2016 Patient Safety and Quality Symposium

Wednesday, September 7, 2016-Thursday, September 8, 2016
Lancaster Marriott at Penn Square | Lancaster, PA

FREE pre-conference workshop

"The Opioid Crisis: How Hospital & Health System Leaders Can Help"

www.HAPonline.org/events
HAP’s 2016 Patient Safety & 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—The Power of Partnership—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 different 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!

**OBJECTIVES**

HAP’s 2016 Patient Safety & 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.

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Nine different 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
- Discuss how to implement three evidence-based practices proven to improve both patient experiences and quality at your organization
- Describe the “knowing-doing gap” in health care and the related barriers for turning knowledge into action
- Identify two fundamental assets accessible to patients through the Internet and ways to support patients in becoming active and fully engaged in their health care
- Articulate how to create reliable processes that will result in continued and sustainable quality improvement

**FREE Preconference Workshop**

HAP is pleased to invite you to a FREE pre-conference workshop, “The Opioid Crisis: How Hospital & Health System Leaders Can Help” featuring Dr. Rachel Levine, Pennsylvania’s Physician General.

**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 2016 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 practical insights 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!
AGENDA

Wednesday, September 7, 2016

10:30 a.m. – 11:45 a.m  
**The Opioid Crisis: How Hospital & Health System Leaders Can Help**  
Rachel Levine, MD  
Physician General  
Commonwealth of Pennsylvania

The opioid crisis and its impact on patients and providers is at the forefront of health care organizations’ concerns nationwide. An estimated 44 people die every day in the United States from overuse of powerful prescription painkillers, from teens to senior citizens, in isolated rural towns and large cities alike.

This FREE pre-conference session will highlight how Pennsylvania as a state is reacting to combat this tragic epidemic and what patient safety and quality leaders can do to help.

1:00 p.m. – 1:15 p.m.  
**Symposium Registration and Light Refreshments**  
(Lunch on your own) to help.

1:15 p.m. – 1:30 p.m.  
**Welcome and Opening Remark**  
Michael J. Consuelos, MD, MBA  
Senior Vice President, Clinical Integration  
HAP

1:30 p.m. – 2:40 p.m.  
**Integrating Integration: How to Successfully Combine Clinical, Financial and Structural Integration**  
Steven M. Berkowitz, MD  
President  
SMB Healthcare Consulting

Health care’s current transformation and the resulting pressures of accountability and cost control will challenge even the best organizations to achieve superior outcomes. Maintaining superior quality is essential in an era of consumer choice and data transparency. It is possible to achieve excellent quality and safety outcomes and deliver a favorable bottom line. But, these processes are all interrelated and interdependent. Success in one is dependent upon success in the other two. Dr. Berkowitz will help you navigate the challenges of clinical integration through data transparency, best practice implementation, and enlisting physician support while showcasing national best practices in “integrated integration.”

2:40 p.m. – 3:00 p.m.  
**Break**
3:00 p.m. – 4:10 p.m.  

**Health Care’s Quadruple Aim: Care, Health, Cost, and Meaning in Work**  
Lauren E. Benishek, PhD  
Research Fellow  
Johns Hopkins University School of Medicine  
Armstrong Institute for Patient Safety and Quality  

The industry can’t achieve the Triple Aim’s core ideals - providing better care, improving population health and lowering costs - without first improving the work life of health care providers. This session will cover ways that we can support more positive experiences in health care today by introducing physical, social, and emotional wellbeing, with an emphasis on the social and emotional aspects and their relationship to health care workers’ performance and daily experience on the job. Learn how to keep providers motivated, develop mutual respect and trust, cultivate optimism, and positively manage bad days.

4:15 p.m. – 5:00 p.m.  

**Can Business Savvy Supercharge Patient Safety?**  
Joe Kiani  
Founder of the Patient Safety Movement  
CEO, Masimo  

Realize a world where we see zero preventable deaths as early as the year 2020. Zero preventable deaths is attainable with the right people, ideas, and technology. Joe Kiani, founder of the Patient Safety Movement, will discuss the power of collaborating and breaking down information silos that exist between hospitals, medical technology companies, the government, and other stakeholders; strategies for promoting the sharing of data that can identify at-risk patients before they’re in danger; and specific, actionable solutions that health care professionals can implement today.

5:00 p.m. – 6:30 p.m.  

**Welcome Reception with Sponsors and Poster Presentations**
### AGENDA

Wednesday, September 8, 2016

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<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 Session #1</strong></td>
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<td><strong>Standardized Bedside Report—A Remedy to the Missed Nursing Care Model</strong></td>
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<td>Kathleen Fowler, MSN, RN, CMSRN, UPMC St. Margaret</td>
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<td>Rebecca Jahn, MSN, RN, CMSRN, UPMC St. Margaret</td>
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<td>Kelsey Archibald, MSN, RN, CMSRN, UPMC St. Margaret</td>
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<td><strong>LEAN Methodology in Healthcare Quality Improvement</strong></td>
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<td>Davide Rawal, LLB, MA, MPA, CPHRM, Advanced Lean Trainer, Friends Hospital</td>
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<td><strong>Improving Patient Outcomes &amp; Decreasing Readmissions—One Joint Replacement at a Time</strong></td>
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<td>Amy Hancock, OTR, Advantage Home Health Services</td>
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<td>Ken Cherry, MD, University Orthopedics Center</td>
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<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 Session #2</strong></td>
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<td><strong>Just a Culture 20 Years Later</strong></td>
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<td>Anne Pedersen, MSN, RN, NEA-BC, UPMC Hamot</td>
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<td>Joanne Sorensen, DNP, RN, FACHE, UPMC Hamot</td>
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<td><strong>Building a Regional Physician-led Quality Improvement Collaborative: Early Successes and Challenges</strong></td>
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<td>Serge Ginzburg, MD, Einstein Healthcare Network</td>
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<td>Claudette Fonshell, RN, BSN, Health Care Improvement Foundation</td>
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<td>10:45 a.m. – 11:00 a.m.</td>
<td><strong>Break</strong></td>
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AGENDA

Wednesday, September 8, 2016 (cont)

11:00 a.m. – Noon  Breakout Session #3

The Patient’s Voice: Taking Advisory Councils to the Next Level
Denise Addis, MSN, RN, CPHQ, Excela Health
Martin Lang, MS, Excela Health

Decreasing Missed Doses: The Impact of Nursing Attitudes and Beliefs
Amy Helmuth, RN, MS, FACHE, PinnacleHealth System

Emergency Medicine: Treat and Retreat—How to Stop the Cycle
Sharon Mackall, BSN, MSN, ACM, UPMC Mercy
Mary Thompson, BS, MSW, UPMC Mercy
Kimberly Laing, AS, BS, UPMC Mercy

Noon – 1:45 p.m.

Group Luncheon & Speaker

Improving Quality and Achieving Equity in a Time of Transformation

Joseph R. Betancourt, MD, MPH
Director, The Disparities Solutions Center
Senior Scientist, Mongan Institute for Health Policy
Associate Professor of Medicine, Harvard Medical School
Director of Multicultural Education, Massachusetts General Hospital

Addressing disparities and achieving equity are the perfect target areas for recouping value, and doing so may pave the way for high-value health care. What new models of care will emerge to assure that, as health care organizations assume risk and accountability, value can truly be realized? Dr. Betancourt will make the case—in very practical and actionable terms—for why providing meaningful access, not just health insurance, is the key to assuring equity in a time of greater accountability and rapid health care system change. You’ll walk away with the knowledge, tools, and strategies you will need to take action and be prepared to address disparities and deliver high-value, quality care to all.
1:45 p.m. – 1:55 p.m.  
**Break**

1:55 p.m. – 3:10 p.m.  
**Partnering with Patients: A Bed’s Eye View of Patient Safety**  
Tiffany Christensen  
Author of Sick Girl Speaks  
Performance Improvement Specialist at the NC Quality Center  
Durham, North Carolina

Patient empowerment. Patient engagement. Patient-centered care. Our health care culture is changing and with it come new opportunities and challenges. Tiffany Christensen shares her compelling personal story as a cystic fibrosis and double lung transplant patient and offers fresh insight on ways to succeed in the patient-focused age. Learn how the power of partnership can dramatically improve patient safety and satisfaction in your daily practice. Identify strategies and resources for implementing evidence-based practice to improve care, safety, and patient outcomes. Christensen will break down the myths and misconceptions about PFCC and inspire participants to embrace the concepts and take action.

3:10 p.m. – 3:15 p.m.  
**Closing Remarks**
Standardized Bedside Report: A Remedy to the Missed Nursing Care Model  
Presenting Organization: UPMC St. Margaret  
Level: Advanced

Nursing quality care and patient safety are major challenges facing nurses and nursing leaders today. Missed nursing care is a common and potentially dangerous medical error that has received limited attention. Missed nursing care model serves as conceptual model based on Donabedian's structure, process and outcome framework. During this session, faculty will share how they used standardized bedside reporting to decrease variation and influence the most consistent predictors of missed nursing care. You’ll learn how the practice promotes patient safety through a collaborative manner that improves the effectiveness of communication among caregivers by encouraging the standardization of the communication process. Topics include utilization of a standardized tool, patient engagement and peer coaching, and outcome metrics.

LEAN methodology in Healthcare Quality Improvement  
Presenting Organization: Friends Hospital  
Level: Advanced

LEAN methodology principles have been used effectively in manufacturing companies for decades. Virginia Mason Institute and other leading health care organizations have demonstrated that LEAN principles can successfully be applied to the delivery of healthcare. LEAN thinking begins with driving out waste so that all work adds value and serves the patient's needs. Adoption of LEAN principles establishes a framework to eliminate waste and efficient flow throughout the organization. In Healthcare facilities this creates added value in the form of increased patient safety, patient satisfaction and enhanced quality with minimal or no capital investment. This session will demonstrate LEAN methodology in action using findings from actual LEAN projects and small exercises that will pull together the LEAN methodology and its application to health care.

Improving Patient Outcomes & Decreasing Readmissions—One Joint Replacement at a Time  
Presenting Organization: Advantage Home Health Services/University Orthopedics Center  
Level: Intermediate

As of January 2016, over 30% of Medicare payments have been tied to an alternative payment models. Payers and providers are looking to tie high-quality care to financial incentives through these various reimbursement models. The models are placing greater risk/reward on providers, causing a fundamental change in the way care is delivered. This session will analyze a coordinated surgical care joint replacement model, implemented at Mount Nittany Medical Center. Faculty will review a model that optimizes peri-operative care through the development of team-based care pathways, pre-surgical risk stratification assessments, patient engagement, and evidenced-based practices. Speakers will discuss their partnering strategies with post-acute partners, review key data and performance indicators, and share critical financial, clinical and quality alignment approaches.
As early as the 1990's thought leaders, Reason and Marx identified the impact of human factors, safe environments, and the dampening influence of a punitive response to error on care delivery. Years later, hospitals have made little progress in an embracing organizational culture that is just and fair. This highly interactive session will begin a brief overview of the history and theoretical constructs associated with human error and just culture. Contemporary and emerging wisdom will be shared. Facilitators will present an intuitive and user-friendly just culture model algorithm which will be applied to a number of powerful real-life case studies. Participants will dialogue with one another coming to a clearer understanding of just culture and application of a consistent decision making process. Facilitators will also discuss a culture of fairness and situations which can de-rail, challenge or damage staff perception of a just system or process. Attendees will walk away energized with an improved understanding of just culture and the complexity of applying a just culture to change staff experience in a structured and measured approach.

Building a Regional Physician-led Quality Improvement Collaborative: Early Successes and Challenges
Presenting Organization: Einstein Healthcare Network
Level: Basic

The treatment of men with clinically localized prostate cancer has dramatically changed over the past decade, challenging physicians with a multitude of treatment options and variations in the sequencing of these therapies, adding to the complexity of clinical decision-making. In 2014, the Pennsylvania Urologic Regional Collaborative (PURC) was established. PURC, a physician-led quality improvement collaborative, focused on the evaluation and improvement of prostate cancer care in southeastern Pennsylvania. Six institutions voluntarily enrolled in PURC with the commitment of practice specific physician champions as well as data abstractors. This physician-led collaboration is working to achieve efficient utilization of health care resources, improve the delivery of care, and enhance the quality, value, and outcomes of men in Pennsylvania with prostate cancer. Presenters will describe benefits of a physician-led collaborative and describe successful physician motivators. They'll share lessons learned for successful physician engagement including the appreciation and trust of clinical data, accountability of performance, benchmark performance among peers, and sharing of best practices.

Emerging Technologies and Solutions: Remote Video Auditing
Presenting Organization: UPMC Northwest/UPMC Hamot
Level: Basic

Remote Video Auditing (RVA) has moved from the meat packing industry to the hospital setting as real-time data and feedback can move the needle on key metrics. A handful of pioneering facilities in the US have now placed low resolution cameras with RVA in operating rooms to drive performance on the patient safety triad (sign-in, time-out and sign-out), efficiency measures and cleaning compliance. This case study begins with the introduction and implementation of RVA in a busy surgical department located in a 448-bed tertiary care facility situated in northeast Pennsylvania. The use of low resolution cameras in the OR setting coupled with RVA can be controversial and raised many questions on the part of patients, surgeons and staff. Presenters will share their strategies for addressing the challenges with the introduction of RVA ranging from communication, data integrity and privacy issues. You'll learn how RVA was implemented and strategies used to strengthen patient safety, drive culture and positively influence efficiencies and outcomes. This thought provoking and cutting edge topic will excite and inform leaders.
The Patient’s Voice: Taking Advisory Councils to the Next Level
Presenting Organization: Excela Health
Level: Intermediate

Excela Health took a bold step in 2014 and established a Patient and Family Advisory Council. The purpose of the council is to involve patients and families, and front line staff and physicians, in the design and creation of a health care system that is focused on the needs and voice of the patient. This requires organizations to listen carefully, value the input from patients and family, and allow their voice to impact and influence how care is delivered at your facility to your community. During this session you’ll learn how to create a council, interview applicants and select members, and gain leadership and board support for the council and its work. You’ll learn how to take your council to the next level with specific detail on how Excela Health used their council to effect change in the areas management of delirium, ICU facility design, patient education and scripting.

Decreasing Missed Doses: The Impact of Nursing Attitudes and Beliefs
Presenting Organization: PinnacleHealth System
Level: Beginner

Venous Thromboembolism (VTE) is a serious condition representing a major cause of preventable harm in hospitals. Ample evidence supports the use of VTE prophylaxis to prevent harm and quality improvement efforts have focused on improving ordering of evidence-based prophylaxis using risk assessment tools, electronic alerts, protocols and standardized order sets. Yet, ordering VTE prophylaxis does not necessarily ensure consistent administration and non-adherence continues to be a challenge for many hospitals.

Pinnacle Health will share their study of the influence of nursing attitudes, beliefs and practices associated with differential administration rates of VTE prophylaxis. You’ll learn how the team used their findings to address nursing beliefs and the interventions they implemented to reduce the incidence of missed doses and reduction in hospital-acquired VTE. And the take-aways from the session can be applied beyond VTE prevention.

Emergency Medicine – Treat and Retreat: How to Stop the Cycle
Presenting Organization: PinnacleHealth System
Level: Basic

Inappropriate use of emergency departments has been an issue for over four decades and estimated to cost over $38 billion annually in the United States. During this session you’ll learn about a project focused reducing recidivism in an emergency department that treats 75,000 patients per year and serves a challenging inner city population with low income and socially and medically complex situations. Through the development of a complex patient care plan through a multidisciplinary team the program is designed to prevent overprescribing of controlled medications and encourage appropriate utilization of health care resources. You’ll learn how this organization expanded the program to more than 300 patients with continued success in decreasing emergency medicine visits and increasing patient-driven care.
RESERVATIONS: HAP has reserved a limited block of rooms at the Lancaster Marriott for the evenings of Tuesday, September 6, and Wednesday, September 7. Please call the hotel directly by **5:00 p.m. on Tuesday, August 23**, at (888) 850-6146 for overnight accommodations, and reference “HAP Symposium” to access the special rate of $135.00 (single/double/triple/quad), plus applicable occupancy and state taxes. After 5:00 p.m. on August 23, 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.

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

$299 per person—HAP member hospitals and health systems

$269 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: August 26, 2016. Early registration is encouraged since space is limited.

Cancellation Policy and Refunds: Registrants are responsible for the full fee if cancellations are received after August 28, 2016. Cancellations must be received in writing.

No refunds will be issued for no-shows. Substitutions are permitted.
CONTINUING EDUCATION CREDITS

NURSES (CNE): An application for nurse contact hours has been submitted to the Pennsylvania State Nurses Association (PSNA), an accredited approver by the American Nurses Credentialing Center’s (ANCC) Commission on Accreditation.

The Hospital & Healthsystem Association of Pennsylvania (HAP) designates this activity for a maximum of 9 contact hours.

Credit will be awarded based on self-reported attendance, and completion of a program evaluation form will be required prior to leaving the meeting venue. Nurses should only claim credit commensurate with the extent of their participation in the activity.

PHYSICIANS (CME):

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Penn State College of Medicine and HAP. Penn State College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Penn State College of Medicine designates this live activity for a maximum of 9 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

QUALITY IMPROVEMENT PROFESSIONALS (CPHQ): This activity will be submitted to the National Association for Healthcare Quality for CPHQ CE credit.

DISCLAIMERS AND DISCLOSURES:

The Hospital & Healthsystem Association of Pennsylvania (HAP) is committed to offering educational programs that promote improvements or quality in health care and are developed free of control of commercial interests. Reasonable efforts are taken to ensure that our programs are balanced, independent, objective, scientific, and in compliance with regulatory requirements. Faculty and planning committee members are asked to disclose all relevant financial relationships with commercial companies, and HAP has a process in place to resolve any conflicts of interest so that information is presented fairly and without bias. Disclosure of a relationship is not intended to suggest or condone bias in a presentation, but is made to provide participants with information that might be of potential importance to their evaluation of a presentation.

PLANNING COMMITTEE

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

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