HAP’s 2017 Patient Safety and Quality Symposium provides the setting for health care leaders to discuss the opportunities and challenges for the future; network and learn from each other; and celebrate the diversity and scope of Pennsylvania hospitals’ accomplishments.

This year’s theme—Committed to Caring—focuses on combining clinical, structural, and financial integration; improving population health and lowering costs by improving the work life of health care providers; and patient engagement. Sessions will examine processes that result in more leadership and staff accountability, and will teach you the steps to immediately adopt these practices at your organization.

Nine breakout sessions presented by your colleagues from HAP member hospitals and health systems will allow you to maximize your learning experience and attend the sessions that are of special interest to you!

**Learning Objectives:**
- Review the evidence correlating positive patient experiences with quality and safety
- Describe individual peer-to-peer accountability and effective communication techniques
- Analyze the effects likely to have an impact on individuals, employers, and health care providers as a result of the Affordable Care Act
- Implement a two-step program that will empower you to handle your stressors with less distress and enhance your physical, emotional, and mental well-being

**Free Pre-conference Workshop:**
HAP is pleased to invite you to a FREE pre-conference workshop, “Pressure Injury Reporting in Pennsylvania: Preparing to Implement the New Reporting Requirements under the Medical Care Availability and Reduction of Error Act.”

**Poster Presentations:**
The greatest knowledge is sometimes found in the person sitting next to you or your neighbor down the road. Visit with and learn from other Pennsylvania hospital teams as they describe their safety and quality projects during HAP’s 2017 Patient Safety & Quality Symposium poster presentations. Hear their process and implementation techniques, and what worked—and what didn’t—from several different perspectives. Leave with the practical insights necessary to execute your own performance improvement projects!

**Who Should Attend:**
Anyone working in patient safety activities and health care quality within their organization; hospital executives; physician and nurse leaders and managers responsible for patient care, safety, and performance improvement; patient safety officers; quality improvement professionals; infection preventionists; risk managers; pharmacist managers; hospital counsels; physicians; and chief medical officers. Health care teams are encouraged to attend!
Monday, October 9, 2017

10:30 a.m. – 11:45 a.m.  **Free Pre-conference Workshop**
**Pressure Injury Reporting in Pennsylvania: Preparing to Implement the New Reporting Requirements under the Medical Care Availability and Reduction of Error Act**

*Arlene G. Seid, MD, MPH, FACPM, CMQ*
Pennsylvania Department of Health

*Theresa V. Arnold, DPM*
Pennsylvania Patient Safety Authority

*Kristen Bishop, MSN, RN, NE-BC, OCN*
Pennsylvania Department of Health

*Melanie A. Motts, M.ED, BSN, RN, CPPS*
Pennsylvania Patient Safety Authority

Michelle Feil
Pennsylvania Patient Safety Authority

Based on inconsistencies identified in the data collected by the Pennsylvania Patient Safety Authority (PSA) and the Pennsylvania Department of Health (DOH), a multidisciplinary workgroup, representing key stakeholders, collaborated to develop consistent and clear standards for reporting pressure injuries under MCARE.

PSA and DOH will present an overview of the guidance document and how it will help acute health care facilities in the commonwealth make determinations about whether pressure injuries meet the statutory definitions of Serious Events or Incidents as defined in section 302 of the MCARE Act. **Beginning January 1, 2018**, health care facilities may rely on the final guidance as the standard for reporting pressure injuries in Pennsylvania.

12 p.m. – 1:15 p.m. **Symposium Registration (Lunch on your own)**

1:15 p.m. – 1:20 p.m. **Welcome and Opening Remarks**

*Michael J. Consuelos, MD, MBA*
Senior Vice President, Clinical Integration
The Hospital and Healthsystem Association of Pennsylvania

1:20 p.m. – 2:20 p.m. **On Erring and Caring: Accelerating Freedom from Harm**

*Patricia McGaffigan*
Chief Operating Officer and Senior Vice President of Programs
National Patient Safety Foundation

Advancement in patient safety requires an overarching shift from reactive interventions to a total systems approach to safety. Ms. McGaffigan will highlight areas of progress, gaps and, most importantly, detail specific recommendations to accelerate progress. The recommendations and tactics from this session will spur broad action and prompt movement towards a safer health care system.

2:20 p.m. – 2:30 p.m. **Break**
Overcoming the Culture of Silence: Why Your Staff Won’t Speak Up, Why You Should Care, and What to do About It

Captain Steve Harden
Chairman and CEO
LifeWings Partners LLC, Memphis, TN

In this powerful, interactive session, Capt. Harden tells the riveting story of how one labor/delivery nurse changed the course of events in the birth of a family’s youngest son. Their story illustrates how all patient safety begins with individual peer-to-peer accountability and the will to be accountable—using effective communication techniques—at the moment of truth. Key points will be demonstrated through data, and dynamic experiential exercises.

Break

What Is Next for the Affordable Care Act: Issues and Options for Providers, Payers and Consumers

Cathy Livingston
Partner
Jones Day, Washington D.C.

The ongoing uncertainty about the future of the Affordable Care Act (ACA) has left consumers, providers, and employers in a health care limbo. Gridlock in Washington may pave the way for a more bipartisan approach to the issue, but the path to potential compromise will be fraught with challenges. In addition, the loss of legislative action may lead to more significant and problematic regulatory changes. Attend to get the most recent information about legislative efforts to repeal and replace the ACA and reform Medicaid, as well as regulatory actions that could further destabilize the health care system. The session will provide analysis of the impact on consumers as they navigate the health care marketplace; on health care providers striving to transform care and maintain fiscal stability; and on employers and the economy.

Welcome Reception with Sponsors and Poster Presentations
**Tuesday, October 10, 2017**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Description</th>
<th>Speakers</th>
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<tr>
<td>7:30 a.m. – 8:15 a.m.</td>
<td>Light Continental Breakfast and Networking</td>
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<td>8:15 a.m. – 9:15 a.m.</td>
<td><strong>BREAKOUT SESSIONS #1</strong></td>
<td><strong>To C the Diff or not to C the Diff—Best Practices in Reducing CDI</strong></td>
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<td><strong>Joy M. Peters</strong> Jefferson Hospital/Allegheny Health Network</td>
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<td><strong>Cindie J. Andrews, BS, RN</strong> Jefferson Hospital</td>
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<td><strong>Chas Hoffmann, PharmD, BCPS</strong> Jefferson Hospital/Allegheny Health Network</td>
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<td><strong>Leader &amp; Resident Collaborative to Reduce Disparity in Medication Communication</strong></td>
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<td><strong>Driving Sustainable Change in Hand Hygiene—The Problem We Only THINK We Solved</strong></td>
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<td><strong>Paul Alper, BA</strong> Vice President Patient Safety Strategy, DebMed Chairman, EHCO - The Electronic Hand Hygiene Compliance Organization</td>
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<tr>
<td>9:15 a.m. – 9:45 a.m.</td>
<td><strong>Break</strong></td>
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<td>9:45 a.m. – 10:45 a.m.</td>
<td><strong>BREAKOUT SESSIONS #2</strong></td>
<td><strong>Closing the Gaps: An Integrated Care Model</strong></td>
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<td><strong>Jodi Serrapere, MSN RN, CCRN-K</strong> West Penn Hospital</td>
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<td><strong>Jennifer Davis, PharmD, MBA</strong> Allegheny Health Network, West Penn Hospital</td>
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<td><strong>Brian Johnson, MD</strong> Allegheny Health Network</td>
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<td><strong>The Missing Link? Engaging front line physician leaders in quality strategies to transform bedside care</strong></td>
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<td><strong>Shelly McGonigal, DNP, RN</strong> Allegheny Health Network, Allegheny General Hospital</td>
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<td><strong>J. Christopher Post, MD, PhD, MSS, FACS</strong> Allegheny Health Network, Allegheny General Hospital</td>
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<td><strong>Ellen S. Deutsch, MD, MS, FACS, FAAP, CPPS</strong> Pennsylvania Patient Safety Authority</td>
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<td>10:45 a.m. – 11 a.m.</td>
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Tuesday, October 10, 2017  con’t

11 a.m. – 12 p.m.  BREAKOUT SESSIONS #3

**Leading Change in a Lean Management System (LMS) World**

Wendy S. Fitts, MHA, BSN, RN, CPHQ, LSSBB
Lancaster General Health - Penn Medicine

**Electronic Whiteboards: Enhancing the Patient Experience**

Kimberly Sargent, BSN, MSN, NE-BC
St. Luke’s University Health Network

Andrew Hoffman
Medi+Sign

**Bone Marrow Transplant Unit: Culture Change to Unprecedented CLABSI Rates**

Marissa McMeen, MPH, MLS (ASCP), CIC
Thomas Jefferson University Hospital

Jessica Radicke, RN, BSN, OCN
Thomas Jefferson University Hospital

Donna Miller, RN, MSN
Thomas Jefferson University Hospital

12 p.m. – 1:45 p.m.  Group Luncheon and Speaker

**The New Payer on the Block: Understanding What Makes Today’s Health Care Consumer Tick**

Ryan Donohue
Corporate Director of Program Development
National Research Corporation

Consumerism is here and health care is reeling from pressure to appeal to a new group of industry stakeholders: everyday people. This session will explore how consumer decision-making has become a strategic threat to health care organizations everywhere and which areas of focus are essential to survive and thrive post-reform. Participants will learn what is important to the health care consumer as they make increasingly important decisions; why the health care consumer is not connecting with hospitals and health systems; and how to build a reform-proof relationship with past, current, and future patients.

1:45 p.m. – 1:55 p.m.  Break
The growing consensus is that burnout levels in health care workers are reaching the breaking point. Against the backdrop of reform and economic uncertainty, our resilience is even further compromised. Quality improvement efforts frequently ignore the need to make sure that health care teams are ready for the next big initiative, and rarely do they first build up the resilience of staff before expecting even higher levels of quality and safety to be delivered. In this session, you will understand how the brain and mind generate unwanted stress every day, even during routine daily activities. Based on this understanding, you will learn a two-step program that will empower you to handle your stressors with less distress, and as a result, enhance your physical, emotional, and mental well-being.
Preconference offers 1.25 contact hours for physicians, nurses and certified professionals in healthcare quality.

The main conference offers 8.5 contact hours for physicians, pharmacists, nurses and certified professionals in healthcare quality.

In support of improving patient care, this activity has been planned and implemented by AXIS Medical Education and The Hospital and Healthsystem Association of Pennsylvania. AXIS Medical Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the health care team.

Credit Designation for Physicians
AXIS Medical Education designates this live activity for a maximum of 9.75 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Credit Designation for Pharmacists
This application-based activity is approved for 8.5 contact hours of continuing pharmacy education credit (UAN 0592-9999-17-036-L05-P).

Credit Designation for Nursing
AXIS Medical Education designates this continuing nursing education activity for 9.75 contact hours.

Learners are advised that accredited status does not imply endorsement by the provider or ANCC of any commercial products displayed in conjunction with an activity.

Quality Professionals
This program is pending approval by the National Association for Healthcare Quality (NAHQ) to provide CPHQ CE credit.

AXIS Contact Information
For information about the accreditation of this program, please contact AXIS at 954-281-7524 or info@axismeded.org.

Disclosure of Conflicts of Interest
AXIS Medical Education requires instructors, planners, managers and other individuals and their spouse/life partner who are in a position to control the content of this activity to disclose any real or apparent conflict of interest they may have as related to the content of this activity. All identified conflicts of interest are thoroughly vetted by AXIS for fair balance, scientific objectivity of studies mentioned in the materials or used as the basis for content, and appropriateness of patient care recommendations.
### Disclosure of Conflicts of Interest (continued)

The **faculty** reported the following financial relationships or relationships they or their spouse/life partner have with commercial interests related to the content of this continuing education activity:

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<thead>
<tr>
<th>Name of Faculty or Presenter</th>
<th>Reported Financial Relationship</th>
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<td>Kimberly Sargent, BSN, MSN, NE-BC</td>
<td>Speakers Bureau: Premier, Inc</td>
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<td>Cathy Livingston</td>
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<td>Kristen Bishop, MSN, RN, NE-BC, OC N</td>
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<td>Jessica Radicke, RN, BSN, OCN</td>
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<td>Debbie Fuehrer, MA, LPCC</td>
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<tr>
<td>Michael Consuelos, MD</td>
<td>Speakers Bureau: AHA, Optum</td>
<td>Marci Ruediger</td>
<td>Nothing to disclose</td>
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<tr>
<td>Christina Hunt, MBA, HCM, MSN</td>
<td>Nothing to disclose</td>
<td>Annette Sanders</td>
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<td>Lisa Lesko</td>
<td>Nothing to disclose</td>
<td>Robert Shipp, III</td>
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<td>Dee Morgillo, MEd, MT(ASCP), CHCP</td>
<td>Nothing to disclose</td>
<td>Ronald Viggiani, MD</td>
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<td>Steve Mrozowski</td>
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<td>Linda Waddell RN MSN CPPS CJCP</td>
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<td>Jill Keller-Reyka RN, MSN, CPHQ, CPPS</td>
<td>Nothing to disclose</td>
<td>Pat Witek, MPH, CPHQ</td>
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Updated disclosures of conflicts of interest will be posted to the [HAP website](http://www.hapwebsite.com) once they are received.
Disclaimer
Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management. Any procedures, medications, or other courses of diagnosis or treatment discussed in this activity should not be used by clinicians without evaluation of patient conditions and possible contraindications on dangers in use, review of any applicable manufacturer’s product information, and comparison with recommendations of other authorities.

Disclosure of Unlabeled Use
This educational activity may contain discussion of published and/or investigational uses of agents that are not indicated by the FDA. The planners of this activity do not recommend the use of any agent outside of the labeled indications.

The opinions expressed in the educational activity are those of the faculty and do not necessarily represent the views of the planners. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications, and warnings.

Americans with Disabilities Act
In compliance with the Americans with Disabilities Act, we will make every reasonable effort to accommodate your request. For any special requests, please contact HAP Education Services at (717) 561-5270 before the meeting dates.

Requirements for credit:
• Attend/participate in the educational activity and review all course materials.
• Complete the CE Declaration form online by **11:59 pm ET November 10, 2017**. Instructions will be provided. If you do not enter the online portal by the above date, you will not be able to retrieve your statement of participation.
• Upon successful completion of the online form, your statement of completion will be presented to you to print. Pharmacists: your record will be automatically uploaded to CPE Monitor.
Dates, Location, Parking, and Registration Fees
October 9-10, 2017
Lancaster Marriott at Penn Square
25 South Queen Street
Lancaster, PA  17603
(717) 239-1600
(888) 850-6146 (Marriott reservations)
Room Block Cut-off Date:  5 p.m., September 17.

RESERVATIONS:  HAP has reserved a limited block of rooms at the Lancaster Marriott for the evenings of Sunday, October 8, and Monday, October 9. Please call the hotel directly by 5 p.m. on Sunday, September 17, at (888) 850-6146 for overnight accommodations, and reference “PSQPSQA” to access the special rate of $139.00 (single/double/triple/quad), plus applicable occupancy and state taxes. After 5 p.m. on September 17, reservations will be accepted on a space and rate availability basis, and the special rate cannot be guaranteed. You may also wish to make your reservation online at the Lancaster Marriott’s website.

PARKING:  Parking fees are not included in the overnight room rate, and must be paid separately upon departure. Parking is available in the Penn Square Parking Garage (38 S. Duke Street) adjacent to the hotel. HAP will provide discounted parking tickets to symposium attendees. Please stop by the HAP registration desk to obtain your discounted parking ticket. If you are an overnight guest, you will receive your discounted parking voucher from front desk staff upon check-in. Without the discounted parking ticket, current on-site parking fees are $2.00 hourly, up to $18.00 daily. Valet parking is available in front of the hotel at a cost of $30.00 daily. Fees are subject to change without notice.

Click here for a downtown map and information about additional parking locations in the city of Lancaster.

REGISTRATION FEE*:  (includes morning and afternoon breaks, evening welcome reception, group luncheon on Tuesday, and access to online handout materials)

$349 per person—HAP member hospitals and health systems

$299 per person—if registering THREE OR MORE persons from the same member hospital**

** Registrations must be received at the same time for discount to apply.

$499 per person—non-HAP member rate

*Payment of fee required by date of program.

REGISTRATION DEADLINE:  September 22. Early registration is encouraged since space is limited.

CANCELLATION POLICY AND REFUNDS:
Registrants are responsible for the full fee if cancellations are received after September 22. Cancellations must be received in writing.

No refunds will be issued for no-shows. Substitutions are permitted.
Breakout Sessions #1
8:15 – 9:15 a.m.

To C the Diff or not to C the Diff—Best Practices in Reducing CDI

To combat the number of hospital-acquired C. difficile infections noted in our seven hospital health care system, a multidisciplinary team was formed and, between November 2014 and April 2016, implemented a bundle of 12 interventions. Among these interventions was the creation of a stool collection pathway and engagement of an antimicrobial pharmacist. At Jefferson Hospital, the overall raw number of C. difficile infections decreased from 104 to 69 from 2015 to 2016. The benefit of this decrease to our patients and community cannot be adequately measured. While this represents approximately $414,000 in cost savings to the hospital, the commitment and ownership of all disciplines of the workforce have been immeasurable to the success of this program.

Leader & Resident Collaborative to Reduce Disparity in Medication Communication

Communication about medications during hospitalization can impact readmission and morbidity. A significant disparity in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Communication about Medications Domain scores was identified when comparing adults between ages 18 and 64, and adults ages 65 and older. A nurse leader partnered with six nurse residents at system hospitals to develop an evidence-based project to improve medication communication. The plan included staff nurse education about the importance of using teach-back and other strategies when providing patient education. Patients were surveyed about barriers to learning as well as learning preferences. Based on these survey results, an education bundle was developed and the nurse residents, representing six selected pilot units, received training about teach-back and other strategies. An upward trend demonstrates that targeted education can improve medication communication among nurses and older patients, and may allow patients to leave the hospital with a better understanding of their medications.

Driving Sustainable Change in Hand Hygiene—The Problem We Only THINK We Solved

While direct observation has been the standard way to monitor hand hygiene compliance behavior - the drawbacks of small sample size, the Hawthorne Effect and lack of inter-rater reliability can make data highly unreliable. Technologies are emerging that are evidence based and may provide a significantly more reliable way to monitor this essential measure of healthcare quality and patient safety. Additionally, with the 2017 inclusion of MRSA and C Diff rates included in the calculation of a hospital’s Hospital Acquired Condition Score (HAC) – the imperative to improve hand hygiene in order to reduce the risk of these costly infections is that much more critical to avoiding the HAC 1% CMS revenue penalty. Learn why current methods for measurement of the this key healthcare quality performance indicator are flawed, leading to a dangerous level of complacency that is costing lives and money and be able to describe a multi modal and evidence based approach for sustainable hand hygiene compliance improvement and safety culture enhancement.
Closing the Gaps: An Integrated Care Model

West Penn Hospital (WPH) developed a program called the Community Care Network (CCN) that works to close gaps for high-risk patients. The program incorporates Social Work, Case Management, Nursing, Pharmacists, and Physicians to assure that patients are provided with resources and education to successfully maintain post discharge while empowering the patient, caregivers or family members to understand the disease process. Through implementation of this program, WPH has been able to reduce readmissions and other adverse events often experienced by patients in the post-discharge setting. Patients are referred and followed up by staff from a pharmacist-run clinic for longer care management that continues the coordination of medications and follow-up with all the patient’s providers. The successful integration of the collaborative services helped patients from experiencing readmissions and also identified social and economic barriers that prevented patients from managing their overall health.

The Missing Link? Engaging front line physician leaders in quality strategies to transform bedside care

This presentation will focus on how building a foundation of engaged front line physicians may improve patient outcomes at the bedside. During the session, strategies will be linked to the organizational core behaviors of promoting customer first, transformational leadership, trust working together, and purposeful execution. Examples of successful initiatives will be shared throughout the discussion ranging from engaging resident to senior attending physicians in a fast-paced, ever-changing health care environment. In addition, strategies will be discussed on how to operationalize quality improvement concepts into the traditional framework of physician-led care.

Safety: Are humans the problem, or can you help them be the solution?

This presentation will address contemporary concepts such as Safety-I (“what goes wrong”) and Safety-II (“what goes right”); safety as an emergent property that can be supported but not decreed; effecting change in complex adaptive systems which are fluid and evolving; the contrasting characteristics of organizational resilience and brittleness; preparations for regular, irregular, and unexampled threats; and; the value of adaptive capacity. We will discuss how simulation can be used to provide affective as well as technical and cognitive lessons, and can be used to develop and test system improvements. We will conclude by creating a “virtual toolkit” by soliciting suggestions from the audience for processes and techniques that can be used to support the emergence of organizational resilience, engage health care providers, and enhance a culture that strives for safe, high-quality patient care.
Breakout Sessions #3  
11 a.m. – 12 p.m.

Leading Change in a Lean Management System (LMS) World

Hear how to create a positive culture to engage all staff members in the search for ideas to address problems through continuous improvement—every person, every day, every process. Creating daily accountability for leaders, establishing standard work and the use of A3 thinking to build an environment of investigators looking for waste, and making their jobs better. Happier, more engaged staff means happier patients!

Electronic Whiteboards: Enhancing the Patient Experience

Centralized communication exchange between patients, families, and health care team members can play an important role in patient quality outcomes and patient satisfaction. Traditional dry erase whiteboards have been utilized as tools to ensure information exchanges take place. However, incomplete or old information often is left on the patients’ whiteboards rendering the information useless. As technology has advanced, the electronic whiteboards, along with the electronic medical record, can transform the overall patient experience and delivery of care. The overall aim of the implementation of electronic whiteboards was to improve both nurse and doctor communication domain in HCAHPS. For a rural hospital, the results demonstrated positive outcomes of improved communication.

Bone Marrow Transplant Unit: Culture Change to Unprecedented CLABSI Rates

Central line-associated bloodstream infections (CLABSIs) are one of the most common types of hospital-associated infections. Bone marrow transplant patients are at an increased risk of developing CLABSIs due to their immunocompromised clinical state. The CLABSI rate in the Bone Marrow Transplant Unit (BMTU) at our organization had risen to 3.44 in June 2015 and continued to be elevated through October 2015. A comprehensive action plan was then developed that focused on increasing staff engagement, ownership and awareness of the risks associated with CLABSIs.

POSTER PRESENTATIONS:

1. Wellspan Ephrata Community Hospital Our Sepsis Journey (Wellspan)
2. Caring for Committed Patients Outside of the Behavioral Health Unit (Forbes Hospital)
3. Use of MAGIC to reduce CLABSI (Forbes Hospital)
4. Internal Experts Collaborate to Reduce Critical Hypoglycemia, Improve Insulin Errors and Administration Timing (UPMC Passavant)
5. Combining Forces: Redesigning the Obstetrical Rapid Response Team (Thomas Jefferson University Hospital)
6. Nurse/Physician Collaboration (UPMC Susquehanna)
7. Reducing 30-Day Readmissions in Acute Care Behavioral Health Setting (PA Psychiatric Institute)
8. Non-pharmacological Measures to Assist with the Prevention of Delirium (Riddle Hospital – Main Line Health)
9. Empowering Caregiver Transition: Impact of Caregiver Training and Support Group Services (Healthsouth Rehabilitation Hospital of Sewickley)
10. Reducing MRSA Infections in the Neonatal Intensive Care Unit (Magee-Womens Hospital of UPMC)
Planning Committee

HAP would like to thank the following members of the conference planning committee for their time and effort in developing the content and focus of this program:

**Steve Mrozowski**
Patient Safety Officer
Hershey Medical Center

**Jill Keller-Reyka RN, MSN, CPHQ, CPPS**
Vice President, Patient Safety & Quality Patient Safety Officer
Summit Health

**Marci Ruediger**
Director of Performance Excellence
Magee Rehabilitation Hospital

**Annette Sanders**
Educator, Patient Safety Officer
Fulton County Medical Center

**Linda Waddell RN MSN CPPS CJCP**
Regulatory & Patient Safety Quality Manager
UPMC

**Pat Witek, MPH, CPHQ**
Director of Quality Initiatives/PSO
Doylestown Hospital