Health System

Dr. Rana Awdish is a world-class pulmonologist who thought she knew the intricacies of patient-centered care until she found herself as the one facing sudden critical illness. Through her experience, Dr. Awdish discovered what is needed to heal medicine and how medical training tends to distance physicians from patients. Hear Dr. Awdish's harrowing journey and her ideas on giving primacy to the patient, building resilience in physicians, and forming a community truly creates a cohesive system of care.

4:50 p.m. Closing Comments and Excellence in Patient Safety Recognition Awards

5:00 p.m. Book Signing “In Shock” with Rana Awdish

5:15 p.m. Welcome Reception with Sponsors and Poster Presentations - 7:00 p.m.

Day 2 | Tuesday, September 24

7:15 a.m. Networking Breakfast with Sponsors and Poster Presentations

8:30 a.m. Pursuing Zero Harm through High Reliability, Physician Leadership, and Teamwork
Ana Pujols McKee, M.D., Executive Vice President and Chief Medical Officer, The Joint Commission

Despite almost two decades of focus on safety and some important improvements, patients are still harmed in dishearteningly predictable ways: health care-associated infections, patient falls, wrong site surgeries, poor communication among caregivers, and others. The widespread interest in adopting high reliability principles and embedding these in the operations of health care organizations stems from industry-wide recognition that the current state is not good enough, and that we ought to try something else.

Whether you are just starting your high reliability journey, have zero harm in sight, or somewhere in between, this session will inspire teams to advocate for systemic changes that will result in health care that is consistently excellent and safe.

9:30 a.m. Break

9:45 a.m. Breakout Sessions #1
### Community Partnerships—Achieve Better Outcomes and Reduce Readmissions

Ann Kunkel, RN BSN, Senior Director Case Management, WellSpan Health
Dianna Benaknin, MSW, Case Management Consultant, WellSpan Health

- Describe programs created to address avoidable housing-related hospital admissions
- Identify strategies that engage community members to deliver the right care in the right setting

### Reducing VTE Rates—Strategies to Decrease Missed Medication Doses

Faith Colen, MSN, RN, CEN, Director of Quality and Patient Safety, UPMC St. Margaret

- Identify Just Culture approach to improve anticoagulation medication administration for VTE prophylaxis
- Describe nursing staff education techniques that decrease system failures and individual human error

### Heart Failure—Inpatient and Outpatient Strategies to Reduce Readmissions

Kimberly A. Fowler, MSN, RN, CNS-BC, CHFN, Heart Failure Program Manager, UPMC Pinnacle
Jesus Vargas, PhD, Heart Failure Hospitalist Associate Director, UPMC Pinnacle

- Discuss how interdisciplinary heart failure program results in shorter length of stays and reduced readmissions

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10:30 a.m. Move to Breakout Session

10:40 a.m. Breakout sessions #2

### Preventing Workplace Violence: Behavioral De-Escalation Response Team

Brian Albrecht, BSN, RN, CPN, CNML, Nurse Manager, Penn State Health Children’s Hospital
Contingency Pool, Penn State Health
Susan J. Pazuchanics, MSN, RN, CCRN, RN-BC, Penn State Health

- Describe 24/7 Behavioral De-Escalation Response Team’s response to patient and family crises
- Discuss strategies to mitigate the risk of harm to staff and patients and effective policies and procedures to best support care delivery

### Operational Excellence: Multifaceted Blood Management and Vaccine Management Programs

Judy Ann Gilbert, System Director, Main Line Health Laboratories
Tracy Arnold, BSN, RN, Director, Vaccine Management, St. Luke’s Physician Group

- Evaluate system approach to reduce misuse of blood products, resulting in significant cost savings for the health system
- Discuss innovative program to improve vaccine efficacy, reduce vaccine waste and decrease financial loss

### A Pathway to Success: An Innovative Approach to Improving Diabetes Care

Brian K. Shablin, MD, MS, Internal Medicine Quality Liaison, Associate Medical Director Quality & Informatics, Lehigh Valley Health Network
Hallie Melnick, RN, BSN, Clinical Quality Educator, Lehigh Valley Physician Group Magdalene Cruz-Rivera, RN, BSN, Clinical Quality Educator, Lehigh Valley Physician Group

- Outline steps to establish a system-wide pathway to improve diabetes care
- Engage physician practices in adopting new workflow changes
- Describe stepped-wedge design for manageable implementation on a change initiative
**11:25 a.m. Move to breakout session**

**11:35 a.m. Breakout sessions #3**

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<th>Innovations in ED Patient Intake to Prevent Suicide</th>
<th>An Organizational Approach to Reducing Delirium</th>
<th>Opiate Reduction Efforts Across the Continuum, A Community Hospital’s Approach</th>
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<tr>
<td>Anne Mitchell, RN, MS, CPPS, CPHQ</td>
<td>Roseanne Hanlon-Rafter MSN, RN, GCNS, BC, Safety/Quality Specialist</td>
<td>Brad Bendesky, MD, FACEP, FAAEM</td>
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<td>Director Patient Safety &amp; Regulatory Affairs, St. Clair Hospital</td>
<td>The Center for Patient Safety &amp; Healthcare Quality Abington Jefferson Health</td>
<td>Medical Director, Mercy Fitzgerald Hospital Department of Emergency Medicine, Clinical Assistant Professor of Emergency Medicine, Drexel College of Medicine</td>
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<td>• Discuss strategies to prevent harm to both patients and staff, and receive helpful tools to assist in risk mitigation</td>
<td>• Describe strategies to prevent delirium and post-intensive care syndrome with the A-F Bundle</td>
<td>• Describe community collaboration to reduce the number of deaths from opioid and heroin overdoses</td>
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<td>• Describe the major risks associated with behavioral health patients in the ED</td>
<td>• Discuss five level progressive mobility program that improves care for critically ill patients, decreases costs, and improves quality of life for patients after discharge</td>
<td>• Discuss approaches to remove barriers associated with the treatment of substance-use disorder and efforts to prevent teen opioid addiction</td>
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<td>• Evaluate a house-wide suicide prevention and education campaign</td>
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**12:30 p.m. Group Luncheon**

**1:15 p.m. The Costs of Incivility in Health Care: What We Do and Say Matters**  
Laurie C. Drill-Mellum, MD, MPH, Chief Medical Officer, Constellation

Incivility—rude behavior, reluctance to assist, negative comments, lack of respect most of us have witnessed it or have been subjected to it in the health care environment. These behaviors undermine a culture of safety, negatively influence the patient experience, affect team performance and impact your bottom line. Dr. Drill-Mellum will discuss the incidence of incivility in health care, as well as the growing need to address it. Using studies and data-informed research from the malpractice and patient safety realms, attendees will gain an appreciation of some of the real risks created by tolerance of uncivil behavior, including: negative influence on patient and employee experience; decreased clinical performance and increased adverse outcomes; increased risk of liability. A framework to address incivility will be reviewed along
with steps to promote a respectful culture and mutual support for all health care team members.

2:15 p.m. **How Engaged Employees Drive Exceptional Outcomes**  
*Scott Switalski, Manager of Strategic HR Programs and Program Manager, CHOP Leadership Institute*

When hospitals create an engaging and high-performance-oriented work experience, they not only improve patient satisfaction, but also quality of care outcomes. This session outlines the drivers of an engaging work experience within the health care industry. Engaging those employees around the behaviors and skills that drive clinical excellence and a positive patient experience is a key factor in determining whether a hospital thrives in this changing environment.

3:30 p.m. **Adjourn**