2011 National Forum Minicourses
Monday, December 5
8:30 AM – 4:00 PM
$615
Minicourses offer in-depth, hands-on learning opportunities with nitty-gritty details about how to implement and sustain change.

Innovate

M1 Advancing Palliative Care: Valuable Tools to Support the Triple Aim
This session will address multiple delivery approaches for delivering patient-centered palliative care. Through a blend of interactive learning and didactic discussions, this session will cover the continuum of services available for patients, approaches for developing those services, and an example of a tool that supports the patient-centered nature of these services. Participants will leave with a plan to test one new idea.

After this session, participants will be able to:
- Argue the case for palliative care and describe its role in achieving the triple aim in a community
- Use a palliative care “blueprint” as a roadmap for buying or building a sustainable model of advanced illness or palliative care service delivery
- Demonstrate the components of the Advanced Illness Coordinated Care model
- Deploy support tools to effectively assist patients with advanced illness
- Address the challenges and barriers that currently exist in executing palliative care programs in communities

Von Sternberg, T., MD, Associate Medical Director of Geriatrics and Hospice Services, Government Programs and Case Management, HealthPartners; Volandes, A., MD, Assistant Professor, Massachusetts General Hospital and Harvard Medical School; Tobin, D., MD, Founder and President, Care Support of America; Johnson, D., MD, Clinical Lead for Palliative Care, Care Management Institute, Kaiser Permanente; Cuppenull, L., Director, Clinical Learning and Innovation, Alliance of Community Health Plan

M2 Evidence + System Improvement + Human Factors = Outcomes
This is an interactive workshop with actionable learning for systems and individuals. In this session, participants will learn how to combine the elements of the equation to maximize outcomes. Participants will discover where their own organization lies on the spectrum, and will learn techniques to create engagement and larger system change.

After this session, participants will be able to:
- Move beyond just implementing improvement science
- Combine the elements of the outcome equation including human factors and set about change
- Plan their next steps for their own organization

Oldham, J., Senior Partner, Manor House Surgery; Higton, P., Training Director, Terema LTD
M3 Transforming the Quality Movement into Execution

Masters

The quality movement in health care has been a fringe activity for too long. Doing more of the same is not enough change for health care. More aggressive questioning and execution is needed. This session will provocatively question how to develop the next phase of health care change - better health at lower cost through shared values.

After this session, participants will be able to:
- Identify common themes in transformation projects from around the world
- Develop the next phase of health care change
- Implement new ideas into practice at their organization

Leitch, J., National Clinical Lead for Quality, Scottish Government Health Department;
Henriks, G., Chief Executive of Learning and Innovation, the County Council of Jönköping;
Eby, D., MD, Vice President of Medical Services, Southcentral Foundation

M4 How to Provide Innovative Care for Older Persons

Numerous configurations and names obscure what is truly innovative and effective for the care of older persons. This Minicourse features active discussion of effective innovations, the funding schemes that support them, and many pragmatic issues. Attendees will leave with a clear vision of care that can provide exactly what older patients and their caregivers want and need, and will be equipped to implement this vision in their home organization.

After this session, participants will be able to:
- Compare recent innovations in health care for older people
- Discuss the role of innovative care models in innovative payment schemes
- Assess the barriers, opportunities, and processes involved in implementing innovations for older people in their community or institution

Davis, C., Geriatric Nurse Practitioner, ImpactBC; Wasson, J., MD, Professor, The Dartmouth Institute for Health Policy and Clinical Practice; Boult, C., MD, Professor, Dept of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health;
Hansen, J., President-Elect, American Geriatrics Society

M5 Innovation in Health Care Delivery

Fundamental

Learn how health care organizations can harness and direct the creativity of staff to create innovation that improves quality, safety, patient experience, and reduces cost. Gain practical knowledge about how to assess the originality of an idea, create an organizational culture that supports innovation, and use the voice of the patient and family to stimulate change.

After this session, participants will be able to:
- Apply the concepts and methods of directed creativity to challenge and rethink "the way we have always done things"
- Describe the seven dimensions of organizational cultures that support innovation, and explain what leaders can do to create these conditions
Discuss how the techniques of idea generation and understanding of the patient experience can enhance the impact of Lean and other classic improvement methods

Plsek, P., Consultant, Paul E. Plsek & Associates, Inc.

M6 Practical Tools to Spread Improvements and Achieve Results at Scale
Looking for some new insights about spread? Attend this interactive session and explore how to combine theory and action to achieve results at scale in your organization. Attendees will learn how to assess readiness, apply approaches to spread and scale that can be customized, work with executive leaders to effectively guide and lead the adoption of innovation, and use problem-solving as an important component of a successful spread methodology.

After this session, participants will be able to:
- Describe different spread models and how to apply them
- Recognize unique needs of each local department’s culture
- Assess both site readiness and an improvement’s readiness to spread
- Apply lessons to their own care delivery situation

Schall, M., Senior Director, IHI; Schilling, L., RN, National Vice President, Healthcare Performance Improvement, Kaiser Permanente; Nielsen, G., Director of Learning and Innovation, Iowa Health System; Bellows, J., PhD, Senior Director, Evaluation and Analytics, Kaiser Permanente; Cristobal, K., Director, Kaiser Permanente; Myers, D., RN, Program Director, Kaiser Permanente

M7 Reducing Avoidable Rehospitalizations in a State or Region
IHI is leading a groundbreaking multi-state, multi-stakeholder initiative: STate Action on Avoidable Rehospitalizations (STAAR). The aim is to dramatically reduce rehospitalization rates in states or regions by simultaneously supporting quality improvement efforts at the front-lines of care while working in parallel with state leaders to initiate systemic reforms to overcome barriers to improvement. This Minicourse will highlight the STAAR initiative’s progress to date in Massachusetts, Michigan, Ohio and Washington.

After this session, participants will be able to:
- Describe common problems that contribute to rehospitalizations and identify promising approaches to reducing them
- Describe the STAAR initiative’s two concurrent strategies to reduce avoidable rehospitalizations
- Compare and contrast case studies from sites that have implemented improvements to dramatically reduce avoidable rehospitalizations

Rutherford, P., RN, Vice President, IHI; Coleman, E., MD, Director, Care Transitions Program, University of Colorado

M8 Advanced Statistical Process Control for Health Care
Description TBD
James, B., MD, Chief Quality Officer, Intermountain Healthcare; Benneyan, J., PhD, Professor, Northeastern University; Jordan, V., PhD, Director, Quality Measurement and Engineering, University of Texas MD Anderson Cancer Center
M9 Survey Development, Analysis, and Use in Health Care Settings

Historically, health care providers have used surveys to gather data used primarily for marketing or publicity purposes. Over the years, especially the last ten years, there has been a dramatic shift in the objectives of survey research in health care settings. Today, surveys are used less for marketing purposes and more for demonstrating that the health care provider is actually listening to those they serve. The problem is that most individuals developing surveys in health care organizations have little or no formal training in survey methods. As a result, they create a survey that is poorly worded, uses the wrong response scales, achieves a low response rate, and then is analyzed and interpreted incorrectly. In this Learning Lab, participants will learn the key steps in designing, implementing, and using surveys. This session will provide a roadmap for developing participants’ own ad hoc surveys and will also provide a checklist of questions that can be directed toward any commercial vendor.

After this session, participants will be able to:

- Describe the history and use of surveys
- Clarify the differences between survey reliability and validity
- Write accurate survey questions and develop response scales
- Demonstrate how survey results can be used to drive improvement strategies

Lloyd, R., PhD, Executive Director Performance Improvement, IHI; Scoville, R., PhD, Improvement Advisor and Consultant, IHI; O’Connor, P., RN, National Patient Safety Development Advisor, NHS Tayside

M10 Transformation for High Reliability: The Role of the Chief Medical Officer and Chief Quality Officer

Experienced national leaders will present learnings and promote dialogue about aligning culture, infrastructure, board engagement, and education programs required for high reliability. The course is designed specifically for Chief Medical Officers and Chief Quality Officers.

After this session, participants will be able to:

- Define the critical success factors for a comprehensive quality program
- Assess the role of culture in facilitating reliability
- Articulate best strategies for engaging leadership boards

Swensen, S., MD, Director for Quality, Mayo Clinic; Clancy, C., MD, Director, Agency for Healthcare Research and Quality (AHRQ); Chassin, M., MD, President, The Joint Commission; Hunt, G., MD, Senior Vice President and Chief Medical Officer, Sutter Health; Meyer, G., MD, Medical Director, Massachusetts General Physicians Organization; Pryor, D., MD, Chief Medical Officer, Ascension Health; Weissberg, J., MD, Senior Vice President, Quality and Care Delivery Excellence, Kaiser Permanente; Yates, G., MD, Senior Vice President and Chief Medical Officer, Sentara Healthcare

M11 The IHI Triple Aim in a Region (IHI Triple Aim Initiative)

IHI Triple Aim organizations pursue better health for populations, improve experience of care, and lower per capita costs. There has been an evolution within organizations focused on the IHI Triple Aim from sub-populations to a geographic region. This session will explore IHI’s current thinking on the distinctive issues and opportunities presented by regionally-defined Triple Aim improvement, including high-level learning from several IHI Triple Aim
regional sites. In addition, this session will share how this work supports national initiatives such as those focused on care coordination and Accountable Care Organizations.

After this session, participants will be able to:
- Outline the framework used for regions striving to accomplish the IHI Triple Aim
- Share lessons learned from working with IHI Triple Aim regional sites
- Describe the linkages between this work and national initiatives

**Whittington, J., MD**, Faculty, IHI; **Bradley, B.,** Faculty, IHI; **Richartz, N.**, Project Manager, IHI

**Raise Joy in Work**

**M12 Delivering Exceptional Care: The PFCC Methodology**
The six-step Patient- and Family-Centered Care Methodology and Practice (PFCC M/P) is a process and performance improvement approach that creates a sense of urgency by viewing everything through the eyes of patients, families, and care givers. By using easy, cost-effective tools that refocus existing resources, you can co-design care experiences, driving and sustaining transformations of care. The PFCC M/P is the way to create a culture of quality, safety, and waste reduction while supporting a PFCC community of practice.

After this session, participants will be able to:
- Deliver exceptional care experiences for patients and families every time, all the time
- Develop a culture that improves care, patient safety, quality, efficiencies, overhead, turnover, and market share
- Demonstrate meaningful approaches to fully engage and partner with patients, families, and caregivers in the design and delivery of care

**DiGioia, A., MD**, Medical Director and Surgeon, Renaissance Orthopaedics; **Celender, M.**, Organization Development Consultant, University of Pittsburgh Medical Center (UPMC); **Embree, P.**, Senior Director of Project Management, UPMC; **Schraeder, L.**, Organizational Development Consultant, UPMC

**M13 Engaging Physicians to Transform Care**
Embedding improvement into an organization’s culture requires the active engagement of physicians. A comprehensive model for successful physician engagement, including physician compacts – reciprocal expectations between doctors and their organization – and how organizations can actualize this model will be described. Relevant perspectives from Virginia Mason’s ongoing efforts to improve care and efficiency through implementation of the Virginia Mason Production System and the critical role of physicians in this work will be shared.

After this session, participants will be able to:
- Describe how urgency, shared vision, change sponsorship, compacts, and a comprehensive method can facilitate physician engagement in improvement
- Articulate how to address the loss of autonomy or challenge to professional identity that often block physician engagement
• Draw lessons from Virginia Mason’s experience that can be applied to their own organization

Kaplan, G., MD, CEO, Virginia Mason Medical Center; Silversin, J., President, Amicus, Inc.

M14 Engaging Reflective Practice for Leadership
The capacity for reflection is an essential element of leadership, both for the individual and for the learning community for which the leader is responsible. This program offers leaders an opportunity to practice reflection in a Circle of Trust® as developed by educator and activist, Parker Palmer. In this retreat-like experience, participants will reflect on the paradoxes of leadership and the role of self-awareness, self-knowledge, and integrity in leading quality improvement initiatives and overcoming complex challenges.

After this session, participants will be able to:
• Employ reflective practice as a skill for increasing self-awareness and self-knowledge
• Implement guidelines for enhancing relational trust in a group
• Utilize inquiry for accessing self and collective wisdom

Sherman, H., MD, Program Director, Health Care, Center for Courage & Renewal; Chapman Walsh, D., PhD, IHI Board Member and President Emerita, Wellesley College; Schlosser, J., MD, Director, VISN Improvement Resource Office, VA New England Healthcare System; Shapiro, J., MD, Director, Center for Professionalism and Peer Support, Brigham and Women’s Hospital

M15 From the Top: The Role of the Board in Quality and Safety
This session will describe the role of governance, executive, and clinical leadership in overseeing quality and safety through an IHI framework. Emphasis is placed on effective integration of aims and outcomes (quality, cost, service, satisfaction) and enhancing value to achieve savings in annual operation costs. Through the use of “mock board meetings,” participants will have the opportunity to wrestle with some of the most difficult problems faced by boards and learn about best practices to overcome them.

After this session, participants will be able to:
• Describe a framework that outlines the board’s role in overseeing quality and safety
• List three changes they can apply to improve their board’s oversight of quality
• Discuss three innovative “best practices” each board can do today
• Identify specific opportunities to decrease direct cost while improving quality

Reinertsen, J., MD, President, The Reinertsen Group; Orlikoff, J., Consultant, Orlikoff & Associates, Inc; Anderson, J., President and CEO, Cincinnati Children’s Hospital Medical Center

Motivate

M16 “Bolt-on” to “Built-in”: Quality as Cultural DNA
Masters
Cultures have underlying belief systems deeply vested in current results. “Bolt-on” projects disturb this obsessively-desired status quo. How do you develop a “built-in” quality culture? In this session, a basic cognitive therapy framework will be described that will help with understanding damaging cultural beliefs and turning them into to new beliefs that can drive
desired results. One must change first, then view resistance as entertainment, and then coach it to improvement. Teams are encouraged to attend this session together.

After this session, participants will be able to:

- Apply the concept of “belief systems” to audit a culture and resolve resistance realistically and practically
- Demonstrate the skills needed to change individual behaviors to drive desired organizational results
- Apply the wisdom of a high-level executive who is currently struggling with these very same issues

Balestracci, D., Statistician and Quality Improvement Specialist, Harmony Consulting, LLC; Easton, J., Chief Executive, Quality Improvement & Innovation Partnership

M17 Achieving Organizational Excellence From Microsystems to Mesosystems
Microsystems are the building blocks to successful organizations. Mesosystems are the collection of Microsystems that the patient and family travel through. Didactics and case studies will illuminate excellence that can be achieved through focus on the front line of care, improvement, quality, and value.

After this session, participants will be able to:

- Define a clinical microsystem and a mesosystem
- Compare and contrast the processes and tools for assessment of a microsystem and a mesosystem
- Describe the essentials of mesosystem improvement

Godfrey, M., RN, Co-Director, The Microsystem Academy and Instructor, The Dartmouth Institute for Health Policy and Clinical Practice; Nelson, E., Director, Population Health Measurement Program and Population Health and Measurement, Dartmouth-Hitchcock Medical Center

M18 Appreciating Systems: Understanding Our Work
Participants in this session will learn how to map complex dynamic systems and how information conveyed through such a map can be used to improve communication, clarify roles, develop systems measures, and guide internal improvement efforts. The top objective of this session will be for each participant to walk away with a first draft of their organization viewed as a system.

After this session, participants will be able to:

- Create a conceptual (macro) view of their organization viewed as a system
- Build skills on how to move from a conceptual view to a detailed view
- Identify how a detailed systems view can be used to drive improvement throughout an organization

Bennett, B., Faculty, IHI; Norman, C., Improvement Advisor and Consultant, Associates in Process Improvement

M19 Building Contagious Commitment for Improvement
Masters
What can we learn from the leaders of the great social movements that have mobilized thousands of people around a common cause and ignited change at scale? How can we
apply the same principles to unleash the creativity and energy of our own workforce and of patients and their families to build “contagious commitment” to health care improvement? Come to this session prepared to shift your approach to leading change forever. After this session, participants will be able to:

- Create a compelling narrative for improvement efforts that builds a sense of urgency and a call for action around quality and cost improvement
- Build strategies for change on a platform of commitment rather than (or as well as) compliance
- Blend rational, logical approaches to improvement with strategies to engage and activate motivation for change

Bevan, H., PhD, Chief of Service Transformation, NHS Institute for Innovation and Improvement; Harrison, B., RN, Director Clinical Leadership Development and Training, Clinical Excellence Commission

M20 Diagnosing the Safety and Quality of Your Organization
Description TBD
Haraden, C., PhD, Vice President, IHI;

M21 Health Reform Implementation: Understanding and Thriving in ACOs, PCMHs, HIEs, and Other Acronyms
Whether you are trying to become an accountable care organization (ACO) and implement value-based purchasing, or you are just contemplating these reforms in your system, this session will help clarify the myriad of acronyms and provide an overview of opportunities as a result of the Affordable Care Act. Implications for practitioners, patients, and systems will be discussed.

After this session, participants will be able to:

- Define the various delivery system reforms in the Affordable Care Act
- Analyze high-level information relevant to these reforms and the critical challenges in implementing new reforms

Patel, K., MD, Fellow and Managing Director, The Brookings Institution

M22 Leading a Whole Organization to Continuous Improvement Transformation
Most health care organizations manage improvement work as a series of projects, but what if leaders could look at change from the perspective of the whole system? What if all staff, physicians, managers, and executives changed their behavior to support continuous improvement at the bedside? Building an army of problem-solvers focused on identifying and removing defects would ensure that patient care would radically improve. This session will explore the components of changing an entire organization to improve patient care while at the same time reducing cost.

After this session, participants will be able to:

- Discuss the core components of the Toyota principles: “Purpose, Process, People” for whole-system change
- List the behaviors required of staff, physicians, managers, and executives to support whole system continuous improvement
- Develop a whole-system change plan for their organization by using A3 thinking, a specific Lean tool used to create organizational change
M23 Making Health Care Safer for Children

Children face different risks in health care than adults do. This session introduces the fundamentals of pediatric patient safety and examines the complexities and challenges faced in integrating safer care for children into health care systems. Factors that impact safety and how measurement can decrease harm will be discussed. Ways of educating to improve safety and decrease diagnostic error will also be considered. Developing a partnership with parents and families to safeguard children will be a central theme of this session.

After this session, participants will be able to:
- Work with parents and children for safer care
- Identify key risk factors for children in health care
- Develop methods to prevent harm to children
- Identify ways to measure harm and implement change

Lachman, P., MD, Associate Medical Director and Consultant in Service Redesign and Transformation, Great Ormond Street Hospital for Children NHS Trust; Deshpande, J., MD, Senior Vice President and Chief Quality Officer, Arkansas Children’s Hospital; Matlow, A., MD, Medical Director, Patient Safety & Infection Control and Associate Director, University of Toronto Center for Patient Safety; Micalizzi, D., Pediatric Patient Safety Advocate and Consultant, The Task Force for Child Survival & Development; Muething, S., MD, Assistant Vice President of Patient Safety, Cincinnati Children’s Hospital Medical Center; Scanlon, M., MD, Knowledge and Solutions Architect, Medical College of Wisconsin; Sharek, P., MD, Medical Director of Quality Management and Chief Clinical Patient Safety Officer, Lucile Packard Children’s Hospital

M24 ReThink Health: Leadership for System Innovation

Many health reform efforts focus on new models and policies, yet few address the conditions necessary for transformation to occur. Effective tools for innovation – including understanding “the commons,” leading, collaborating, organizing, systems thinking, and governing – are key to achieving the IHI Triple Aim. ReThink Health offers integrated approaches proven highly effective in both health and non-health care settings. Experiment with a sample of these tools and hear how they have helped create effective multi-stakeholder collaborations and sustainable regional health systems.

After this session, participants will be able to:
- Rethink what it takes to achieve the IHI Triple Aim in their organization and community or region
- Distinguish between strategies designed to yield incremental improvement and high-leverage innovation
- Explore a suite of practical, relationship-based tools to understand and lead health system transformation
- Engage with colleagues who are re-orienting their systems

Landy, L., President and CEO, the Fannie E. Rippel Foundation, Chair of ReThink Health; Hilton, K., Director, Organizing for Health, ReThink Health/Leading Change Project at Harvard University; Hirsch, G., Consultant and Creator of Learning Environments;
M25 Toward a Language of Transformation
This interactive session links personal and organizational transformation to the way we talk and use language at work. Based on the work of Robert Kegan and Lisa Lahey, we will explore how language regulates thinking, feeling, and meaning, and may constrain or influence how we see the world and act in it. Participants will learn customary and transformational forms of language to enhance their ability to facilitate change through organizational discourse.

After this session, participants will be able to:
- Apply transformative learning
- Expand leadership influence by matching transformative learning with leadership language
- Develop more permeable perspectives and act with increased intention and integrity

Taylor, J., Improvement Advisor, IHI; Baker, N., MD, Principal, Neil Baker Coaching and Consulting, LLC; Butts, S., Improvement Advisor, Butts-Dion Consulting, Inc.; Crowe, G., RN, Principal, Hamilton Consulting, LLC; Heinrich, P., RN, Quality Improvement Consultant, Heinrich, LLC

Get Results

M26 A Systematic Approach to Delivering Safe and Reliable Care
A comprehensive approach to improving safety and quality addresses and integrates the essential components of effective leadership, safety culture, teamwork, communication, reliable processes of care, and builds an environment of continuous learning and improvement. The presenters in this session will reflect on their experience working in safety and quality across a broad array of care environments. Practical tools and techniques will be taught that can be applied in virtually any care environment to drive improvement.

After this session, participants will be able to:
- Describe effective leadership behaviors to improve safety culture and drive improvement
- Discuss how effective communication and reliable systems help ensure safe care
- Recognize the inherent clinical value of having a structured and consistent approach to interpreting and responding to clinical information

Frankel, A., MD, Principal, Pascal Metrics, Inc.; Leonard, M., MD, Principal, Clinical Group, Pascal Metrics, Inc.

M27 Baldrige Excellence: Recipients & the Triple Aim
This interactive session highlights accomplishments of two 2010 health care-related recipients of our nation’s highest honor for excellence, a 2006 recipient’s sustained excellence, and, for the first time, offers new insight into how the Baldrige framework provides unique guidance in achieving the vital and ambitious objectives of the IHI Triple Aim. Baldrige recipient cultures inspire with processes and results at national role model levels. This session will discuss how the Baldrige criteria can guide the journey to population health, patient experience excellence, and reduced per capita cost of care.

After this session, participants will be able to:
- Assess, compare, and contrast their organization’s performance against that of Baldrige role models and the Criteria for Performance Excellence
- Identify how the Baldrige framework can be used to create inspired cultures and immediately improve performance
- Understand and act on how the Baldrige excellence road map enables leaders to meet the challenges of the IHI Triple Aim with greater likelihood of accelerated success

Ettinger, J., President and CEO, Alumni Member of the Board of Examiners, Malcolm Baldrige National Quality Award, Category One, Inc.; Deao, C., Research and Development Leader, Studer Group; Ettinger, J., President and CEO, Magellan Institute; Hertz, H., PhD, Director, Baldrige National Quality Program, National Institute of Standards and Technology; Koch, K., PharmD, Organizational Performance Administrator, North Mississippi Medical Center; Kruse, L., Retired CEO, Heartland Health

M28 Enhancing Primary Care Capacity in Managing Chronic Care

This course will describe the results of Intermountain Healthcare (IH) Medical Group’s redesign to enhance primary care practice. IH maximizes health by giving primary care clinics the support they need to improve clinical and cost outcomes for depression and other chronic health conditions. Through its clinical integration delivery structure, IH has tested a primary care-based improvement effort, called mental health integration (MHI). MHI has created holistic health homes and manages the complex and compliance costs of chronic illness through co-producing health teams. Published results demonstrating a 54 percent decrease in Emergency Room use for depressed patients treated in MHI primary care clinics will be presented. The key elements of the MHI program will be compared. Participants will engage in interactive dialogue to assess how they may adopt elements of MHI in their settings to improve clinical and cost outcomes while sustaining physician, staff, and patient satisfaction and preparing to meet the demands of medical home and ACO mandates.

After this session, participants will be able to:
- Compare lessons learned by community partners that promote stakeholder buy-in through meaningful outcome measures
- Identify key medical group MHI measures that promote sustained delivery of team-based coordinated quality care required to meet the standards for integrated health homes and ACOs.
- Explore how IH’s full clinical integration model can be adapted to help local primary care redesign advance beyond co-location challenges. Combined registry complexity reports will demonstrate monitoring the process and cost
of multiple complex chronic diseases (including depression, diabetes, asthma, substance abuse, bipolar disorder, heart disease, attention deficit disorder, chronic heart failure, obesity, and chronic pain)

Reiss-Brennan, B., Mental Health Integration Director, Intermountain Healthcare; Boudreau, K., MD, Senior Vice President and Medical Director of the Continuum Portfolio, IHI

M29 Measuring Harm: Past, Present, and Future

Fundamental

Measures of patient safety including adverse incident reporting and the IHI Global Trigger Tool have been introduced over the last decade with proven benefits. These are often supplemented with other process and outcome measures to develop patient safety dashboards. In this session, faculty will review the rationale and strengths of tools for measuring harm, explain how to use harm profiles to measure success and the pitfalls of current approaches, and discuss new composite measures of harm being developed in the US and the United Kingdom.

After this session, participants will be able to:
- Scrutinize current patient safety tools for measuring harm
- Contrast tools for measuring harm
- Implement robust harm-reduction systems

Power, M., PhD, Director, NHS Northwest; Dalton, D., Chief Executive, Salford Royal Hospital Foundation NHS Trust; Parry, G., PhD, Research Scientist, IHI; Perla, R., Director, Analytics, University of Massachusetts Memorial Medical Center; Stewart, K., Medical Director, QIPP Safe Care Program, Department of Health, England

Stay Vital for the Long Haul

M30 Developing an Effective Crisis Management Plan for Your Organization

Masters

Every day, clinical adverse events occur within our health care system, causing physical and psychological harm to patients, their families, staff, the community, and the organization. What differentiates organizations is the response to such a crisis. Few have a plan to respond to a crisis when harm has occurred. During this session, participants will learn from other organizations, explore the elements of a crisis plan, and draft response plans for their own institution.

After this session, participants will be able to:
- Discuss the importance of having a crisis management plan
- Define who should be included in a crisis management planning group
- List three elements that should be in place to assist when dealing with a health care crisis

Federico, F., RPh, Executive Director, Strategic Partners, IHI; Sadler, B., Senior Fellow, IHI; Stewart, K., Medical Director, QIPP Safe Care Program, Department of Health, England