The PICTURE of HEALTH CARE

23rd Annual National Forum on Quality Improvement in Health Care

December 4-7, 2011, in Orlando, Florida
With so much ahead of you, you need the combined insights of the alliance to light the way.

For decades, the Premier healthcare alliance has been compiling and sharing the deepest, most comprehensive database of best practices and innovations to improve healthcare quality and reduce costs. This collective intelligence enables our 2,500 member hospitals to shine in today’s environment and gain the vision to succeed through tomorrow’s challenges. Join the alliance that is using the power of collaboration to set new standards in healthcare cost and quality. Call us at 877.777.1552 or visit us at www.premierinc.com/hi.
As we near the end of 2011 and look ahead to 2012, all of us at the Institute for Healthcare Improvement (IHI) are so grateful for you, the remarkable community that has shared and driven IHI’s mission over the past 25 years. The National Forum is the great gathering of this community – a time to share, learn, reflect, and celebrate.

Nineteenth-century German sociologist Ferdinand Tönnies argued that strong communities are distinguished by their tight cohesiveness and “unity of will.” This unity, represented physically in the thousands that have gathered in Orlando this week, is defined by a fierce commitment and deep sense of responsibility to what we all know is an achievable goal: quality health care around the world.

This year’s National Forum will demonstrate the extraordinary richness and diversity of the IHI community and the powerful contributions being made by individuals, teams, primary care practices, hospitals, health systems, communities, states, even countries. These contributions don’t just benefit patients and health professionals. Health care is in a unique and perhaps historically unprecedented position to improve society as a whole. Communities all over the world struggle with social, financial, and health problems, and the industry of health care holds immense potential for positive change. Controlling runaway costs will help towns, cities, states, and nations balance their budgets. Improving care outcomes will make for a healthier, more productive population. And improving the experience of health care – making it more efficient, effective, equitable, timely, safe, and patient-centered – will give citizens everywhere more time, more freedom, and more capacity to improve their lives and improve their communities.

For years, IHI’s strategy to transform health care has rested on five pillars: innovating; raising joy in work; motivating; getting results; and staying vital. We’ve designed this year’s National Forum “tracks” around these five strategies. This week you’ll learn about innovations occurring in every corner of the health system, from sources all over the world. You’ll learn how to increase joy in work by empowering people with the skills and tools needed for improvement. You’ll learn about methods and approaches to motivating your leaders, colleagues, and staff to improve the systems and communities they work and live in. You’ll learn how to get results, measure those results, and communicate them to a wide audience. And you’ll learn how to stay vital by relentlessly improving the value of care.

The theme of this year’s National Forum is the “Picture of Health Care” – a picture that’s always changing, always developing. When I get home to Boston and look at the pictures from the week, especially the ones capturing the thousands assembled in the keynote room, I feel the distinct honor and privilege of belonging to this incomparable community of improvers. I hope, and trust, you feel the same way. Welcome to the 23rd Annual National Forum.

Maureen Bisognano
President and CEO, Institute for Healthcare Improvement
### Forum Agenda-at-a-Glance

**12/04 Sunday**  
**Pre-Conference**  
7:00 AM – 6:00 PM Registration  
Convention Center Entrance

**12/05 Monday**  
**Pre-Conference**  
7:00 AM – 6:00 PM Registration  
Convention Center Entrance

**Agenda Overview**

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| 12/04 | 7:00 AM – 6:00 PM | Registration  
Convention Center Entrance                                                     |                                             |
| 12/05 | 7:00 AM – 6:00 PM | Registration  
Convention Center Entrance                                                     |                                             |
| 12/06 | 7:00 AM – 6:00 PM | Registration  
Convention Center Entrance                                                     |                                             |
| 12/07 | 7:00 AM – 6:00 PM | Registration  
Convention Center Entrance                                                     |                                             |
|       | 7:00 AM – 6:00 PM | Registration  
Convention Center Entrance                                                     |                                             |

**Session Details**

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**Gaylord Palms Resort and Convention Center**

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**IHI’s QI Programs in Low and Middle Income Countries**

*Location: IHI Booth #313 Palms Ballroom*
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<tr>
<td>1:00 PM</td>
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### Exhibit Hall Open Palms Ballroom
3:30 PM – 6:30 PM

3:00 PM – 7:30 PM 
4th Annual Open School Chapter Congress sponsored by Kaiser Permanente
Ocota Ballroom A

3:30 PM – 6:30 PM 
Welcome Reception Palms Ballroom

3:30 PM – 4:30 PM 
IHI’s Triple Aim Initiative Overview
IHI Booth #313
Exhibit Hall

3:30 PM – 6:30 PM 
Exhibit Hall Open Palms Ballroom

2:45 PM – 3:00 PM 
Kaiser Permanente Presentation
Palms Foyer Classroom

3:00 PM – 7:30 PM 
4th Annual Open School Chapter Congress sponsored by Kaiser Permanente
Ocota Ballroom A

3:15 PM – 4:15 PM 
Keynote Two
Michael J. Fox
Cypress Ballroom 3

4:30 PM – 6:30 PM 
Storyboard Reception Palms Ballroom

4:30 PM – 5:30 PM 
Next Level Partners Presentation
Palms Foyer Classroom

6:00 PM – 8:00 PM 
Dine Arounds
Gaylord Palms Restaurants

### Stay Connected
with IHI and your fellow National Forum attendees! Download our IHI Forum app on your smartphone (see page 17 for details) and use #IHI when tweeting. Not sure how? Grab your lunch in the Palms Ballroom and head to the IHI Café in the Exhibit Hall on Tuesday, December 6 at 12:45 PM for a social media lunch and learn. Be sure to follow IHI on Twitter, Facebook, and LinkedIn during the conference.
Tuesday, December 6, 8:00 AM – 9:00 AM
Cypress Ballroom 3

Maureen Bisognano, President and CEO, Institute for Healthcare Improvement (IHI), is a prominent authority on improving health care systems, whose expertise has been recognized by her elected membership to the Institute of Medicine and by her appointment to The Commonwealth Fund’s Commission on a High Performance Health System, among other distinctions. Ms. Bisognano advises health care leaders around the world, is a frequent speaker at major health care conferences on quality improvement, and is a tireless advocate for change. She is also an Instructor of Medicine at Harvard Medical School and a Research Associate in the Brigham and Women’s Hospital Division of Social Medicine and Health Inequalities. Prior to joining IHI, she served as CEO of the Massachusetts Respiratory Hospital and Senior Vice President of the Juran Institute.

Tuesday, December 6, 3:15 PM – 4:15 PM
Cypress Ballroom 3

Michael J. Fox was born Michael Andrew Fox in 1961 in Edmonton, Canada. Early in his career, Fox had a series of bit parts, including one in CBS’ short-lived (yet critically acclaimed) Alex Haley/ Norman Lear series “Palmertown USA” before winning the role of lovable conservative Alex P. Keaton on NBC’s enormously popular “Family Ties” (1982-89). During Fox’s seven years on “Ties,” he earned three Emmy Awards and a Golden Globe, making him one of the country’s most prominent young actors. Fox returned to series television in 1996 with ABC’s “Spin City,” portraying Michael Flaherty, New York’s deputy mayor. He won critical praise, garnering three Golden Globe Awards, one Emmy Award, three Emmy nominations, a GQ Man-of-the-Year Award (in the TV comedy category), a People’s Choice Award, and two SAG Awards. Fox married his “Family Ties” co-star, actress Tracy Pollan, in 1988. Together they have four children. Though he would not share much about his condition in 1991, he committed himself to the campaign for increased Parkinson’s disease awareness and research funding. Fox remains in demand as an actor, guest starring in an episode of “Curb Your Enthusiasm” and reprising his guest role in this season of “The Good Wife.” He is the recipient of several lifetime achievement awards for accomplishments in acting, including the 2011 Hörzu Magazine Golden Camera Award and the 2010 National Association of Broadcasters Distinguished Service Award. Fox also is the bestselling author of three books. A Funny Thing Happened on the Way to the Future, a compendium of wisdom for graduates, was published in April 2010. Always Looking Up: The Adventures of an incurable Optimist, published in April 2009. While he maintains a strong commitment to his acting and writing careers, Fox has shifted his primary focus and energies toward The Michael J. Fox Foundation for Parkinson’s Research, which he launched in 2000, and its efforts to raise much-needed research funding and awareness for Parkinson’s disease. He is the recipient of honorary degrees from The Karolinska Institute in Sweden, New York University, Mount Sinai School of Medicine, and the University of British Columbia. He also has received numerous humanitarian awards for his work and was appointed an Officer of the Order of Canada in 2010.

Wednesday, December 7, 8:00 AM – 9:00 AM
Cypress Ballroom 3

Eric Greitens, PhD, is an author, United States Navy SEAL officer, and CEO of The Mission Continues, a nonprofit organization that empowers wounded and disabled veterans to begin new lives as citizen leaders back at home. Deployed four times during the global war on terrorism to Iraq, Afghanistan, the horn of Africa, and Southeast Asia, Eric has served as the Commander of a Joint Special Operations Task Unit, Commander of a Mark V Special Operations Craft Detachment, and as Commander of an Al Qaeda Targeting Cell. Lieutenant Commander Greitens continues to serve in the reserves at US Special Operations Command. His personal military awards include the Navy Achievement Medal, the Joint Service Achievement Medal, the Army Commendation Medal, the Joint Service Commendation Medal, the Combat Action Ribbon, the Purple Heart, and the Bronze Star. Eric’s award-winning book of photographs and essays, Strength and Compassion, grew from his humanitarian work. He has worked as a humanitarian volunteer, documentary photographer, and researcher in Rwanda, Cambodia, Albania, Mexico, India, the Gaza Strip, Croatia, and Bolivia. Eric’s second book, The Heart & the Fist: The Education of a Humanitarian, the Making of a Navy SEAL, became a New York Times best seller in May 2011. It relates Eric’s story of leadership and service as both a humanitarian and a warrior. He continues to study and teach public service as a Senior Fellow at the Truman School of Public Affairs at the University of Missouri and in the MBA Program at the Olin School of Business at Washington University. A committed public servant, Eric was appointed by the President to serve as a White House Fellow in 2005. His work has been covered by national media outlets and he was recently named an “All-Star Among Us” for his service to his country.

Wednesday, December 7, 1:30 PM – 2:30 PM
Presentation of the Picker Award for Excellence to Donald M. Berwick
Cypress Ballroom 3

Donald M. Berwick, MD, MPP, is the former President and CEO of the Institute for Healthcare Improvement (IHI), a former Clinical Professor of Pediatrics and Health Care Policy at the Harvard Medical School, and a past Professor of Health Policy and Management at the Harvard School of Public Health. He also is a pediatrician, adjunct staff in the Department of Medicine at Boston’s Children’s Hospital and a consultant in pediatrics at Massachusetts General Hospital. Dr. Berwick has served as Chair of the National Advisory Council of the Agency for Healthcare Research and Quality, and as an elected member of the Institute of Medicine (IOM). He also served on the IOM’s governing Council from 2002 to 2007. In 1997 and 1998, he was appointed by President Clinton to serve on the Advisory Commission on Consumer Protection and Quality in the Healthcare Industry. Dr. Berwick is the recipient of numerous awards and honors for his work, including the 1999 Ernest A. Codman Award, the 2001 Alfred I. DuPont Award for excellence in children’s health care from Nemours, the 2002 American Hospital Association’s Award of Honor, the 2006 John M. Eisenberg Patient Safety and Quality Award for Individual Achievement from the National Quality Forum and the Joint Commission on Accreditation of Healthcare Organizations, the 2007 William B. Graham Prize for Health Services Research, and the 2007 Heinz Award for Public Policy from the Heinz Family Foundation.
WORKSHOP TRACKS

There are 75 workshops offered during the General Conference (December 6 and 7). The sessions are organized into content areas — or “tracks” that follow IHI’s five strategic pillars. You can enroll in sessions individually or follow one of these strategic tracks:

Tracks
• Innovate
• Raise Joy in Work
• Motivate
• Get Results
• Stay Vital for the Long Haul

Session Levels at a Glance
The General Conference offers workshops for various levels of learning. Sessions are sorted by experience level throughout this guide.

Fundamentals Program:
This series of sessions offers helpful ideas and tools for newcomers to the world of quality improvement.

Masters Program:
For the advanced learner, this series of sessions will provide cutting-edge improvement thinking from health care and other industries.

Student Program:
For health professions students new to quality improvement or new to the National Forum, we’ve selected sessions across a wide spectrum of topics and disciplines that will accelerate their capacity for improvement. Sessions in the student program are identified by an S.

Patient Presenters:
The sessions designated with a P will have a patient and family advisor presenting as faculty.
LEARNING LABS
1:00 PM – 4:30 PM

Learning Labs offer specific “how-to” improvement information. These half-day sessions allow full engagement, discussion, and ample time for Q & A.

INNOVATE

L1 Creating a Culture of Excellence: Practical Lessons
Crystal Ballroom Salon H

Despite growing recognition of the importance of a culture of safety, reliability, and patient-centeredness, we are just learning how to truly create this culture. In this session, faculty will share the best approaches for creating the culture health care organizations need for consistent high performance. Participants will learn how to assess what changes are needed to create a culture of excellence and the most direct and proven ways to begin.

After this session, participants will be able to:
• Describe the role culture plays in reaching and sustaining high levels of performance
• Assess their organization’s attitudes and behaviors in ways that point toward the most important culture changes
• Build a plan for creating a culture of excellence that will have a positive and lasting organizational impact

Kabencell, A., RN, Vice President, IHI; Plsek, P., Consultant, Paul E. Plsek & Associates, Inc.

L2 Creating the New Care Design
Masters
Crystal Ballroom Salon J

New care design must be robust enough to span the experience of the individual and build capability of contributing microsystems. New thinking requires incorporating production system design concepts that build knowledge and understanding of quality, cost, and experience at the product, service line, and organizational levels. The new care design concepts answer the questions about how well our products are made, how much it costs to make our products, and what the experience is of the individual and the care teams using these products. The session will lean heavily on IHI research and development work related to production system design, outcomes, and effectiveness.

After this session, participants will be able to:
• Use a guide to building quality in daily work that will help when implementing new care designs
• Develop a unique roadmap for implementing care design processes in their organization
• Develop a cultural change package to support the new care design production system

Knox, P., Executive Vice President, Bellin Health and Senior Fellow, IHI; Hunt, J., Pharm.D, Vice President, Clinical Support and Information Services, Bellin Health; Kerwin, G., President and CEO, Bellin Health

Patient Representatives: Ruffing, T. and Hillert, M.

L3 Developing a Portfolio of Projects to Achieve the IHI Triple Aim
(IHI Triple Aim Initiative)
Grand Ballroom Salon 1-2

No single project is able to achieve the dynamic balance of population health, improved care, and lower cost. It takes a portfolio or a set of projects, investments, and capacities together to achieve the IHI Triple Aim.

After this session, participants will be able to:
• Select a population of focus as the basis for portfolio design
• Develop a draft portfolio to address a range of Triple Aim design concepts
• Articulate aims, system measures, and project measures that are aligned across the portfolio

Beasley, C., Director, Strategic Projects, IHI; Ramsay, R., Senior Manager of Care Support and Clinical Programs, CareOregon; Torres, E., MD, Medical Director, Genesys HealthWorks

L4 Driving to a New Level with Person-Centered Health IT
Vinoy (North Tower)

Many high-performing health care organizations are focusing on true patient-centered care and finding that this is raising the goals for quality across the globe. These organizations are increasingly exploiting health IT to support their efforts. Are you wondering how health IT might improve the services you offer to patients? Our expert faculty will help you consider what is generalizable from the early adopters of health IT to support patient-centered care. We will work together to consider how your organization might adapt or adopt from leaders in the field.

After this session, participants will be able to:
• Identify the key elements comprising patient-centered health IT and consider their organization’s progress against these elements
• Develop their understanding of the role that health IT can play in patient-centered care
• Analyze international case studies where patients are supported with technologies to dramatically change the health care paradigm

Robson, B., MB ChB, Medical Director, NHS Scotland; Adams, L., President and CEO, Rhode Island Quality Institute

L5 Finding Fatal Flaws – Saving Lives by Studying Deaths
Crystal Ballroom Salon D

Patient deaths resulting from medical harm occur in every hospital. This session will demonstrate how you can use a proven mortality review process to find and remove harm and improve care at your organization. Using a hands-on approach, faculty in this session will provide you with the tools you need to design, conduct, and interpret your systematic mortality review “by next Tuesday.” Faculty will emphasize practical methods that can be used in a variety of medical settings, large and small.

After this session, participants will be able to:
• Identify optimal patient subgroups for their customized mortality review
• Use new tools to develop their own effective and systematic mortality review process
• Create a mortality review study with a specific context or population (e.g., end-of-life care; high-risk diagnoses like sepsis or aortic aneurysm rupture) which can then be addressed with system improvements

Litman, K., MD, Physician Quality Director, Kaiser Permanente; Lai, H., RN, Regional Director, Hospital Improvement, Kaiser Permanente, Southern California, Kaiser Permanente National Offices; Kanter, M., MD, Medical Director, Quality and Clinical Analysis, Kaiser Permanente Regional Quality and Risk Management; Jones, J., PhD, Researcher, Kaiser Permanente

Patient Representative: Baeskens, R.

L6 IDEO’s Human-Centered Design Applied to Health Care
Grand Ballroom Salon 12-14

In this interactive session, participants will learn about and practice the human-centered design approach developed by IDEO to find innovative solutions to problems in health care. Starting with lessons learned in applying human-centered design to the translation of patient-centered outcomes research around colon cancer screening, participants will practice using the design approach to find innovative solutions to common problems.

After this session, participants will be able to:
• Describe the characteristics of human-centered design
• Identify the unique value added by a human-centered design approach
• Utilize a human-centered design approach to solve a common problem

Sevin, C., RN, Director, IHI; Taylor, J., Improvement Advisor, IHI; Schwartz, A., PhD, Practice Lead, Health and Wellness, IDEO; Zambeaux, A., Project Manager, IHI

Patient Representative: Dudley, K.

How is your Learning Lab? Tweet your thoughts using #IHI.
L7 Improving Safety Across a Health Community
Crystal Ballroom Salon E-F
The South West Strategic Health Authority in England is leading pioneering efforts to improve safety in acute settings as well as in community (community hospitals, district nursing, nursing homes) and mental health settings. This session will describe the journey to date on the evolving collaboratives including measurement strategies, early results, success factors, and program design elements.
After this session, participants will be able to:
• Consider a whole-system approach to patient safety improvement across care settings (acute, community, and mental health)
• Identify the key success factors with specific reference to community and mental health care settings
• Plan, implement, and sustain a collaborative program of this nature
Delgado, P., Executive Director, IHI; Blumgart, J., RN, Associate Director of Quality and Patient Safety, NHS South West; Thomas, C., RN, Senior Clinical Advisor for Patient Safety; NHS South West; Williams, D., PhD, Improvement Advisor, TrueSimple Consulting

L9 Integrating Palliative Care in Critical Care
Fundamental
Aruba/Bahamas (North Tower)
As up to 30 percent of hospital deaths occur in the Intensive Care Unit (ICU), improving end-of-life care must become a priority to meet the needs of patients and their families. In this session, participants will learn methods for the primary Critical Care Unit (CCU) team to integrate palliative care into daily work. Tools to actively improve dying patients’ pain and symptom management, new ways to implement standardized evidence-based multidisciplinary family conferences, and methods to effectively involve formal palliative care consultation into care will be shared.
After this session, participants will be able to:
• Design and test a non-verbal pain and symptom assessment tool that includes family input
• Design and implement standardized, evidence-based, multidisciplinary family meetings that include shared decision making
• Effectively use formal palliative care service consultation to support patients, families, and staff
Westley, M., MD, Medical Director of Critical Care, Virginia Mason Medical Center; Kregenow, D., MD, Pulmonary and Critical Care, Virginia Mason Medical Center

L10 Rapid Response: Increasing Opportunities to Rescue
Masters
Crystal Ballroom Salon P-Q
This session will review advances in rapid response systems, including implementation of early warning scoring systems, family activation, and a reliable process for analyzing calls to the rapid response team. Examples, tips, and tricks for implementation and improvement will be shared.
After this session, participants will be able to:
• Identify high-leverage changes to advance rapid response systems
• Develop and implement aggressive, practical approaches to improve a rapid response system
• Identify opportunities to use an early warning scoring system to identify deteriorating patients

L12 Health Care Reform Initiatives and Community-Based Care Transitions
Fundamental
Grand Cayman/Puerto Rico (North Tower)
Transitions in care settings are error-prone — no one claims responsibility, tallies errors, or requires improvement. Chronic conditions require comprehensive care plans that reflect medical and social facts and patient and family preferences. Federal initiatives provide incentives (e.g., the Community-Based Care Transitions Program, meaningful use, and Administration on Aging grants), penalties (upcoming 3 percent penalties to high readmissions hospitals), and technical assistance (Partnership for Patients). This session will highlight recent successes and provide information about additional available resources.
After this session, participants will be able to:
• Explore the strategies and track records of major recent initiatives to improve care transitions
• Position themselves to improve care transitions locally
• Connect goals of comprehensive care plans, community standard processes, and patient activation

L11 Creating and Leveraging Knowledge for Improvement
Chicago/Denver (Hall of Cities)
There is a growing interest in, and prevalence of, improvement collaboratives in health care, though feedback systems remain inconsistent. Successful measurement and reporting are cornerstones of successful improvement, yet the collection, reporting, and use of the knowledge gained from improvement collaboratives continues to challenge organizations around the world. This session will focus on the development, testing, and implementation of measurement and reporting (narrative and data) systems to support health care improvement collaboratives and will provide pragmatic examples.
Lynn, J., MD, Director, Center for Elder Care and Advanced Illness, Altarum Institute; Schull, M., Senior Director, IHI; Goroski, A., Project Director, Care Transitions QIOSC, Colorado Foundation for Medical Care; Riplin, A., Health Insurance Specialist, Centers for Medicare and Medicaid
L13 Health Literacy’s Best Evidence-Based Models
Miami (Hall of Cities)

Patient understanding in health care is fundamental to safe, high-quality care, patient and family satisfaction, and clinical outcomes. In this session, participants will discuss the best evidence-based models for helping patients and families better understand their care, discover opportunities for improving critical communication, and simple techniques that make a difference.

After this session, participants will be able to:
• Describe the challenges and opportunities for patient and family understanding in health care
• Identify user-friendly tools and strategies
• Interpret the new IHI Open School health literacy course

Nielsen, G., Director of Learning and Innovation, Iowa Health System; Abrams, M., MD, Center for Clinical Transformation, Iowa Health System; Bradle, P., RN, Executive Director, Heart Care Services, St. Luke’s Hospital

Patient Representatives: Chew, G. and Chew, W.

L14 Leading Daily Transformation by Engaging Front-Line Staff
Crystal Ballroom Salon N

To provide the best care, managers need to know how to work with their staff to get things done. Understanding how to make change happen in the day-to-day is a critical skill in today’s complex environment. Participants will learn to apply change management concepts to their staff in order to drive daily improvement. Participants will also develop a deeper understanding of the value of working with and through others as a mechanism to push change.

After this session, participants will be able to:
• Implement change management theory to improve daily care
• Motivate the front-line clinician by re-introducing joy and purpose

Kliger, J., Independent Consultant, The Atlas Group; Luther, K., RN, Vice President, IHI

L15 Childhood Obesity: A Multi-Sectoral Approach to System Change
Sawgrass (North Tower)

Childhood obesity is a national health crisis receiving widespread, high-level attention. Yet at its core, this is a community-based problem requiring community-based solutions. There are many exciting new programs designed to address the root causes of obesity by improving clinical services and care systems, advocating for local change, and creating powerful community partnerships. Learn how you can apply multi-sectoral, community-based approaches to help address the obesity crisis.

After this session, participants will be able to:
• Assess the many community-based challenges for addressing childhood obesity
• Apply strategies and lessons learned to become part of the solution in their communities

Homer, C., MD, CEO, National Initiative for Children’s Healthcare Quality (NICHQ); Heathcrayle, P., Senior Project Manager and Director of Staff Development, NICHQ

L16 Community Context as a Vital Sign in Health Care
Fundamental
Key West (North Tower)

In health, zip code matters more than genetic code and social determinants matter more than health care. Where one lives, works, and learns, their level of education, income, and employment have more impact on health than health care services received. In this session, we will explore how health care organizations can incorporate community context into interventions. We will also address how to create stronger community linkages that will improve population health outcomes via targeted health care and community-level interventions.

After this session, participants will be able to:
• Incorporate community context into health care
• Describe available tools and resources that facilitate collaboration

L17 Designing and Sustaining a Patient Safety Program
Crystal Ballroom Salon A-C

Improving patient safety requires an acknowledgment that there is a safety problem, development of a structure and process to address gaps in care, use of a methodology to improve, and selection of appropriate process and outcome measures. In this session, participants will study and discuss the components of a framework for implementing and sustaining safety in an organization.

After this session, participants will be able to:
• Define a process for goal-setting and feedback that will lead to individual and organizational learning
• Outline the barriers to physician involvement in safety programs and learn how to use that understanding to facilitate engagement

Federico, E., RPH, Executive Director, Strategic Partners, IHI; Peden, C., MD, MB ChB, Associate Medical Director for Quality Improvement, Consultant in Anaesthesia and Intensive Care, Royal United Hospital, Bath; Staines, A., PhD, Associate Professor, University of Lyon

L18 Leadership Best Practices to Reduce Hospital-Acquired Infections
Marco Island (North Tower)

Hospital-acquired infections (HAIs) are a top priority for hospitals, the public, payers, and legislators. In 2008, a Society for Healthcare Epidemiology of America (SHEA)/Infectious Diseases Society of America (IDSA) Compendium summarized evidence-based practices for reducing the leading infections. This session will review the Compendium recommendations and the critical role of hospital leaders in ensuring their implementation.

After this session, participants will be able to:
• Summarize the key strategies for reducing the top HAIs
• Describe practices used by hospital leaders to support infection prevention practices
• Identify opportunities for change and improvement in their own organization related to Compendium recommendations

Zell, B., MD, Senior Advisor for Partnership Development, Centers for Disease Control and Prevention; Stiefel, M., Senior Director, Care and Service Quality, Kaiser Permanente

L19 New Ways to Lead in a New Environment
Harbor Beach (North Tower)

Few will argue the current critical state of health care in the US and the need for change. In this session, faculty will discuss the changing health care environment and the role a leader plays in creating and navigating this new landscape. This workshop will present a practical, applied approach to health care leadership and leadership development. Strategies for how an effective leader can create a comprehensive vision and motivate their organization to transform itself into a patient-centered, value-driven provider of efficient and effective health care services will also be covered. Finally, faculty will discuss a comprehensive, applied leadership development program for administrators, nurses, and physicians that includes innovative teaching methods such as gaming and simulation.

After this session, participants will be able to:
• Define the current state of the US health care environment
• Outline the role of leadership in transformational change
• Apply the leadership competencies necessary to transform an organization

Dowling, M., President and CEO, North Shore Long Island Jewish Health System and Board Member, IHI; Cooper, A., PhD, Vice President, North Shore Long Island Jewish Health System; Baal, J., MD, Chief Medical Officer, North Shore Long Island Jewish Health System

L20 Overcoming Barriers and Political Pressures to Safe Care
Key Largo (North Tower)

Numerous high-profile inquiries in the United Kingdom, Netherlands, Australia, and the US reveal subtle and overt external pressures that enable and support unsafe care. Understanding these political pressures to execute a government policy regardless of evidence on quality of care is essential if we are to transform our health care systems. This session will review the key findings and

Classen, D., MD, Associate Professor of Medicine, Senior Partner, and Chief Medical Officer, University of Utah; Griffin, E., Senior Manager of Clinical Programs, BD; Christian, G., Executive Director, Kaiser Permanente
recommendations from these inquiries and identify how to overcome the barriers to improvement currently being used around the world.

After this session, participants will be able to:

• Identify the barriers that contribute to patient harm and appreciate the important influence of external political pressures
• Review the professional commitment – across the professions represented by specialty boards, royal colleges, academic medical centers, and professional unions – to protect patients
• Assess how a culture of blame can affect patient safety in health care systems and how changing this culture depends on the political and the health care characteristics of each country

Jarman, R., Emeritus Professor, Imperial College London and Senior Fellow, IHI; Barach, P., MD, Visiting Professor, University Medical Center Utrecht; Barker, P., MD, MB ChB, Senior Vice President, IHI

Patient Representative: Bailey, J.

L21 Practical Lessons in Transformation: Spend a Day with the NHS
Grand Ballroom Salon 9-10

Everyone is seeking innovative ways to lead change and deliver better care at a reduced cost. This session will highlight specific actions and learning from the English National Health System (NHS), which is now rated number two as a health care system by the Commonwealth Fund of Washington. Participants will take away practical tools and engage in an interactive scenario which will bring key points to life.

After this session, participants will be able to:

• Identify the key actions required to transform a health system
• Apply lessons from England in their organization
• Use a range of tools to achieve organizational improvement

Bevan, H., PhD, Chief of Service Transformation, NHS Institute for Innovation and Improvement; Belfield, G., Director of Commissioning, Department of Health, England

L22 Prepare your Improvement Work for Publication
Crystal Ballroom Salon G

This session will focus on the challenge of moving health care improvement reports from the practice environment to scholarly publication. Attendees and faculty will use the Standards for Quality Improvement Reporting Excellence (SQUIRE) publication guidelines in hands-on writing activities. Practical topics will include the following: increasing effectiveness in communication of improvement and study aims, context, results, and limitations; creating titles more likely to be cited in scholarly literature searches; and taking full advantage of a journal’s editorial review process.

After this session, participants will be able to:

• Employ writing techniques that are particularly valuable for scholarly improvement reports
• Employ the SQUIRE guidelines to achieve greater success in publication

Stevens, D., MD, Editor Emeritus, BMJ Quality and Safety and The Dartmouth Institute; Batalden, P., MD, Professor, The Dartmouth Institute for Health Policy and Clinical Practice; Davidoff, E., MD, Executive Editor, IHI; Ogrinc, G., MD, Associate Professor of Community and Family Medicine, White River Junction VA Medical Center; Davies, L., MD, Assistant Professor of Surgery and Otolaryngology, Dartmouth Medical School

L23 Transforming Through Managing and Coaching Masters
Grand Ballroom Salon 3

What factors enable successful integration of coaching into management, leading to transformational change? This will be explored in a case study of CareSouth, which integrated coaching to achieve significant improvement in quality, financial, and patient experience measures. CareSouth also achieved an increase from 11 percent to 76 percent of staff who felt that the mission of the organization “makes me feel my job is important.” Participants will think through barriers and challenges to application in their organizations.

After this session, participants will be able to:

• Explain how CareSouth defined leadership vs. management vs. coaching
• Identify factors that enable successful integration of coaching into management
• Define what factors enable integrated accountability with personal engagement of staff

Lewis, A., CEO, CareSouth Carolina, Inc.; Baker, N., MD, Principal, Neil Baker Coaching and Consulting, LLC; Crowe, G., RN, Principal, Hamilton Consulting, LLC

L24 Will, Ideas, and Execution in Denmark: The PatientSikkert Sygehus Program
St. Thomas/West Indies (North Tower)

What happens after a national patient safety campaign? The Patientsikkert Sygehus/Danish Safer Hospital Project is a multi-year initiative (2010-2012) which will implement a mandatory set of tested and proven patient safety improvement changes in five selected hospitals. The intent is to create a set of exemplar hospitals whose remarkable results can serve as a driver for continuous work and spread across hospitals in the regions through a predetermined spread plan. In reality, developing the core content is the true beginning of the journey. Real change will be determined when the patient receives the care they are supposed to receive, each and every time.

After this session, participants will be able to:

• Assess the impact of intentional coaching
• Identify strategies for preventing pressure ulcers and falls
• Explain how to critically use evaluations.

Ovretveit, J., Professor, Karolinska Institute; Goldmann, D., MD, Senior Vice President, IHI; Perla, R., Director, Analytics, University of Massachusetts Memorial Medical Center; Parry, G., PhD, Research Scientist, IHI

Anaheim (Hall of Cities)

This session will include presentations from colleagues in the US, United Kingdom, and Europe. Presenters will describe strategies for reducing pressure ulcers and falls and will share their results. The background, application, and effectiveness of an hourly rounding process will be explored. There will be ample opportunity for lively discussion and idea generation.

After this session, participants will be able to:

• Identify strategies for preventing pressure ulcers and falls
• Assess the impact of intentional rounding

Bartley, A., RN, Program Director, UK Health Foundation Safer Patient Network; Baxter, S., PhD, RN, National Tissue Viability Program Manager, National Health Service Scotland; Viney, M., RN, Director, Patient Care Services, Seton Northwest Hospital

GET RESULTS

L25 Doing and Using Research to Improve Quality: Fundamental
Grand Ballroom Salon 4-6

This Learning Lab will help participants evaluate quality improvement and develop new ways to see the strengths and weaknesses of a quality improvement study – and whether and when to act. Researchers and practitioners alike who want to improve and use quality improvement research would benefit from this session. This session will also describe available online tools and consider practical issues when carrying out evaluations.

After this session, participants will be able to:

• More effectively evaluate the results of quality projects, changes, and programs
• Explain how to critically use research in decision-making

Ovretveit, J., Professor, Karolinska Institute; Goldmann, D., MD, Senior Vice President, IHI; Perla, R., Director, Analytics, University of Massachusetts Memorial Medical Center; Parry, G., PhD, Research Scientist, IHI
L27 Data Mapping for Improvement – Version 2.0
Grand Ballroom Salon 11
This session is a revised version of a Minicourse on the same topic offered at the 22nd Annual National Forum in 2010. Based on participant feedback, this course has been updated and will explain additional examples of real-world improvement experiences. Faculty will demonstrate the power of qualitative and quantitative analytic approaches for identifying potential improvement opportunities, both at the system and individual level. Specific processes of the care system that will benefit most from targeted improvement efforts and interventions will be discussed.
After this session, participants will be able to:
• Demonstrate the combined power of qualitative and quantitative evaluation to identify high-leverage improvement opportunities
• Use in-depth case study techniques and quantitative data to generate questions and inform qualitative assessment of a community’s relative performance strengths and weaknesses
• Analyze publicly available data that are applicable to local health care systems
Radley, D., PhD, Senior Health Policy Analyst, IHI; McCarthy, D., Senior Research Analyst, IHI

L28 Measures Must Matter: Determining Metrics of Care that Matter Most to Patients and Communities
Grand Ballroom Salon 8
Whether you call it accountable care, coordinated care, or something else, innovative care delivery models demand objective evaluation based on stable, consistent, and clinically indicative measures. To date, measures used to assess the triple aim of accountable care have been elementary and not easily comparable, based on inconsistent data. Earlier this fall, six organizations on the forefront of population health measurement came together for a three-day national conversation about how to develop the next phase of accountable care measurement. The purpose of this work is twofold: to accelerate the development and implementation of advanced HIT-enabled performance measures that can help hold accountable care organizations (ACOs) truly accountable for putting patients and families at the center of care; and to demonstrate that the care being provided by these organizations is of the highest quality. This session will unveil the results of that three-day session and will provide an opportunity for participants to become part of this important conversation. Participants will have the opportunity to test measurement domains, methodologies, and overall value improvement for clinical populations.

L29 Zero Events of Harm: Leading for High Reliability
New York/New Orleans (Hall of Cities)
To achieve and sustain significant improvement in patient safety (e.g., zero events of harm), health care can employ proven strategies of high reliability and safety from other industries. Reliability experts and executives from organizations who have used these strategies will share their experiences and lessons learned implementing reliability principles. Other topics to be discussed include learning from the science of safety, implementing a defined leadership method, and approaches for a more robust culture of safety.
After this session, participants will be able to:
• Discuss the principles of safety and reliability that can help achieve zero events of patient harm
• Contrast evidence-based leadership methods for building and sustaining a high-reliability culture
• Design an approach to implement learned principles in their organization
Yates, G., MD, Senior Vice President and Chief Medical Officer, Sentara Healthcare; Johnson, K., Senior Partner and Chief Innovations Officer, HPI

STAY VITAL FOR THE LONG HAUL

L30 How to Improve Quality and Flow While Reducing Cost
Crystal Ballroom Salon K-M
As funding constraints have increased under health care reform, the way hospital services are designed and managed has become paramount. This session will demonstrate that there is a cost-effective way to reorganize services to deliver safe and effective care. Participants will learn that the management of variability and the application of operations management theory are keys to a financially viable and safer health service. These principles will be illustrated by case studies and participatory work.
After this session, participants will be able to:
• Develop an understanding of the theory of managing operations
• Demonstrate how to improve flow in hospital settings
• Identify ways to decrease variation in delivery of care
Lachman, P, MD, Associate Medical Director and Consultant in Service Redesign and Transformation, Great Ormond Street Hospital for Children NHS Trust; Litvak, E., PhD, President and CEO, Institute for Healthcare Optimization; Leitch, J., National Clinical Lead for Quality, Scottish Government Health Department
NATIONAL FORUM ORIENTATION
7:00 AM – 8:00 AM
Grand Ballroom Salon 7

If you are new to the National Forum, we suggest that you attend one of the National Forum Orientation sessions to help you navigate through the program and devise a personal learning plan. Participation in a National Forum Orientation is free.

FORUM EXCURSIONS
8:30 AM – 5:00 PM

With the exception of the Marriott Excursion (FE1), all Excursions start at the Gaylord Palms Resort and Convention Center. Participants will then be transported to their selected destination for a three-hour tour and presentation led by destination staff and IHI faculty. Afterward, participants will explore the lessons learned and their applicability to health care during an afternoon “deep dive” led by IHI faculty.

FE1: Marriott World Center: Large-Scale Operations and Flow
Aruba/Bahamas (North Tower)
Participants will learn how the Marriott handles large volumes of visitors, yet still manages to offer superb customer service in the front office, adhere to tight schedules in the banquet kitchen, run the Hawk’s Landing Golf Club, tend to every detail of event and convention services, and manage daily housekeeping operations.

After this session, participants will be able to:
- Identify large-scale operations and flow in a non-health care industry that can be compared with, and applied to, their own work environment
- Recognize and analyze key concepts of operations and flow in different industries
- Develop ideas for change for improving flow in their own work environment

Jacobson, D., Director, IHI; Grebe, J., Improvement Advisor, IHI

FE2: Universal Orlando® Resort: Safety and Reliability
Gaylord Palms Resort, Osceola B

Discover how Universal’s Creative Team produces impressive stunts and spectacles while ensuring the safety of staff and visitors. From details on safe costume and prop design to choreography of realistic fight sequences, participants will learn from a variety of experts. A behind-the-scenes look will focus on the Universal Orlando® culture of safety first.

After this session, participants will be able to:
- Identify safety and reliability in a non-health care industry that can be compared with, and applied to, their own work environment
- Recognize and analyze key concepts of safety and reliability in various settings
- Develop ideas for change for improving safety in their own work environment

Griffin, E., Senior Manager, Clinical Programs, BD; Berry, W., MD, Surgical Consultant, Harvard School of Public Health

FE3: Central Florida Zoo: Patient Care and Operations
Gaylord Palms Resort, Tampa

Take a behind-the-scenes tour to learn how these experts care for their patients: over 400 wild animals! Participants will learn details of the zoo’s operations, safety protocols (for both humans and wildlife), and crisis management planning. Zoo staff will also share their methods for caring for, feeding, and managing many types of animals at once.

After this session, participants will be able to:
- Identify operations and patient care in a non-health care industry that can be compared with, and applied to, their own work environment
- Recognize and analyze key concepts of operations and patient care processes in their own work environment

Bones, K., MSW, Director, IHI; Johnson, M., Senior Research Associate, IHI

FE4: EA (Electronic Arts) SPORTS – Tiburon: Innovation and Creativity
Gaylord Palms Resort, Osceola 1-3

Join us as we learn how to innovate in a fast-paced, ever-changing environment. We will join the leaders in the video game industry, who will describe how they foster an environment of continuous innovation and creativity. Attendees will participate in EA SPORTS – Tiburon’s new product design processes, learn about their methods for keeping pace with customer preferences, and explore their multidisciplinary approach to engage experts working together to move a concept through the development process.

In an industry where technology is constantly changing – requiring adaptation and innovation – EA SPORTS – Tiburon will provide many parallels to the challenges of keeping pace in health care and launching ahead to be on the cusp of innovation and design.

After this session, participants will be able to:
- Identify innovation and creativity in a non-health care industry that can be compared with, and applied to, their own work environment
- Recognize and analyze key concepts of innovation and creativity in their own work environment

Dickson, E., MD, Senior Associate Dean and President, University of Massachusetts Memorial Medical Group; Gunther-Murphy, C., Director, Hospital Portfolio Operations, IHI

FE5: Gaylord Palms: Joy in Work and Staffing Best Practices
Gaylord Palms Resort, Osceola 4-6

Learn how to engage expertise in the video game industry, who will describe how they foster an environment of continuous innovation and creativity. Attendees will participate in EA SPORTS – Tiburon’s new product design processes, learn about their methods for keeping pace with customer preferences, and explore their multidisciplinary approach to engage experts working together to move a concept through the development process.

In an industry where technology is constantly changing – requiring adaptation and innovation – EA SPORTS – Tiburon will provide many parallels to the challenges of keeping pace in health care and launching ahead to be on the cusp of innovation and design.

After this session, participants will be able to:
- Identify joy in work and staff retention strategies in a non-health care industry that can be compared with, and applied to, their own work environment
- Recognize and analyze key concepts of employee motivation and staffing in different industries
- Develop ideas for change for increasing staff satisfaction in their own work environment

Dickson, E., MD, Senior Associate Dean and President, University of Massachusetts Memorial Medical Group; Gunther-Murphy, C., Director, Hospital Portfolio Operations, IHI

FE6: SeaWorld®: Managing Complex Systems
Gaylord Palms Resort, Naples

See for yourself how this popular destination creates and reliably executes complex processes to care for thousands of animals, support staff, and manage animal rescue operations.

After this session, participants will be able to:
- Identify different management styles for complex systems in a non-health care industry that can be compared with, and applied to, their own work environment
- Recognize and analyze key concepts of complex system management from various settings
- Develop ideas for change, leading to system management improvement in their own work environment

Sevin, C., RN, Director, IHI; Beasley, C., Director, Strategic Projects, IHI
M1 Advancing Palliative Care: Valuable Tools to Support the Triple Aim
Grand Ballroom Salon 9-10
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
- 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; Johnson, D., MD, Clinical Lead for Palliative Care, Care Management Institute, Kaiser Permanente; Cuppernoll, L., Director, Clinical Learning and Innovation, Alliance of Community Health Plans

M3 Transforming the Quality Movement into Execution Masters
Crystal Ballroom Salon K-M
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

M5 Innovation in Health Care Delivery: Fundamental
Crystal Ballroom Salon J
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.; Maher, L., PhD, Director for Innovation and Design, NHS Institute for Innovation and Improvement

M6 Practical Tools to Spread Improvements and Achieve Results at Scale
Grand Ballroom Salon 8
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

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
Grand Ballroom Salon 12-14
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 Denver

M8 Advanced Statistical Process Control for Health Care Masters
New York/New Orleans (Hall of Cities)
Statistical process control (SPC) charts are becoming increasingly common in health care improvement, given their simplicity for detecting changes in processes and outcomes. Equally important is the consistent use of correct charts and adequate sample sizes. This session will cover common SPC errors seen in practice and their impact on slowing down improvement. Several more advanced SPC concepts also will be emphasized, including measurement process error, risk adjustment, rare events, trend analysis, and more powerful control charts for detecting changes faster.

After this session, participants will be able to:
• Discuss some of the most common errors and misuses when applying SPC in practice
• Describe the important concept of detection power
• Apply other SPC tools such as trend analysis and measurement analysis in health care settings

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
Sawgrass (North Tower)
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 Minicourse, 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:
• 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 of 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
Crystal Ballroom Salon H
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)
Key Biscayne (North Tower)
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 IHI Triple Aim regional sites
• Describe the linkages between this work and national initiatives

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

M12 Delivering Exceptional Care: The PFCC Methodology
Grand Ballroom Salon 11
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 caregivers. 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

Patient Representatives: Cunningham, R. and Mesiano, M.
M13 Engaging Physicians to Transform Care
Crystal Ballroom Salon D
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
Crystal Ballroom Salon E-F
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 opportunity to practice reflection which the leader is responsible.
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.

M15 From the Top: The Role of the Board in Quality and Safety
Crystal Ballroom Salon G
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
Reinertsen, J., MD, President, The Reinertsen Group; Orlikoff, J., Consultant, Orlikoff & Associates; Inc; Anderson, J., Advisor to the President, Cincinnati Children’s Hospital Medical Center and Board Member, IHI

MOTIVATE
M16 “Bolt-on” to “Built-in”: Quality as Cultural DNA
Masters
Harbor Beach (North Tower)
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 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

M17 Achieving Organizational Excellence From Microsystems to Mesosystems
Crystal Ballroom Salon P-Q
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

M18 Appreciating Systems: Understanding Our Work
Key Largo (North Tower)
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

M19 Building Contagious Commitment for Improvement Masters
Grand Ballroom Salon 3
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., RN, Chief of Staff 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
Anaheim (Hall of Cities)
Many organizations have invested in efforts to improve safety and quality yet patients regularly continue to experience harm. Might it be that we do not fully understand the problem we are trying to fix? Improvement requires the correct diagnosis of the problem and the development of related aims. During this session, participants will learn how to use several tools that will help them diagnose quality and safety in their respective organizations and set aims for improvement.

After this session, participants will be able to:
• Describe the current diagnostic approach of their organization
• Discuss the use of the data gained from diagnostic tools to prevent, detect, and mitigate harm to patients
• Appraise the usefulness of the presented diagnostic tools to improve the safety and quality of their organization over time

Haraden, C., PhD, Vice President, IHI

M21 Health Reform Implementation: Understanding and Thriving in ACOs, PCMHs, HIEs, and Other Acronyms
Key West (North Tower)
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, Director, Health Policy Program, New America Foundation

M22 Leading a Whole Organization to Continuous Improvement Transformation
Crystal Ballroom Salon N
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

Toussaint, J., MD, CEO, ThedaCare Center for Healthcare Value; Barnas, K., System Vice President, Thedacare

M23 Making Health Care Safer for Children
Grand Ballroom Salon 1-2
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:
• Rethink what it takes to achieve the 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

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., Founder/Director, Justin’s HoPe; Task Force for Global Health; Muetheg, 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
Patient Representative: Micalizzi, D.

M24 ReThink Health: Leadership for System Innovation
Chicago/Denver (Hall of Cities)
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 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:
• Apply transformative learning
• Expand leadership influence by matching transformative learning with leadership language
• Develop more permeable perspectives and act with increased intention and integrity

Landy, L., President and CEO, the Fannie E. Rippel Foundation, Chair of ReThink Health; Hilton, K., Director, Organizing for Health, ReThink Health; Leadering Change Project at Harvard University; Hirsch, G., Consultant and Creator of Learning Environments; Immediato, S., Director, Leading for Health, ReThink Health/Heaven & Earth Incorporated; McGinnis, M., PhD, Director, Managing the Health Commons, and Director, Workshop in Political Theory and Policy Analysis, Indiana University-Bloomington; Milstein, B., PhD, Director, Systems Strategy & Programs, ReThink Health/ReThink Health/Heaven & Earth Incorporated; Wageman, R., PhD, Visiting Faculty, Harvard University; Fisher, E., MD, Director of Population Health and Policy, The Dartmouth Institute

M25 Toward a Language of Transformation
Grand Cayman/Puerto Rico (North Tower)
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

What are you talking about at your Minicourse? Tweet it using #IHI
The Scientific Symposium features rapid-fire presentations of peer-reviewed papers, with an afternoon storyboard session. This program will include a keynote presentation by Brent James, MD, Chief Quality Officer, Intermountain Health Care.
STAY VITAL
FOR THE
LONG HAUL

M30 Developing an Effective
Crisis Management Plan for
Your Organization

St. Thomas (North Tower)

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
institutions.

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

Patient Representative: Nevins, S.
If you are new to the National Forum, we suggest that you attend one of the National Forum Orientation sessions to help you navigate through the program and devise a personal learning plan. Participation in a National Forum Orientation is free.

**KEYNOTE ONE**

8:00 AM – 9:00 AM
Cypress Ballroom 3

Maureen Bisognano
President and CEO, IHI

**SPECIAL INTEREST KEYNOTES**

**A1 Transitions in Care: Problems and Opportunities**
9:30 AM – 10:45 AM
Cypress Ballroom 3

Eric Coleman, Director, Care Transitions Program, University of Colorado

Joanne Lynn, MD, Director, Center for Elder Care and Advanced Illness, Altarum Institute

**B1 The Patient- and Family-Centered Care (PFCC) DocuDrama: Viewing All Care Through the Eyes of Patients and Families**
11:15 AM – 12:15 PM
Cypress Ballroom 3

Anthony DiGioia, MD, Medical Director and Surgeon, Renaissance Orthopaedics

**Rapid-Fire Workshops: 10 Minutes, 10 Slides!**
9:30 AM – 10:45 AM
Grand Ballroom Salon 4-6

RFA Highlights from the 17th Annual Scientific Symposium on Improving the Value and Quality of Health Care

Moderator: Headrick, L. MD, Senior Associate Dean for Education, University of Missouri

Presenters: McClead, R., MD, Professor & Vice-Chairman, Medical Director, Quality Improvement Services, Department of Pediatrics, The Ohio State University; Nationwide Children’s Hospital; Kanyoke, E., Project Officer, Project Fives Alive, National Catholic Health Service; Iyer, S., MD, Assistant Professor, Cincinnati Children’s Hospital Medical Center; Parker, M., MD, Clinical Instructor and Pediatric Hospitalist, Cincinnati Children’s Hospital Medical Center

**RFB Patient Involvement in Quality Improvement**
11:15 AM – 12:30 PM
Grand Ballroom Salon 4-6

Moderator: Hayward, M., Lead, Patient and Family Engagement, IHI

Presenters: Brotherton, B., Vice President, Clinical Improvement, Shands at the University of Florida; Morris, L., Patient- and Family-Centered Care Coordinator, Primary Children’s Medical Center; Dull, D., MD, Vice President for Quality, Spectrum Health Medical Group; Dudley, K., Vice President, Women’s Health Exchange

**INNOVATE**

**A2/B2 Accelerating Quality Around the Globe: Quality and Innovation Centers**

Grand Ballroom Salon 1-2

How can we improve quality across regions more effectively and efficiently? What mechanisms are needed to more rapidly diffuse this knowledge and ensure its uptake and implementation? How can we innovate regionally and globally by testing across numerous contexts? In this interactive session, participants will learn about and share ideas around a strategy to accelerate the identification and spread of health care innovations and improvements regionally and globally, illustrated through case studies.

After this session, participants will be able to:
- Define the aims of Quality and Innovation Centers and think critically about how they might take shape
- Develop ideas about supporting quality improvement and innovation in their own region or system
- Consider how they might optimally engage in an international network with others

Gray, J., MB ChB, Director of The National Institute for Improvement and Innovation, New Zealand; Counties Manukau District Health Board; Delgado, P., Executive Director, IHI; Elliot, E., MB ChB, Chief Executive, NHS Quality Improvement Scotland; Lorch, T., Director, New Business Development, IHI; Schilling, L., RN, National Vice President, Healthcare Performance Improvement, Kaiser Permanente; Marr, C., Director for Organizational Effectiveness, Tayside Centre for Organizational Effectiveness

**A3/B3 Improved Health, Cost, Quality, and Satisfaction: The Southcentral Foundation Nuka System of Care**

Marco Island (North Tower)

Find out why many medical systems – both nationally and internationally – are now looking to the Southcentral Foundation (SCF) Nuka System as a way to transform a whole system of care. Over a 12-year period, a foundation of long-term personal relationships backed by full open access in primary care, integration of the mind and body, commitment to measurement and quality, and a transfer of power and control to the patient and family have resulted in sustained and documented improvements. As a result, utilization of ER and specialty care have decreased by half, hospital days decreased by over 40 percent, and health outcomes, customer, and staff satisfaction have dramatically improved. This workshop will describe the SCF Nuka System of Care, present the continuing story of whole system transformation at Alaska Native Medical Center using this model, and address the applicability of the model to other settings.

After this session, participants will be able to:
- Describe the SCF Nuka System of Care and key elements needed to transform a whole system
- Discuss what a mature improvement infrastructure looks like after 12 years
- Apply the SCF Nuka System of Care in other settings

Gottlieb, K., President and CEO, Southcentral Foundation; Eby, D., MD, Vice President, Medical Services, Southcentral Foundation

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**WORKSHOPS A & B**

A workshops: 9:30 AM – 10:45 AM
B workshops: 11:15 AM – 12:30 PM

All A workshops repeat during B workshops except for special interest keynotes.
A4/B4 Better, Faster, and More Affordable: Primary Care as a Driver of Market-Based Health Care Reform
Crystal Ballroom Salon K-M

When Virginia Mason providers began direct collaboration with large employers, the group quickly defined a basis for producing, reimbursing, and purchasing quality. Marketplace collaboratives identified areas of highest direct and indirect cost for employers to set their agenda. Application of evidence-based medicine, techniques adapted from the Toyota Production System, and cost accounting has enabled a provider group and engaged employers to improve quality and access while improving finances. An enhanced primary care practice, as the foundation for these improvements, will be discussed.

After this session, participants will be able to:
- Describe how direct contact between providers and employers can be used to define market-relevant quality and identify areas of greatest opportunity for improving quality, access, and affordability.
- Outline how radical redesign of work flow for primary care providers can achieve better outcomes for patients and better finances for providers.
- Recognize how disruptive innovation in primary care practice can result in major improvements in quality, value, and affordability for a multinational employer.

Mecklenburg, R., MD, Chief of Medicine, Virginia Mason Medical Center; Gerbino, I., MD, Medical Director Satellite Clinic, Virginia Mason Medical Center; Pittenger, K., MD, Primary Care Leadership, Virginia Mason Kirkland Clinic

A5/B5 From Prevention to Palliation: Applying Lessons from Chronic Disease Management to Transform Cancer Care
Crystal Ballroom Salon E-F

As the second leading cause of death, cancer is an area with significant opportunity for improvement. In this session, participants will hear from several health care systems that have changed their perspectives to transform both the approach to and the outcomes of their oncologic care. Population health, prevention, coordinated team-based care and effective palliation, delivered in a patient-centered fashion and supported by data, have been leveraged to support the transformation.

After this session, participants will be able to:
- Define how the care process in terms of prevention, early detection, diagnosis, care, treatment, and palliation must be the best — every time — in order to remove unwanted variation.
- Describe the importance of patient involvement and value-based improvements.
- Demonstrate effective screening methods, highlighting a population-care approach.

Henriks, G., Chief Executive of Learning and Innovation, The County Council of Jönköping; Compton-Phillips, A., MD, Associate Executive Director for Quality, Kaiser Permanente; Schottling, J., MD, Assistant Medical Director for Quality, Kaiser Permanente Regional Quality and Risk Management; Kutner, S., MD, Chair, Interregional Breast Care Leaders, Kaiser Permanente

Patient Representative: Jurgensen, U.

A6/B6 Implementing Sustainable System Solutions with Help from The Joint Commission’s Center for Transforming Healthcare
Crystal Ballroom Salon J

The Joint Commission’s Center for Transforming Healthcare was created to help transform health care into a high-reliability industry. Using robust process improvement methods proven effective in other industries, the Center creates sustainable solutions for health care’s toughest and most persistent problems. These will be highlighted both on a macro level and from a community hospital’s hands-on experience in changing and raising their performance and quality to consistently exceptional levels.

After this session, participants will be able to:
- Describe how a community hospital identified technical, cultural, and process issues and then targeted specific solutions to improve and sustain measurable quality performance.
- Summarize how the tools and methods applied could be used in their own health care organization.
- Identify other solution sets available from the Center that may help their organization improve quality.

Benedicto, A., Executive Vice President, Support Operations and Chief of Staff, The Joint Commission; Vanderveer, A., Director, Business Operations and Master Black Belt, The Joint Commission

A7/B7 Managing Prediction
Grand Ballroom Salon 3

Quality improvement often requires data reports on a weekly, monthly, or quarterly basis to track progress. This session will discuss an approach to analyzing data that suggests doing more than looking in the rear-view mirror. Managing by prediction includes predicting and analyzing failures real-time. This session can help to accelerate transformation in safety, flow, and other dimensions of health care.

After this session, participants will be able to:
- Summarize the principles of managing by prediction.
- Apply prediction to accelerate transformation in safety and flow.
- Define infrastructural and operational requirement to manage by prediction.

Kotagal, U., Senior Vice President, Quality/Transformation and Director, Health Policy and Clinical Effectiveness, Cincinnati Children’s Hospital Medical Center; Meuthing, S., MD, Assistant Vice President of Patient Safety, Cincinnati Children’s Hospital Medical Center; Ryckman, E, MD, Senior Vice President for Medical Operations and Professor of Surgery, Cincinnati Children’s Hospital Medical Center

A8/B8 PACE: A Medicare Medicaid Health Home for Complex Elders
Fundamental
Key West (North Tower)

The Program of All-Inclusive Care (PACE), a comprehensive capitated Medicare and Medicaid program for vulnerable, complex elders, operates in over 30 states. PACE has a person-centric mission that helps nursing home-qualified elders remain in their community. Learn how this community-based “health home” staffed by physicians, Advanced Practice Registered Nurses (APRNs), nurses, and direct care workers has advanced quality and outcomes in an interdisciplinary system that includes medical, acute, and community-based care.

After this session, participants will be able to:
- Define infrastructural and operational requirement to manage by prediction.
- Compare and contrast this system to other operating models that have evolved to serve the growing dual-eligible (Medicare and Medicaid) population.

Hansen, J., President-Elect, American Geriatrics Society and Board Member, IHI

A9/B9 Meeting the IOM Aims: Stories from a 2010 AHA/McKesson Quest for Quality Winner
Grand Cayman/Puerto Rico (North Tower)

McLeod Health developed and implemented a system for organizational improvement that focused on progression towards the six Institute of Medicine (IOM) aims — safe, effective, patient-centered, timely, efficient, and equitable care. This work resulted in McLeod Health winning the 2010 AHA/McKesson Quest for Quality Award. This session will focus on McLeod’s story of improvement — one that is physician-led, data-driven, and evidence-based. McLeod’s model is used to provide care that is clinically and operationally effective, and encourages excellent service for patients, physicians, and staff.

After this session, participants will be able to:
- Identify methodology to build a system of improvement that is supportive of the six IOM aims.
- Develop prioritization metrics to drive improvements in clinical effectiveness, operational effectiveness, and service excellence across systems of care.
- Outline the importance of methodology for gaining physician and staff engagement to assure successful change.

Segars, M., Senior Vice President and Administrator, McLeod Regional Medical Center; Isgett, D., RN, Corporate Vice President, Quality and Safety, McLeod Health Care
This workshop will present diagnostic and implementation strategies to address common operational and staffing decisions and dilemmas in Emergency Rooms (ER). Faculty will outline ER operational and staffing configurations customized for different patient volumes and mixes. Factors including acuity mix, trauma designation, and teaching status will be incorporated. New and existing patient flow and staffing practices will be discussed to optimize the performance of participants’ ERs.

After this session, participants will be able to:
- Describe strategies that can be implemented based on factors including ER volume, acuity mix, trauma designation, and teaching status
- Identify specific strategies that could and should be applied in their own ER

Nolan, K., Statistician, Associates in Process Improvement; Jensen, K., MD, Chief Medical Officer, BestPractices, Inc.; Crane, J., MD, Emergency Physician and Business Director, Mary Washington Hospital

**A11/B11 Reducing Clinical Variation Through Physician Engagement**

Grand Ballroom Salon 7

This session will describe Palo Alto Medical Foundation’s and Sutter Health’s successful variation reduction initiative, which has engaged over 20 specialties in reducing clinical variation in the management of the most common medical conditions seen by specialists. Discover where variation commonly occurs and how to define standards. Tips on how to build this process into an organization and how to engage physicians will also be shared.

After this session, participants will be able to:
- Identify strategies to overcome barriers to launching a variation reduction initiative in their organization
- Employ skills in talking with specialists about variation reduction and describe strategies to engage physicians in developing and implementing standards of care
- Access simple strategies to spread variation reduction standards in their setting

Shapiro, L., MD, Foundation Managed Care Medical Director, Palo Alto Medical Foundation; Van Duren, M., MD, Chief Medical Officer, Sutter Health; Knapp, W., MD, Physician, Patient Services, Palo Alto Medical Foundation

**A12/B12 Engaging Physicians: Insights and Actions for Results Masters**

Crystal Ballroom Salon N

Gaining medical staff engagement in improving care is a central challenge in most settings. When physicians fail to lead or participate actively, staff typically resort to work-arounds or spend time and energy convincing each physician that the “new way” will be better for their patients. This session describes what it takes to move physicians from the periphery to the center in establishing leadership for safety and quality improvement.

After this session, participants will be able to:
- Describe how the quality of the organization-doctor relationship impacts physician engagement and improvement efforts
- Identify management attitudes and behaviors that enable physicians to stay on the sidelines of care improvement efforts
- Describe specific behaviors and steps to authentically engage physicians in creating and achieving an institution’s quality agenda

Silverstyn, J., President, Amicus, Inc.

**A13/B13 Laying the Foundation: One Health System’s Approach to Building a Medical Home**

Fundamental

Grand Ballroom Salon 9-10

Bon Secours Medical Group has demonstrated that through a methodical three-phased approach, a patient-centered medical home (PCMH) can be successfully implemented in diverse geographic regions and among varying populations. Through EMR adoption, standardization, and patient activation, a complete transformation has taken place in each practice setting. Results include PCMH National Committee for Quality Assurance (NCQA) Level 3 recognition at three sites as patient outcomes, productivity, and satisfaction have all improved. This session will provide participants with a concrete framework for successful implementation of a PCMH.

After this session, participants will be able to:
- Explain a three-phase approach to re-engineering care that drives the successful execution of the PCMH care delivery model
- Understand the role of EMR implementation in standardization, workflow redesign, and care coordination that drives benefits from the PCMH
- Illustrate improvement in selected outcome metrics, including patient wait time, patient satisfaction, no show rates, and physician productivity

Aues, T., MD, CEO, Bon Secours Virginia Medical Group; Fortini, R., Chief Clinical Informatics Officer, Bon Secours Virginia Medical Group; Kelly, D., MD, Quality Committee, Bon Secours Richmond; Seiden, J., RN, Quality Director, HealthSource, Bon Secours St. Mary’s Hospital

**A14/B14 Teaching Students and Residents to Improve Care**

Harbor Beach (North Tower)

If you’re interested in teaching improvement skills at your university or health care organization, you might feel like you’re a pioneer on a lonely frontier. What should you teach? What do you need to know in order to be an effective coach? In this session, participants will learn from faculty who are successfully teaching students or residents to improve clinical care. First, basic models for teaching quality improvement in a variety of settings will be shared. Participants will learn what the target audience really needs to know in order to get started. Faculty in the IHI Open School network who have successfully coached students through their own improvement projects will share recommendations and advice.

After this session, participants will be able to:
- Explain at least one formal framework for teaching improvement to students, residents, or front-line staff in an academic or clinical setting
- Describe at least one specific activity that they can use to get their students practicing improvement
- Give examples of how IHI Open School Faculty Advisors have successfully coached students through quality improvement projects

Strang, C., Director, Open School Operations, IHI; Moses, J., MD, Director of Patient Safety and Quality, Boston Medical Center; Madigosky, W., MD, Director of the Foundation of Doctoring Curriculum, University of Colorado School of Medicine; Mariotti, J., DO, Associate Vice Chair, Department of Medicine, Lehigh Valley Physician Practice
A15/B15 Back to Basics: Building Essential QI Skills

Fundamental
Grand Ballroom Salon 12-14

So, you can explain what the letters PDSA mean. Great! But, are you able to successfully run multiple PDSA tests in one day, know when a change concept is ready for implementation, and then sustain the improvements? This workshop will provide a refresher for those who are stalled and a jump start for those who are new to the quality improvement journey. This session is built around the Model for Improvement (MFI) and will demonstrate how to link the three questions related to aim, measurement, and change concepts to the sequence for success.

After this session, participants will be able to:
- Describe the key components of the MFI and how to apply the MFI to health care initiatives
- Specify the differences between testing, implementing, and spreading
- Identify key tools and methods that should be part of a quality improvement toolkit

Lloyd, R., PhD, Executive Director of Performance Improvement, IHI; Taylor, J., Improvement Advisor, IHI

A17/B17 Learning from Around the World: Saskatchewan, Canada

Masters

Miami (Hall of Cities)

In October 2008, health system leaders from all parts of Saskatchewan’s health system began a “Quality as a Business Strategy” leadership learning collaborative based on W.E. Deming’s philosophy for leading quality. What began with a simple idea of focused learning for leaders evolved to become a significant stimulus for macro system transformation. This session will share the story of this province’s health system improvement journey.

After this session, participants will be able to:
- Recognize the key components required for health system transformation at all levels
- Extrapolate new concepts and methods into their local context

Haraden, C., PhD, Vice President, IHI

A18/B18 Lessons from CHIPRA: Child Health in the Era of Reform

Key Largo (North Tower)

It has been almost three years since President Obama signed the Children’s Health Insurance Program Reauthorization Act (CHIPRA) into law. CHIPRA includes many sweeping quality provisions designed to support the development and maintenance of an integrated approach to measurement and improvement across all settings of child health care delivery. This workshop will examine lessons learned from the front lines of this work, review programs in full swing, and discuss policy implications and next steps.

After this session, participants will be able to:
- Discuss variability that adds value and that which does not
- Describe the necessity and requirements of a learning system in advancing safety
- Compare and contrast the concepts of adaptability/resilience and standardization in safety systems

Oldham, S., MB ChB, Senior Partner, Manor House Surgery

A20/B20 The Path to the Shingo Prize: Building Lean Clinics

Vinoy (North Tower)

Denver Health’s Community Health Services has over five years of experience using Lean as a framework for process improvement. In 2011, Denver Health became the first health care delivery organization to win the Shingo Bronze Medallion prize for operational excellence for the transformational work in its network of eight health centers. In this session, faculty will review the journey from the first attempts at open access to development of a system-wide culture of improvement.

After this session, participants will be able to:
- Identify the waste in clinic processes that can interfere with flow and quality
- Apply the basic tools of Lean production analysis to improve clinic flow and quality of care
- Instill an understanding of Lean in all levels of the workforce

Loomis, L., MD, Director of Family Medicine, Denver Health; Gutierrez, P., Community Health Administrative Director, Denver Health; Melnikovich, P., MD, Director of Community Health Services, Denver Health

GET RESULTS

A21/B21 An Evidence-Based Model: Real-Time Capacity Demand Masters

New York/New Orleans (Hall of Cities)

A real-time capacity demand management model provided the strategy and process tools to improve throughput in an academic medical center setting. Flow metrics measured the success: Emergency Department (ED) door-to-floor time, hospital divert hours, bed clean-to-occupy time, time left without being seen in the ED, post-anesthesia care unit time-to-floor, and median discharge time. After almost two years, this hospital has seen marked improvements in established metrics and patient flow.

After this session, participants will be able to:
- Use the principles of real-time capacity demand management
- Implement real-time demand capacity strategies in their facility
- Develop an appropriate real-time capacity demand management metric dashboard

Prutzman, L., RN, Executive Director, Cardiac and Vascular Services, University of Colorado Hospital; Sanders, C., RN, Vice President, Patient Services and Chief Nursing Officer, University of Colorado Hospital

What workshop are you enjoying? Tweet it using #IHI
A22/B22 Early Recognition, Monitoring, and Treatment of the Sepsis Spectrum

Sawgrass (North Tower)

This session will highlight the challenges and the progress of hospitals in the North Shore Long Island Jewish Health System focused on improving the recognition and treatment of sepsis and severe sepsis in varied environments including the Emergency Department, Intensive Care Unit, and other floors. This session will spotlight specific hospitals that have established effective strategies and practical applications for data collection and early aggressive intervention. Data collection strategies are sharply focused on identifying trends and guiding treatment modality changes for the sepsis population. Reducing mortality by developing effective treatment strategies based on efficient, seamless data collection is the task, and in this session, participants will learn about this ongoing journey.

After this session, participants will be able to:
• Discuss the barriers and challenges to clinical care and data collection related to reducing sepsis mortality
• Increase the reliability of the Sepsis Resuscitation bundle use via implementation of a Modified Early Warning Score (MEWS)
• Describe the potential benefits of early recognition including increased revenues, expense avoidance, and mortality and morbidity reduction

Jacobsen, D., Director, IHI; D’Angelo, J., MD, Chairman, Emergency Medicine, North Shore Long Island Jewish Health System; Doerfler, M., MD, Vice President, Evidence-Based Clinical Practice, North Shore Long Island Jewish Health System; Parmentier, D., Assistant Director, Critical Care and Telemetry, North Shore Long Island Jewish at Glen Cove Hospital

A23/B23 Patient Harm in US Hospitals: How Much?

Crystal Ballroom Salon A-C

Three recent studies have reported adverse event levels in hospitalized patients as measured by the IHI Global Trigger Tool. In this session, data from these studies will be reviewed by study authors and an overview of methodologies and conclusions regarding patient safety in US hospitals will be discussed.

After this session, participants will be able to:
• Summarize the findings of three recent studies measuring adverse events with the IHI Global Trigger Tool
• Describe the methods used in these studies
• Summarize the conclusions from each of the three studies

Griffin, E., Senior Manager, Clinical Programs, BD; Classen, D., MD, Associate Professor of Medicine, Senior Partner, and CMO, University of Utah; Sharek, P., MD, Associate Professor of Pediatrics, Stanford School of Medicine; Adles, L., DO, Vice President, Quality & Safety Innovation & Research, Florida Hospital

A24/B24 Structure and Process: The Core of Obstetric Quality

Anaheim (Hall of Cities)

IHI’s perinatal work has driven deeper into what it takes to standardize, measure, and improve the obstetric care for every patient, every time. Both resource-rich US and lower-resource international, hospital-based learning confirm a previous focus on structure and process to improve outcomes. This session will focus on the execution of perinatal work and how a sense of urgency must first be identified and articulated at a local level.

After this session, participants will be able to:
• Identify a plan for evaluating the key obstetric structure and process measures in their facility
• Develop a plan to improve at least one structure deficiency in their labor unit
• Implement an improvement plan upon return to their facility

Gullo, S., RN, Managing Director, IHI; Cherony, P., MD, Professor, Obstetrics and Gynecology, University of Vermont

A25/B25 Virtual Training to Enhance Practice Coach Skills

Aruba/Bahamas (North Tower)

Coaching is an emerging strategy for assisting primary care practices with redesign and transformation to a medical home. IHI researched training support for coaches and found a gap in offerings on organizational and human dynamics and change management. Each of these can have a significant impact on pace and extent of change. In this session, faculty will describe the curriculum, experience, and results after the first year of a virtual professional development community.

After this session, participants will be able to:
• Define the curriculum requirements for addressing organizational and human dynamics as well as change management
• Describe the structure of this virtual community
• Explain the results of the first year of this community and the implications for coaching in a virtual environment

Sevin, C., RN, Director, IHI; Baker, N., MD, Principal, Neil Baker Coaching and Consulting, LLC

A26/B26 Clinical Decision Support to Improve Cost and Quality

Masters

Crystal Ballroom Salon G

Clinical decision support integrated into health care information technology systems holds great promise for improving cost and quality outcomes. In addition, under the health care reform law, evidence-based health care is considered to be an important strategy for developing accountable care organizations (ACOs) and medical homes. This session will discuss how evidence-based clinical decision support can help organizations improve quality and cost outcomes across the continuum of care and build the clinical infrastructure for ACOs and medical homes.

After this session, participants will be able to:
• Identify the potential of evidence-based clinical decision support for improving cost and quality outcomes across the continuum of care
• Describe the potential role of clinical decision support in the creation of ACOs and medical homes

Weingarten, S., MD, President and CEO, Zynx Health; Classen, D., MD, Associate Professor of Medicine, Senior Partner, and CMO, University of Utah

A27/B27 Transformation in the State of Oregon

St. Thomas/West Indies (North Tower)

Oregon is historically a bellwether state for health care reform. Governor John Kitzhaber, MD, is leading a comprehensive Triple Aim statewide reform effort that will remove approximately $2 billion from the delivery system, a reduction of about 19 percent from public programs over the next two years. How will Oregonians tackle this seemingly impossible task?

After this session, participants will be able to:
• Design large-scale transformational change
• Define the key principles and strategies of transformational change
• Explain Triple Aim metrics

Ford, D., CEO, CareOregon; Labby, D., MD, Medical Director, CareOregon
KEYNOTE TWO
3:15 PM – 4:15 PM
Cypress Ballroom 3

Michael J. Fox, Actor, Author, and Activist
The Michael J. Fox Foundation for Parkinson’s Research

SPECIAL INTEREST KEYNOTE
C1. The Value of the Safety Net to the American Health Care System
1:30 PM – 2:45 PM
Cypress Ballroom 3
Bruce Siegel, MD, President and CEO, National Association of Public Hospitals and Health Systems

Patient Representatives: Christa and Michelle Barone

RAPID-FIRE WORKSHOPS: 10 MINUTES, 10 SLIDES!
1:30 PM – 2:45 PM
Grand Ballroom Salon 4-6

RFC: Four Continents, One Aim: Stories of Global Quality Improvement
Moderator: Delgado, P., Executive Director, IHI
Presenters: Gray, J., MB ChB, Director, National Institute for Improvement and Innovation, Counties Manukau District Health Board of New Zealand; Ruelas, E., MD, Secretary, General Health Council of Mexico; MacLeod, H., CEO, Canadian Patient Safety Institute; Leitch, J., National Clinical Lead for Quality, Scottish Government Health Department

WORKSHOP C
1:30 PM – 2:45 PM
C workshops do not repeat.

INNOVATE
C2. Community Specialty Clinics for the Underserved
Crystal Ballroom Salon P-Q
This session will describe how a partnership between Swedish Health Services, King County Project Access, Community Health Clinics, and over 200 specialists and dentists created a unique clinic for the underserved in Seattle, Washington. Over 2,000 patients are seen each year and receive consultations, surgery, and dental care at no cost. This program is viewed as a winning solution for a safety net that has been shredded by drastic budget cuts.

After this session, participants will be able to:
• Deploy a method to engage specialists in meeting the needs of the under-insured and uninsured
• Develop a link between the medical and dental specialty communities
• Identify key strategies in building collaborations to provide specialty care for the underserved

Fathi, J., MD, Medical Director, Primary Care and Community Health, Swedish Health Services; Neillie, S., Executive Director, King County Project Access

C3. Early Lessons from the Beacon Communities
Grand Cayman/Puerto Rico (North Tower)
In 2010, 17 communities were identified as “beacons” for the nation by demonstrating successful and innovative approaches to using health information technology (HIT) to make care better. This session will summarize the intent and design of the Beacon program, describe the learning system that provides support to Beacon communities in accelerating their work, and share early lessons and results from Beacon sites approximately halfway through the program.

After this session, participants will be able to:
• Define the concept of meaningful use of HIT and cite examples from Beacon communities

C4 Global Improvement: Maternal and Neonatal
Miami (Hall of Cities)
Quality improvement has many faces. When we evaluate three case studies from around the globe (Malawi, US, and India), the path that has truly changed care for the patient in each country is one that follows the Model for Improvement. A focus on the basics can achieve results for every patient, every time. Small scale testing, small cycles of change, three basic questions – it may sound simple, but it is not always easy to execute. It is time to think globally but start small.

After this session, participants will be able to:
• Describe the current state of maternal and neonatal health in four countries around the globe
• Discuss the influence of technology from a country context
• Adapt the Model for Improvement for obstetrical care in resource-rich or resource-poor environments

Barber, P., MB ChB, MD, Senior Vice President, IHI; Chourouy, P., MD, Professor, Obstetrics and Gynecology, University of Vermont; Gullo, S., RN, Managing Director, IHI; Twum-Danso, N., MD, Executive Director, African Operations, IHI

C5. A Statewide Collaborative to Improve Palliative Care in the ICU
Crystal Ballroom Salon E-F
Launched in April, 2010, the Rhode Island ICU Palliative Care Collaborative aims to improve critical care communication and palliative care services while closing the gap between the best evidence and care delivery. This session will provide an overview of the development, planning, implementation, and outcomes of this initiative.

After this session, participants will be able to:
• Describe a successful statewide ICU collaborative palliative care program
• Summarize four planning steps for designing an integrated ICU palliative care program
• Identify three potential challenges in implementing a palliative care program

Cornell Vigorito, M., RN, Senior Program Administrator, Quality Partners of Rhode Island; McNicoll, L., MD, Hospital Consultant, University Medicine Foundation

C6. Successful Quality Improvement: MUSIQ to Your Ears
Grand Ballroom Salon 12-14
Characteristics of individuals and organizations participating in QI projects are believed to be critical to their success. Faculty conducted a systematic literature review and used this information along with input from a panel of experts to develop the Model for Understanding Success in Quality (MUSIQ). This session will help workshop participants use MUSIQ to understand and optimize aspects of context within their environment, organization, microsystem, and quality improvement team to increase their quality improvement project’s likelihood of success.

After this session, participants will be able to:
• Identify important aspects of context within the external environment, organization, microsystem, and team that affect a project’s likelihood of success
• Deploy MUSIQ and other related tools to detect aspects of context that must be addressed before or during the execution of a quality improvement project
• Engage with the growing community of quality improvement researchers to guide the future direction of tool development and the study of context in quality improvement success

Kaplan, H., MD, Assistant Professor, Cincinnati Children’s Hospital Medical Center; Provost, L., Statistician and Senior Improvement Advisor, Associates in Process Improvement; Margolis, P., MD, PhD, Director of Research, James M. Anderson Center for Health Systems Excellence, Cincinnati Children’s Hospital Medical Center
C7 Transformational Change: Creating a Safe Perioperative Environment for All
New York/New Orleans (Hall of Cities)
In 2009, significant challenges were present in Kaiser Permanente’s perioperative department—ranging from management and service issues, to poor productivity, to budgeting issues. Over the last 24 months, leadership has focused on ensuring that qualified, effective, and efficient people are in every perioperative staff and management position. Since these changes took place, the department’s marks for service and quality have risen to the 75th percentile and the department has received a service rating of over 90 percent from surgeons, perioperative physicians, and customers. The results from this improvement initiative will be presented in this session.

After this session, participants will be able to:
• Develop a metric-driven environment with unblinded data to help lead quality improvement
• Incorporate performance improvement principles to enhance overall perioperative processes
• Direct leaders and their direct reports to continuous leadership improvement

Navarro, R., MD, Assistant Area Medical Director, Surgical Services, Kaiser Permanente South Bay Medical Center; Oyekan, E., PharmD, Pharmacy Quality & Medication Safety Leader, Kaiser Permanente South Bay Medical Center

C8 A Career Path Toward Quality ♦
Fundamental
Sawgrass (North Tower)
The role of a health care professional is no longer limited to clinical practice—it now involves practicing medicine and improvement. Academic medical centers are challenged to provide the skills and experiences to prepare future practitioners to work in an environment where quality care is expected. This session will provide an overview of national efforts to integrate quality and safety into training, and will present opportunities for professionals armed with improvement knowledge.

After this session, participants will be able to:
• Describe the role of a health care professional in quality improvement
• Assess national programs that have integrated these concepts into training
• Use the information learned to identify opportunities for engagement in local improvement efforts

Nash, D., MD, Dean, Dr. Raymond C. and Doris N. Grandon Professor, School of Population Health, Thomas Jefferson University; Pracilio, V., Project Manager for Quality Improvement, School of Population Health, Thomas Jefferson University

C9 Building an Integrated Approach to Improvement with Lean, Six Sigma, and the Model for Improvement ♦
Fundamental
Crystal Ballroom Salon D
What approach to quality improvement does your organization follow? Lean? Six Sigma? The Model for Improvement? All have value and yet many organizations send mixed messages to their employees, lacking what Deming called “constancy of purpose.” Some organizations claim they are following one approach this month then state that another approach will be used next month. This workshop will help participants clarify the similarities and differences between the three approaches and provide a framework for organizing their overall quality improvement strategy.

After this session, participants will be able to:
• Describe the similarities and differences among Lean, Six Sigma, and the Model for Improvement
• Determine which approaches are most appropriate for their organization
• Initiate a plan to build an integrated quality improvement strategy

Lloyd, R., PhD, Executive Director of Performance Improvement, IHI; Luther, K., RN, Vice President, IHI; Deas, D., Senior Director, Performance Improvement, Kaiser Foundation Health Plan

C10 CaroMont Health Employees’ Journey to Better Health
Fundamental
Key Largo (North Tower)
CaroMont Health’s commitment to promoting individual health and vibrant communities provided the motivation to establish an organization-wide culture of wellness. This session will discuss the vision, objectives, strategies, programs, and outcomes realized to date in this culture. How the Gaston County Health Coalition was developed to spread this work into the community—using an employer-based strategy—will also be discussed.

After this session, participants will be able to:
• Identify strategies necessary to successfully display and sustain initiatives
• Outline metrics used to determine real success
• Summarize programming and referral opportunities from the Health Risk Appraisal

Serra, A., Vice President, Wellness Development, CaroMont Health; Bellenger, D., Director, Wellness, CaroMont Health

C11 Change Fatigue and Resiliency ♦
Crystal Ballroom Salon N
W. E. Deming said, “It is not necessary to change. Survival is not mandatory.” While change might be necessary for survival, an effective pace of change is often misunderstood. Unrelenting change is purported to increase stress, hinder health, and harm productivity. This session will explore the relatively new concept of change fatigue and its contributing factors. In addition, faculty will discuss key aspects of resilience and their relationship to change fatigue.

After this session, participants will be able to:
• Describe the concept of change fatigue and the factors that contribute to it
• Identify key aspects of resiliency
• Develop plans to address change fatigue and enhance resiliency

Crowe, G., RN, Principal, Hamilton Consulting, LLC

C12 Getting Better Together: Shared Medical Appointments
Grand Ballroom Salon 9-10
In this session, presenters will discuss their approach to implementing and sustaining the largest shared medical appointment (SMA) program in the country. Faculty will describe how these group patient visits work, how and what is measured, and share stories of what challenges were overcome. The critical factors in implementing a successful group patient visit program will be covered. Presenters will encourage participants to share their own successes and challenges with SMAs. The strength of this model and its integration into the Patient Centered Medical Home and accountable care organizations will also be discussed.

After this session, participants will be able to:
• Understand how the Harvard Vanguard care delivery system has implemented and used shared medical appointments to transform itself into the largest SMA program
• Articulate both the accelerators as well as the barriers to implementing and sustaining an SMA program which may exist in their home organization
• Recognize how elements of an SMA can support an accountable care organization and Patient Centered Medical Home

Neuwirth, Z., MD, Chief, Clinical Effectiveness and Innovation, Harvard Vanguard Medical Associates/Atrius Health; Prescott, D., Director, Harvard Vanguard Medical Associates/Atrius Health
C13 Tools for Building a Successful Clinician Support System

Chicago/Denver (Hall of Cities)

Health care providers involved in a medical error and/or adverse event are considered the second victims. During this session, organizations that have developed programs to support these clinicians will share their experiences to assist others in developing similar programs.

After this session, participants will be able to:
• Discuss the importance of having a program to support clinicians involved in medical errors and/or adverse medical events
• Describe the core elements needed to develop an accessible clinician support service

Kenney, L., President/Founder, Medically Induced Trauma Support Services (MITSS); Pratt, S., MD, Physician, Beth Israel Deaconess Medical Center; Scott, S., RN, Coordinator, Patient Safety, University of Missouri Health Care

Patient Representative: Kenney, L.

C14 The Power of Partnering with Your Patients and Families Across Your Organization

Crystal Ballroom Salon K-M

To design and implement a major quality initiative at Miller Children’s Hospital, we started with an interdisciplinary team, consisting of a physician, a senior manager, a senior administrator, and a parent. By including each perspective, the team ensured the priorities of each stakeholder would be represented in a patient- and family-centered care initiative. Outcomes and lessons learned from this experience will be shared in this session.

After this session, participants will be able to:
• Recognize the value of including a patient family advisor as part of an interdisciplinary team when integrating patient- and family-centered care
• Create a culture of patient- and family-centered care by prioritizing leadership buy-in and securing financial, philosophical, and programmatic support
• Outline how a partnership with patients and families can create improvements across an organization – from the bedside to the boardroom

Hoy, L., Founder, Patient & Family Centered Care Partners; Goshert, R., Clinical Operations Manager, Child Life Department, Miller Children’s Hospital

Patient Representative: Hoy, L.

C15 Building the Capacity of Middle Managers to Support Improvement

Grand Ballroom Salon 3

The importance of middle managers in improving health care quality and safety is well recognized. In this session, participants will learn about programs organizations have developed to build the capacity of middle managers to participate in improvement initiatives and how to adapt these models to the needs of their organization’s development program.

After this session, participants will be able to:
• List three areas of development for middle managers involved in leading quality improvement initiatives
• Describe how to build a middle manager development program

Federico, E., RPh, Executive Director, Strategic Partners, IHI; Duncan, J., RN, Director, IHI

C16 Active Ingredients in Quality Improvement

Crystal Ballroom Salon J

The University of Wisconsin’s Center for Health Enhancement Systems Studies recently completed the largest randomized trial evaluation of quality improvement ever conducted. One of the steps in this evaluation compared four different approaches to quality improvement, including collaboratives. To our surprise, we learned that a full collaborative (including coaching, learning sessions, and monthly collaborative calls) was not the most effective strategy for quality improvement. We found that the primary results do not uniformly apply across organizations. In this session, we will report on the factors that moderate the outcomes. While this presentation will briefly describe the study, it will concentrate on the results and will include time to dissect them in-depth and consider their implications for quality improvement in general.

After this session, participants will be able to:
• Summarize the study design and results
• Discuss factors that appear to influence the success and failure of different approaches
• Describe implications for the future delivery of quality improvement

Gustafson, D., PhD, Director, Center for Health Enhancement Systems Studies, University of Wisconsin

C17 The Disparities Leadership Program: Implementing Strategies to Address Disparities

St. Thomas/West Indies (North Tower)

The Disparities Leadership Program (DLP) is a year-long executive education program designed to assist leaders from health care organizations with a strategic plan or a project to eliminate racial and ethnic disparities in health care. Three DLP participants will discuss the barriers and challenges to advancing and implementing strategies to address disparities, the role of the DLP framework in translating research findings into implementation, and their successes in addressing health disparities.

After this session, participants will be able to:
• Recognize the root causes for disparities in quality of care
• Describe the approaches taken by a hospital, a health plan, and a health center to identify and address racial and ethnic disparities
• Discuss the challenges, successes, and next steps in addressing health care disparities

Betancourt, J., MD, Director, The Disparities Solutions Center, Massachusetts General Hospital; Beckman, B., RN, Corporate Director, Care Management, Jewish Hospital and St. Mary’s Healthcare; Wilson, S., RN, Director, Medical Research Management, AmMed Health; Slade, J., Director, Diversity and Language Services, AmMed Health

C18 Four Key Principles for Improving Patient Safety and Outcomes

Masters

Grand Ballroom Salon 7

The goal of this presentation is to provide a complete overview of the American College of Surgeons (ACS) proven models of care that measure and improve quality and increase the value of health care services. Based on the significant quality improvements achieved through ACS’ long-standing quality programs, we have discovered four key principles to measurably improve the quality of care and increase value: setting standards, building the right infrastructure, using the right data, and verifying with outside experts.

After this session, participants will be able to:
• Measurably improve quality through robust data
• Create a data-driven quality improvement culture
• Summarize best practices from the ACS National Surgical Quality Improvement Program (NSQIP)

Ko, C., MD, Director, American College of Surgeons; Healy G., MD, Professor, Harvard University Medical School and Senior Fellow, IHI

C19 Quality in the Netherlands: An Integrated Approach

Grand Ballroom Salon 1-2

Improvement in the quality and safety of health care services is complex and multidimensional. In the Netherlands, relevant stakeholders including doctors, patients, hospitals, insurers, and the government have joined forces on an integrated approach for system-wide improvement. Quality instruments (e.g., evidence-based guidelines, indicators, external peer review, clinical auditing) are combined with organizational strategies (e.g., site visits, concentration of care, allocation of best practices). In this session, Dutch stakeholders will present successes, struggles, and instruments to start nationwide movements.

After this session, participants will be able to:
• Build a team of stakeholders to work on system-wide improvement
• Summarize the experience of teams in the Netherlands working on large-scale quality improvement

Edzes, E., PhD, Gastrointestinal Surgeon, Deventer Ziekenhuis; Schellemans, W., MD, Chief Inspector of Curative Health Care, Dutch Healthcare Inspectorate; Tollenraa, R., MD, PhD, Professor of Surgical Oncology, Leiden University Hospital; Wouters, M., MD, Surgical Oncologist, Dutch Institute for Clinical Auditing

Patient Representative: Bogels, A.
C20 Regulatory Readiness: Becoming a Highly Effective and Reliable Organization
Harbor Beach (North Tower)
Applying the principles of high-reliability organizations, faculty will describe a system of interventions that have resulted in a significant improvement in organizational readiness for regulatory audits. Rather than a separate and distinct process, regulatory compliance represents the equivalent of an annual external financial audit, a critical component of a quality and safety system. Our system contains internal learning loops and provides a means for sharing and spread of powerful new ideas.

After this session, participants will be able to:

- Apply principles of high-reliability organizations to regulatory readiness
- Achieve integration of regulatory readiness as an integral element of a system of quality and safety

McIwain, T., MD, Vice President, Clinical Quality and Patient Safety, Cape Fear Valley Health System; Smith-Grubb, E., Director, Performance Improvement, Cape Fear Valley Health System

GET RESULTS
C21 Engaging Stakeholders to Improve Psychiatric Care
Angeles (Hall of Cities)
As part of a commitment to stakeholder inclusion in quality improvement, Contra Costa Regional Medical Center has included patients, families, and community organizations in redesigning psychiatric emergency services. These contributions have been essential to understand problems of the current state, determine priorities and goals for performance improvement, and develop specific initiatives to improve care. Results include improved patient safety, greater inclusion of social supports, decreased waiting, and enhanced coordination of care.

After this session, participants will be able to:

- Identify benefits of involving community stakeholders in the design of patient- and family-centered psychiatric services
- Use methods for engaging patients, families, and community-based organizations in quality improvement

Roth, A., RN, CEO, Contra Costa Regional Medical Center; Saldanha, C., MD, Chief Psychiatrist, Contra Costa Regional Medical Center

Patient Representative: Pasquini, T.

C22 Further & Faster: Accelerating Improvement at Scale
Crystal Ballroom Salon A-C
After three years, the Beacon Collaborative now has rigorous data that demonstrates a statistically significant improvement in clinical outcomes in reducing pressure ulcers and ICU mortality, among other quality and safety initiatives. Compared to other California hospitals, the 40 Beacon Collaborative hospitals’ initial states were worse — though the Beacon hospitals were able to improve faster. In fact, if other California hospitals had followed the Beacon’s path to improvement, they could have avoided 3,993 pressure ulcers and 5,162 patient deaths. In this session, faculty will explore the keys to generating improvement using the collaborative model and learning approaches associated with rapid success in diverse settings.

After this session, participants will be able to:

- Explore methods to rigorously assess the effectiveness of an improvement initiative using time-series observational analysis and a control group
- Identify the key factors involved with successfully implementing an improvement initiative across multiple organizations
- Share and adapt large-scale learning strategies with different types of collaborative models

Scott, C., RN, Vice President, Performance Improvement and Quality, Premier, Inc.; Nelson, E., Director, Population Health Measurement Program, Dartmouth-Hitchcock Medical Center

C23 Lives Saved and Costs Reduced - QUEST Year 3
Fundamental
Aruba/Bahamas (North Tower)
Over three years, QUEST® member hospitals have saved over 22,164 lives and $2.13 billion in expenses. If all US hospitals performed at these standards, an estimated 64,000 lives and $23 billion in costs would be saved each year. With more than 230 hospitals treating approximately 2.3 million patients annually, QUEST uses collaboration to speed performance improvement in six domains: cost of care, mortality, evidence-based care, harm, patient experience, and readmissions.

After this session, participants will be able to:

- Describe the key characteristics and attributes of a high-performing hospital
- Apply collaboration, knowledge transfer, and transparency to rapid performance improvement in multiple domains simultaneously
- Summarize lessons from organizations able to achieve top-level performance in reducing mortality, harm, and cost of care, while improving reliability, quality of care, and the patient’s experience

Gelinas, L., RN, Vice President & Chief Nursing Officer, VHA, Inc.

C24 Looking for Insights: A Focus on Improving the Patient Experience
Crystal Ballroom Salon G
HCAHPS has changed the game, and the spotlight on the patient’s perception of care has created an intensive focus on both care practices and the care experience. Organizations feel the “need for speed” related to learning and change to improve their HCAHPS performance. This session will highlight the need for clarity about the terms we use and the science we know, as well as feature some of the misconceptions that cloud strategy. At a time when we need to get it right the first time, there’s no room for confusion.

After this session, participants will be able to:

- Define important terms including: Patient experience, patient-centered care, and patient satisfaction
- Describe the science that relates to HCAHPS evidence
- Identify high-impact areas for improvement that show promise for sustained performance

Ching, J., RN, Administrative Director, Virginia Mason Medical Center; Woolf, R., PharmD, Administrative Director of Pharmaceutical Services, Virginia Mason Medical Center

STAY VITAL FOR THE LONG HAUL
C25 Pursuing Defect-Free Medication Processes
Fundamental
Vino (North Tower)
Eliminating defects in the process of prescribing, dispensing, and administering medications requires a team approach to optimize technology and human factors. The use of Lean improvement methodology helps nurses, pharmacists, and physicians build in quality for defect-free medication delivery, reduce waste, and foster a culture of safety.

After this session, participants will be able to:

- Describe improvement opportunities within the medication use process
- Provide defect-reduction examples in medication prescribing, dispensing, and administering along with measurement strategies
- Describe the use of a collaborative team model to test, implement, and sustain change

Pasquini, T.
After this session, participants will be able to:

- Describe the concept of bundled care as a mechanism to improve quality and contain costs
- Review the development of the bundled care model in the total joint replacement population
- Recognize the impact of aligned incentives in bundled programs on quality and efficiency

Benjamin, E., MD, Senior Vice President and Chief Quality Officer, Baystate Health; Whitcomb, W., MD, Medical Director of Healthcare Quality, Baystate Medical Center

C27 Increase Quality and Decrease Costs in Dialysis Care

Key West (North Tower)

This comprehensive session will discuss how to increase quality and decrease costs in dialysis care by focusing on treating chronic kidney disease (CKD) patients in the outpatient clinic, dramatically increasing CKD outpatient visits starting dialysis with a fistula (and avoiding catheters), at outpatient dialysis units (thereby avoiding hospitalization) and with home therapy (without catheters and decreasing hospitalizations).

This session will also cover how to implement effective palliative/hospice programs for CKD patients and how to significantly reduce remaining in-center catheter use of citrate/AB locking solution, which has been shown to significantly reduce infectious complications.

After this session, participants will be able to:

- Focus on outpatient CKD processes to dramatically decrease catheter use
- Identify outpatient CKD processes that can dramatically decrease hospitalization rate

Gibney, R., MD, Physician, Central Texas Nephrology Associates; Yeoh, H., MD, Outpatient CKD and Preservation of Renal Function, Kaiser Permanente, Southern California; Rutkowski, M., MD, Internist, Nephrologist, Kaiser Permanente Regional Quality and Risk Management; Johnson, L., MD, Associate Director of Infection Prevention, Henry Ford Health Systems; Le, T., MD, Director for Nephrology Business, Kaiser Permanente – South Bay

TUESDAY SPECIAL EVENTS

Complimentary Yoga
6:00 AM – 7:00 AM
Key Largo & Key Biscayne

Networking Room
7:00 AM – 6:00 PM
Crystal Ballroom Salon H

Stop by throughout the day to informally network with other attendees. Great lunch spot!

Minitab Presentation: Making Data Analysis Easier
10:45 AM – 11:15 AM
Palms Foyer Classroom

Learn how to easily analyze your data, including how to identify the right statistical tool and present your results. Also see how to monitor rare events using control charts.

Informational Lunch: Update from the CMS Innovation Center
12:40 PM – 1:20 PM
Palms Foyer Classroom

Kaiser Permanente Presentation: Every Body Walk!
2:45 PM – 3:15 PM
Palms Foyer Classroom

Every Body Walk! is a public awareness campaign powered by Kaiser Permanente that gives people the tools to create walking programs. At this presentation, attendees will learn more about the benefits of walking and resources available, including a new mobile app to help track times, distances walked, and calories burned. Experience Every Body Walk! in this dynamic presentation.

IHI Open School Overview
4:00 PM – 5:00 PM
Palms Foyer Classroom

NEXT LEVEL Partners Presentation: The Importance of Standard Daily Structure for Leaders in a Continuous Improvement Culture
4:30 PM – 5:00 PM
Palms Foyer Classroom

Daily standard work for organizational leaders has truly transformed many health care organizations. This approach to managing each day at all levels has been a revolutionary alternative to daily “firefighting.” Join us and learn about this approach to daily management and review actual examples of the organizational impact it has driven.

Social Media 101 Lunch and Learn
12:45 PM – 1:15 PM
IHI Café, Exhibit Hall

Curious about how to use Twitter, the National Forum app, and other social media sites? Head to the Exhibit Hall, grab your lunch there, and learn with Paul Levy, the social media-savvy former hospital CEO, during this informal session.

IHI’s QI Programs in Low-and Middle-Income Countries
12:30 PM – 1:30 PM
IHI Booth #313, Exhibit Hall

Kaiser Permanente Presentation: Every Body Walk!
2:45 PM – 3:15 PM
Palms Foyer Classroom

Every Body Walk! is a public awareness campaign powered by Kaiser Permanente that gives people the tools to create walking programs. At this presentation, attendees will learn more about the benefits of walking and resources available, including a new mobile app to help track times, distances walked, and calories burned. Experience Every Body Walk! in this dynamic presentation.

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Storyboard Reception
4:30 PM – 6:30 PM
Palms Foyer Classroom

Representatives from organizations with storyboards on display will be available to answer questions, share lessons learned, and network in an informal setting.

Dine Arounds
6:00 PM – 8:00 PM
Gaylord Palms Resort and Convention Center

Join colleagues for a casual dinner at one of the many award-winning restaurants at the Gaylord Palms Resort and Convention Center. Visit the IHI Dine Around staff in the Los Angeles Room at the Marriott World Center anytime before 6 PM on December 5 and anytime before 2 PM on December 6 to sign up for a group dining experience.
SPECIAL INTEREST BREAKFASTS
7:00 AM – 7:45 AM

Network with colleagues and discuss a variety of improvement topics over breakfast. Special Interest Breakasts are group conversations led by an expert facilitator. Participation is free of charge.

SIB1: What Patients Want
Anaheim (Hall of Cities)
Facilitators: Gilbert Salinas, Director, Patient Centered Care, Rancho Los Amigos National Rehabilitation Center; Martha Hayward, Lead, Public and Patient Engagement, IHI

SIB2: Performance Improvement in Health Care: Leading Change with Lean, Six Sigma, and Constraints Management
Miami (Hall of Cities)
Facilitators: Bahadir Inozu, PhD, CEO and Co-Founder, NOVACES, LLC; Robert Halder, MD, Rear Admiral, US Navy (Ret), Executive Medical Consultant, NOVACES, LLC

SIB3: Understanding Value-Based Purchasing Scores
Crystal Ballroom Salon A-C
Facilitators: Jeff Bush, Director, Corporate Reimbursement Strategy & Payment Policy, BD; Fran Griffin, Senior Manager of Clinical Programs, BD; Michael Longacre, Global Reimbursement Strategy & Payment Policy, BD

SIB4: Passport Breakfast (for current and prospective members)
Crystal Ballroom Salon P-Q
Facilitator: Christina Gunther-Murphy, Director, Hospital Portfolio Operations, IHI

SIB5: The Next Generation of Health Care Quality Measures
Crystal Ballroom Salon K-M
Facilitator: Bob King, Founder and CEO, GOAL/QPC

SIB6: Mapping Your Performance and Reaching for the Best: The Commonwealth Fund’s WhyNotTheBest.org
Grand Ballroom Salon 1-2
Facilitator: Anne-Marie J. Audet, MD, Vice President, Health System Quality and Efficiency, The Commonwealth Fund

SIB7: Quality Improvement Playgrounds: Simple Quality Improvement Tools from the Field
New York/New Orleans (Hall of Cities)
Facilitator: Maryanne Elma, Director, American College of Cardiology

SIB8: Integrated Care for Seniors
Grand Ballroom Salon 12-14
Facilitators: Axangeddem Akpan, Consultant Geriatrician, Warrington and Halton Hospitals NHS Foundation Trust, and Fellow, IHI; Warren Wong, MD, Physician Lead, Medicare Strategy, Kaiser Permanente Hawaii, and Fellow, IHI

SIB9: Investing in QI in Caring for the Underserved (the Safety Net and Beyond)
Chicago/Denver (Hall of Cities)
Facilitator: Winston F. Wong, MD, Medical Director, Community Benefit Disparities Improvement and Quality Initiatives, Kaiser Permanente National Program Office

SIB10: Centers for Disease Control and IHI’s Antibiotic Stewardship Pilot Testing: What We’re Learning
Grand Ballroom Salon 9-10
Facilitator: Arjun Srinivasan, MD, Associate Director for Healthcare Associated Infection Prevention Programs, and Medical Director, Get Smart for Healthcare, Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention; Ed Septimus, MD, Medical Director, Infection Prevention and Epidemiology, Clinical Services Group, HCA; Scott Flanders, MD, Professor of Internal Medicine, and Director, Hospitalist Program, University of Michigan Health System

SIB11: Quality Improvement Programs in Low and Middle Income Countries
Crystal Ballroom Salon E-F
Facilitator: Pierre Barker, MD, MB ChB, Senior Vice President, IHI

SIB12: Lessons from the American Hospital Association’s 2011 Patient Flow Challenges Assessment
Crystal Ballroom Salon G
Facilitators: John Penrod, Director, AHA Solutions; Sue Simpson, Senior Field Representative, AHA Solutions

SIB13: Finance’s Role in Quality Improvement: Lessons from Organizations that Have Successfully Improved Value
Crystal Ballroom Salon J
Facilitators: Richard Gundling, Vice President, Healthcare Financial Management Association; Chad Mulvany, Technical Director, Healthcare Financial Management Association

SIB14: A Social Media Tweet n’ Greet
Grand Ballroom Salon 7
Facilitator: Paul Levy, Blogger, NotRunningsHospital.blogspot.com and social media-savvy former hospital CEO

SIB15: The Leap from Value-Based Purchasing to Shared Savings
Crystal Ballroom Salon N
Facilitator: Jeff Petry, VP Strategic Initiatives, Premier Healthcare Alliance

SIB16: Achieving the Triple Aim in a Region: The Latest Lessons
Grand Ballroom Salon 8
Facilitators: John Whittington, Faculty, IHI; Carol Beasley, Director, IHI
to address new technology, and addressing supplier diversity and environmentally preferred products. This presentation will describe Kaiser Permanente’s process and structure and specific examples of recent projects.

After this session, participants will be able to:
- Define one method to collaborate with physicians and other health care professionals to provide quality medical products while increasing savings
- Summarize recent projects that were inspired by traditional sourcing and contracting projects but involved investigating clinical and operational practices to identify and reduce waste in the delivery system

Hiatt, J., MD, Chair, National Product Council, Southern California Permanente Medical Group; Gisneros, R., National Director, Medical Technology Assessment and Products, Kaiser Permanente

D3/E3 Frameworks for Achieving and Sustaining Strategic Results

Masters

Crystal Ballroom Salon N

Research indicates that 70 percent of all organizational strategies fail to get implemented successfully. This shocking statistic suggests that our good intentions defined by mission and vision will never materialize. The question is whether there is anything that can be done to increase the odds of success in the high-stakes game of getting results that matter. This presentation will provide a proven comprehensive framework for aligning, deploying, and executing on strategy successfully.

After this session, participants will be able to:
- Implement a comprehensive business model for achieving strategic results
- Utilize a finance, quality, and leadership framework for developing a comprehensive approach to achieving results
- Develop a plan for implementing a proven comprehensive business model to effectively execute strategy

Knos, P., Executive Vice President, and Senior Fellow, IHI; Hunt, J., PharmD, Vice President, Clinical Support and Information Services, Bellin Health; Dietsche, J., Chief Financial Officer, Bellin Health

D4/E4 Innovation in Community Cardiovascular Care

Aruba/Bahamas (North Tower)

How can heart protection be simplified? Learn how a method of bundling a fixed dose of three cardio-protective medications (aspirin, lisinopril, and lipid lowering simvastatin) can simplify and improve outcomes in your heart protection program. This session will examine innovative approaches to the implementation of this method and striking results. Hear how teams serving underserved populations leveraged existing implementation strengths to launch a successful cardio-protective program in two years and how you can, too.

After this session, participants will be able to:
- Summarize how the bundling of an aspirin, lisinopril, and a lipid lowering statin simplifies the implementation of a cardiovascular protection program
- Identify how group visits and medication initiation and adherence interventions activated low income and vulnerable patients and improved patient experience
- Recognize how measuring the possession of these medications allows for tracking and improved patient engagement and adherence

Powell, P, MD, Chief Medical Officer, Sunrise Community Health, North Colorado Health Alliance; Dudl, J., Clinical Lead, Diabetes Care Management Program, Kaiser Permanente Mission Bay Medical Offices; Dryden, H., Clinical Quality Manager, Clinica Family Health Services; Rea, S., RN, Disease Case Manager, Sunrise Community Health Center; Wong, W., MD, Clinical Director, Kaiser Permanente

D5/ES Leveraging New Technologies for Improvement: Disruptive Innovations in Health Care

Crystal Ballroom Salon J

Executive leaders from three innovative companies will present their experiences in implementing and evaluating new technologies in health care organizations. Executives from Alere, Inc. (a company focused on reducing hospital readmissions), Healthsense, Inc. (a company focused on keeping seniors independent and out of nursing homes), and Awarepoint, Inc. (a hospital-focused provider of real-time location systems) will describe the adoption and impact of technology solutions, emphasizing use and acceptance by patients and providers. In addition, a senior executive from the Center for Integration of Medicine & Innovative Technology (CIMIT) (an organization focused on rapidly improving patient care by fostering interdisciplinary collaboration) will present his experiences with what makes partnerships between technology companies and health care organizations successful.

After this session, participants will be able to:
- Analyze how new disruptive technologies can improve care and reduce cost of health care delivery
- Identify key success factors in introducing new technologies for improving effectiveness and efficiency of care

Goldmann, D., MD, Senior Vice President, IHI; Sahney, V., PhD, Senior Fellow, IHI; Fuhr, B., Co-Founder and Vice President, Marketing and Business Development, Healthsense, Inc.; Schell, S., MD, PhD, Executive Vice President and Senior Medical Director, Clinical Affairs & Quality, Health Improvement Division, Alere, Inc.; Brennan, C., PhD, Director, Strategic Relationships, Center for Integration of Medicine and Innovative Technology; O’Leary, D., MD, President Emeritus, The Joint Commission and Board Member, IHI
This session will describe how the IHI Triple Aim applies to health care organizations’ employees and will share an example from the field.

After this session, participants will be able to:
• Describe design components of IHI’s Triple Aim and how they apply to a health care organization’s employees
• Identify a US health care employer that is offering good care for employees at a lower cost
• Describe necessary design components to market the IHI Triple Aim approach to other employers

Bradley, B., Faculty, IHI; Whitington, J., MD, Faculty, IHI; Selberg, J., Executive Vice President and Chief Operating Officer, IHI; Rome, M., RN, Director, Triple Aim, IHI

D8/E8 What Can We Learn From Comparing Toyota, Ford, and Hospital Adverse Events

Grand Ballroom Salon 3

Join this session to get a very unique perspective on how Toyota handled the unexpected acceleration problem – in contrast with how Ford handled the Explorer rollover problem – and compare these reactions to how hospitals respond to similar events. Prepare to have your thinking challenged.

After this session, participants will be able to:
• Outline the timeline of events and activities taken by Ford during the Explorer rollover problem and Toyota during the unexpected acceleration problem
• Summarize how hospitals have responded to major problems and develop a hierarchy of best practices

Norton, J., Director, Office of Enterprise Quality and Safety, UK HealthCare and Good Samaritan Hospital

D9/E9 Transforming the Community Pharmacy Practice

Fundamental
Miami (Hall of Cities)

A collaboration between a payer (Highmark), Rite Aid, a national healthcare technology company (CECity), a pharmacy quality alliance (PQA), and the University of Pittsburgh School of Pharmacy has developed and implemented an innovative intervention. Aimed at improving patient medication adherence within 120 Rite Aid pharmacies (60,000 patients) in Pennsylvania, this collaboration required several novel innovations. New innovations include guided interventions between pharmacists and patients, a comprehensive web-based platform, evaluations, and a pay-for-performance program. This session will describe this collaboration’s features, results, and future plans.

After this session, participants will be able to:
• Discuss how a monthly web-based health care quality improvement platform is being used by over 250 pharmacists to guide and continuously improve pharmacist performance and patient outcomes
• Describe the components of this large initiative to transform pharmacy community practice

Pringle, J., PhD, Director, Program Evaluation and Research Unit, University of Pittsburgh; Boyer, A., Vice President, Sales and Marketing, CECity, Inc.; McCullough, J., PharmD, Clinical Services Manager, Rite Aid; Richt, M., PharmD, Clinical Pharmacy Specialist, Highmark

RAISE JOY IN WORK

D10/E10 Conversations to Build the Patient Care Team Balance

Marco Island (North Tower)

Each episode of care is rife with opportunities for patient-centeredness, yet these opportunities are often missed. The Collaborative Conversation Map, developed by the Institute for Clinical Systems Improvement (ICSI), interprofessional teams, and a patient advisory council helps identify these opportunities. Collaborative Conversation Maps describe the parties’ cues and needs from inception through completion of care and can be leveraged in settings such as palliative care and the medical home.

After this session, participants will be able to:
• Develop a behavioral approach for integrating patient-centeredness into routine care
• Use the Collaborative Conversation Map to improve patient care
• Implement the Collaborative Conversation approach in a range of health care settings and situations

Schuerman, J., Shared Decision Making Program Lead, ICSI; Vinz, C., RN, Vice President, Clinical Products and Strategic Initiatives, ICSI

D11/E11 Designs for Patient- and Family-Centered Care from Unlikely Places

Fundamental
Crystal Ballroom Salon G

Over the past year, IHI and its partners have designed and tested patient-centered and patient-driven approaches to improve the quality of care in cost-constrained settings. Along the way, we have learned critical lessons from communities across the globe that have led to new theories, designs, principles, and models for redesigning caregiving systems in cost-constrained environments that have broad appeal. Join us as we explore new designs for patient- and family-centered care and share results across multiple communities.
After this session, participants will be able to:
- Identify examples of patient- and family-centered and patient- and community-driven approaches in varying contexts across the globe
- Develop a deeper understanding of how patient and community activation and involvement coupled with patient- and family-centered care systems can transform health across communities
- Extrapolate lessons and change concepts that can be used to improve demand-side efforts for community partnerships and in activation in health

Webster, P., Improvement Advisor and Faculty, IHI; Balk, B., RN, Senior Faculty, IHI and Consultant, Common Fire Healthcare Consulting; Davis, C., Geriatric Nurse Practitioner, Connie L. Davis Health Services; Hayward, M., Lead, Public and Patient Engagement, IHI

Patient Representative: Hayward, M.

D12/E12 Learning to Make a Difference
Grand Ballroom Salon 1-2

Learning to make a difference (LTMD) is a pilot in six deanniers across the United Kingdom, offering trainee doctors the opportunity to undertake a quality improvement project instead of an audit as a part of core medical training. The pilot of LTMD aimed to test the acceptability and feasibility of a change and to gather information on what contributes to successful implementation on a national scale. This session will cover the learnings from the pilot of LTMD and plans for the future.

After this session, participants will be able to:
- Discuss whether quality improvement methods can be successfully introduced to medical trainees within core training
- Assess the benefits of the introduction of quality improvement approaches within core medical training mechanisms
- Identify constraints of LTMD and the factors for success that enable implementation

Went, S., Senior Expert in Health Care Quality Improvement, Royal College of Physicians; Vaux, E., Consultant Nephrologist, NHS

D13/E13 Patient Experience: A Universal Truth
Crystal Ballroom Salon A-C

How can NHS England improve on its poor reputation for patient-centered care and low staff engagement? The King's Fund Point of Care Program sought to improve outcomes through staff and patient experience. This program worked with IHI on patient experience and this session will demonstrate the international application of this research.

After this session, participants will be able to:
- Identify the relevance of international research to their health care system
- Summarize key leverage points around the change required within organizations to put patients at the center of care

Watson, J., Consultant Endocrinologist and Clinical Director of Patient Experience, Taunton & Somerset NHS Foundation Trust

D14/E14 South Carolina CARES: Moving Towards a Just Culture
Crystal Ballroom Salon P-Q

This session will discuss the formation of the SC CARES program. This program is intended to improve patient safety, increase communication between patients and providers, reduce preventable injuries, provide timely and fair compensation for patients, and reduce medical malpractice liability. Components of SC CARES include creating a system-wide just culture; establishing a system for reporting adverse events; defining processes for adverse event investigation; using validated tools for improving the patient safety environment; determining parameters for full disclosure; developing IT infrastructure at the hospital and state level; and providing educational support.

After this session, participants will be able to:
- Describe the process used by SC CARES to adapt a validated model of patient safety reporting, disclosure, and reduction for use in resource-limited environments
- Define challenges to implementation of the program including legal, organizational, and political challenges
- Use and adapt the SC CARES process for their own environment that will help to develop a patient safety reporting and disclosure program

Foster, R., MD, Senior Vice President of Quality and Patient Safety, South Carolina Hospital Association; Dawkins, S., Senior Vice President and Chief Customer Officer, PHT Services, Ltd.; Gibbons, L., RN, Vice President, Quality Improvement and Patient Safety, South Carolina Hospital Association; Moorman, A., PhD, Director of Quality Measurement Services, South Carolina Hospital Association; Rorie, S., RN, Director of Risk Management and Guest Services, Palmetto Health;

Patient Representative: Haskell, H.

D15/E15 Talent Management: Developing Clinical and Administrative Leaders to Lead the Quality and Safety Agenda
Masters
Grand Ballroom Salon 7

To ensure that they remain the top hospital of the decade, Virginia Mason embarked on a rigorous process to ensure current and future physician and administrative leaders support a quality and safety vision. The key attributes of this process are transparency and a systems approach. The presenters of this session will discuss why they believe this is a critical step for the organization, how it supports their succession planning needs, what the key components of the process are, and advice for those who wish to follow a similar approach.

After this session, participants will be able to:
- Identify one new requirement focused on improving patient safety and quality
- Describe one action that can be incorporated into daily processes to enhance compliance and improve patient safety and quality

Adamski, P., RN, Director, Standards Interpretation Group, The Joint Commission

D17/E17 A Systems Perspective on Physician Professionalism
Sawgrass (North Tower)

To date, much of the research on medical professionalism has focused on the individual physician. However, researchers have increasingly realized that professionalism is influenced by many additional factors such as the physician’s practice environment, organizational leadership, and market forces. This interactive session will feature ABIM Foundation-sponsored research on the emerging systems model of professionalism, implications of the model for organizational leaders, and promising strategies for leaders to advance professionalism.
to build the will and capacity for change, to spread promising approaches to improving health care quality, and to maintain a talented corps of engaged partners around the world. In this session, participants will learn about the preliminary results of IHI's Research and Development and Prototyping work on network theory and social network analysis (SNA). This will include a framework for thinking about how to enhance social networks, the results of early tests with several of IHI’s networks, and a description of how network theory fits with IHI’s global strategy.

After this session, participants will be able to:
• Define the essential elements of network theory
• Summarize the basics of SNA
• Outline the key factors for building new networks and enhancing existing networks

By the end of this session, participants will be able to:
• Define the essential elements of network theory
• Summarize the basics of SNA
• Outline the key factors for building new networks and enhancing existing networks

After this session, participants will be able to:
• Describe two approaches to engaging surgeons in their quality improvement and safety efforts
• Describe how to integrate surgeons into existing efforts
• Discuss the role of surgical leaders in defining surgical quality improvement and safety efforts

Healy, G., MD, Professor, Harvard University Medical School and Senior Fellow, IHI; Federico, E., RPh, Executive Director, Strategic Partners, IHI; Chaiikof, E., MD, PhD, Surgeon in Chief and Chairman, Beth Israel Deaconess Medical Center; Shah, R., PharmD, Student Pharmacist, Nova Southeastern University; Simon, B., MD, PhD, Chief, Department of Anesthesia, Critical Care and Pain Medicine, Beth Israel Deaconess Medical Center; Weiner, R., MD, Medical Director, Surgical Services, Winchester Hospital

D19/E19 Network Theory: Opportunities for Quality Improvement and IHI 3 Fundamental
Grand Ballroom Salon 9-10
Exploring network theory is important because it enables a better understanding of the invisible structures underlying all human interactions. These structures influence the way people think, make decisions, and share information. At IHI, there is a strong precedent for using both formal and informal networks of people, organizations, and regions

GET RESULTS

D21/E21 Accelerating National Adoption by a Factor of Ten Masters
Grand Cayman/Puerto Rico (North Tower)
Large-scale improvement initiatives require a flexible organizational infrastructure, engaged and diverse providers, and responsiveness to a changing external environment. This session shares lessons from several Health Research and Educational Trust (HRET)-led national improvement initiatives about how large scale efforts can be effectively designed and implemented to increase the speed of wide-scale adoption. This session will discuss successful strategies at state and national levels that have decreased infections in one-tenth of the often-cited 17 years from bench to bedside.

After this session, participants will be able to:
• Effectively design large-scale improvement initiatives
• Use spread techniques at the local and national level to accelerate the speed of best practice adoption
• Implement and adapt large-scale improvement initiatives

Joshi, M., DrPH, President, HRET; Edson, B., RN, Senior Director of Clinical Quality, HRET; Hines, S., PhD, Vice President of Research, HRET

D22/E22 Achieving Increased Caregiver Time at the Bedside
Crystal Ballroom Salon K-M
Streamlining nursing workflow and ancillary area support to registered nurses (RNs) and Personal Care Assistants (PCAs) results in increased time at the bedside. Learn how Yale New Haven Hospital returned 63 minutes of RN time and 46 minutes of PCA time to the bedside. A team of observers shadowed RNs and PCAs for 1300 hours and coded their time directly at the bedside, performing administrative duties related to patient care, and non-value added activities. Similar observations were conducted in ancillary areas, which will also be shared.

After this session, participants will be able to:
• Articulate how bundle implementation can achieve better outcomes
• Develop a measurement strategy for use in a multi-stakeholder system

Power, M., PhD, Director, NHS North West

D24/E24 Reducing Harm and Changing Culture: A Structured Approach to Sustain Improvements
Crystal Ballroom Salon D
Eliminating harm to patients as a system-level strategic goal requires significant planning, support, and effort. The impact of a new culture on teamwork, communication, error rates, and the financial effects are at the foundation of a comprehensive effort. This session will provide practical strategies to affect change and lessons from an ambitious undertaking at Henry Ford Health System.
After this session, participants will be able to:

• Discuss organizational safety culture as an error reduction strategy
• Describe strategies to integrate a multi-pronged agenda to eliminate harm into all operational areas in a large hospital or health system
• Summarize the development of a model used to quantify the costs of harmful events and the usefulness of this model to prioritize efforts and allocate resources

Jordan, J., Administrator for Quality, Henry Ford Health System; Voigt-Goos, M., RN, Director, Patient Safety Initiatives and Clinical Care Design, Henry Ford Health System

D25/E25 Sample Size: How Big is Big Enough?

New York/New Orleans (Hall of Cities)

Sample size considerations for improvement measures differ from those of research and judgment measures. Confusing this point can lead to sampling waste, inefficiencies, and delayed learning. This session addresses standard criteria to determine appropriate sample sizes for quality monitoring and improvement work, as well as the resource burden of sampling. Specific topics include the minimum subgroup size requirements for run and Shewhart (control) charts.

After this session, participants will be able to:

• Identify the minimum subgroup size needed for attribute Shewhart charts
• Define the goal of sampling from an improvement context

Peela, R., Director, Analytics, University of Massachusetts Memorial Medical Center; Murray, S., Improvement Advisor, CT Concepts; Provost, L., Statistician and Senior Improvement Advisor, Associates in Process Improvement

STAY VITAL FOR THE LONG HAUL

WEDNESDAY SPECIAL EVENTS

D26/E26 Computer Simulation to Optimize Patient Transport

Anaheim (Hall of Cities)

In conjunction with industrial engineering consultants and as part of an effort to improve efficiency in 1.3 million square feet of new hospital towers, the Johns Hopkins hospital leadership team developed a 3-D simulation. This project modeled 67,000 patient escort trips into the new space and reduced estimated incremental staffing by $2.7 million without reducing service levels in affected departments.

After this session, participants will be able to:

• Employ the results of 3-D computer simulation to optimize operations in new inpatient hospital space
• Consider additional applications of 3-D simulation to hospital operations

Davis, R., PhD, Executive Director, Center for Innovation, and Director of Ambulatory Operations and Practice Management, Johns Hopkins Hospital; Bledsoe, M., Administrator, Johns Hopkins Hospital

D27/E27 Enabling Better Care at Lower Cost per Patient Day

Fundamental

Harbor Beach (North Tower)

Quality, cost, and access continue to challenge health care organizations. Often at the root of these issues are embedded behaviors and processes that result in operational inefficiencies in delivery of care. With fewer resources and dwindling budgets, many hospital leaders are overwhelmed at the prospect of overhauling care delivery model processes so that all components – resources, physical space, workflow, and operational processes – work together to enable higher quality and timelier care at lower cost per patient day.

After this session, participants will be able to:

• Develop a framework for a patient-focused collaborative approach to integrate care delivery across the system
• Identify the need for revolutionary or systematic change encompassing the redesign of the comprehensive care delivery model
• Examine an outcomes-focused care delivery model that drives improved quality, decreased costs, and a better patient experience

Day, A., Managing Principal, GE Healthcare; Davis, N., RN, Senior Vice President and System Chief Nursing Officer, Ochsner Health Systems; Peterson, M., RN, Director, Healthcare Infrastructure, GE Healthcare

D28/E28 Value Creation at the Mayo Clinic

Grand Ballroom Salon 8

Optimal value creation requires an integrated, coordinated, and balanced approach of optimizing a culture of safety, enhancing supportive infrastructure, streamlining coherent engineering efforts, and delivering disciplined and sticky diffusion. These four critical fundamentals are interdependent — none stand alone. In this session, Mayo Clinic’s Director for Quality will describe their strategy with implementation stories and the ramifications for patient care. The hard dollar return on investment from value creation work will also be detailed.

After this session, participants will be able to:

• Describe the transformative power of a value creation system
• Summarize the merit of each of the four fundamentals: Infrastructure, culture, engineering, and diffusion
• Recognize the necessity of an interdependent, balanced approach to value creation

Swensen, S., MD, Director for Quality, Mayo Clinic and Professor of Radiology, Mayo Clinic College of Medicine
**INNOVATE**

L1.............. Creating a Culture of Excellence: Practical Lessons

L2.............. Creating the New Care Design

L3.............. Developing a Portfolio of Projects to Achieve the IHI Triple Aim (IHI Triple Aim Initiative)

L4.............. Driving to a New Level with Person-Centered Health IT

L5.............. Find Fatal Flaws — Saving Lives by Studying Deaths

L6.............. IDEO’s Human Centered Design Applied to Healthcare

L7.............. Improving Safety Across a Health Community

L8.............. Improving Transitions from the Hospital to Community Settings

L9.............. Integrating Palliative Care in Critical Care

L10.............. Rapid Response: Increasing Opportunities to Rescue

M1.............. Advancing Palliative Care: Valuable Tools to Support the Triple Aim

M2.............. Evidence + System Improvement + Human Factors = Outcomes

M3.............. Transforming the Quality Movement into Execution

M4.............. How to Provide Innovative Care for Older Persons

M5.............. Innovation in Health Care Delivery

M6.............. Practical Tools to Spread Improvements and Achieve Results at Scale

M7.............. Reducing Avoidable Rehospitalizations in a State or Region

M8.............. Advanced Statistical Process Control for Healthcare

M9.............. Survey Development, Analysis, and Use in Health Care Settings

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

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

FE1.............. Marriot World Center: Large-Scale Operations and Flow

FE2.............. Universal Orlando: Safety and Reliability

FE3.............. Central Florida Zoo: Patient Care and Operations

FE4.............. EA SPORTS Tiburon: Innovation and Creativity

FE5.............. Gaylord Palms: Joy in Work and Staffing Best Practices

FE6.............. SeaWorld: Managing Complex Systems

A1.............. Transitions in Care: Problems and Opportunities

A2/A2........ Accelerating Quality Around the Globe: Quality and Innovation Centers

A3/A3........ Improved Health, Cost, Quality, and Satisfaction Outcomes: The Southcentral Foundation Nuka System

A4/A4........ Better, Faster, and More Affordable: Primary Care as a Driver of Market-based Health Care Reform

A5/A5........ From Prevention to Palliation: Applying Lessons from Chronic Disease Management to Transform

A6/A6........ Implementing Sustainable System Solutions

A7/A7........ Managing Predication

A8/A8........ PACE: A Medicare, Medicaid Health Home for Complex Elders

A9/A9........ Meeting the IOM Aims: Stories from a 2010 Quest for Quality Winner

C1.............. Community Specialty Clinics for Underserved

C2.............. Early Lessons from the Beacon Communities

C3.............. Global Improvement: Maternal and Neonatal

C4.............. A Statewide Collaborative to Improve Palliative Care in the ICU

C5.............. Successful Quality Improvement: MUSIQ to Your Ears

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C7.............. Needs and Possibilities for Substantial Change in Health Care

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D1/D1........ Reducing Clinical Variation Through Physician Engagement

D1/D1........ Engaging Physicians to Transform Care

D14/D14........ Designs for Patient- and Family-Centered Care from Unlikely Places

D12/D12........ Learning to Make a Difference

D13/D13........ Patient Experience: A Universal Truth

D14/D14........ Moving Towards a Just Culture

D15/D15........ Talent Management: Developing Clinical and Administrative Leaders to Lead the Quality and Safety Agenda

**RAISE JOY**

**IN WORK**

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L12.............. Health Care Reform Initiatives and Community-Based Care Transitions

L13.............. Health Literacy’s Best Evidence-Based Models

L14.............. Leading Daily Transformation by Engaging Front-Line Staff

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M13.............. Engaging Physicians to Transform Care

M14.............. Engaging Reflective Practice for Leadership

M15.............. From the Top: The Role of the Board in Quality and Safety

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A11/B11........ Reducing Clinical Variation Through Physician Engagement

A12/B12........ Engaging Physicians: Insights and Actions for Results

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A14/B14........ Teaching Students and Residents to Improve Care

B1.............. The Patient- and Family-Centered Care (PFCC) DocuDrama: Viewing All Care Through the Eyes of Patients and Families

RFB.............. Rapid Fire Workshop: Patient Involvement in Quality Improvement

**MOTIVATE**

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L17.............. Designing and Sustaining a Patient Safety Program

L18.............. Leadership Best Practices to Reduce Hospital-Acquired Infections

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Meditation and Prayer

First Aid

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Press Lounge

Networking Room

Patient Lounge

Crystal Ballroom

Grand Ballroom

Grand Registration

Business Center

Main Office

Conference Information and First Aid

Registration Change

Badge Edits

23rd Annual National Forum on Quality Improvement in Health Care
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Perfecting the Best Practices for Safe Transitions
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Cardiac Rehab Outcomes: Choose the Exercise Test Wisely!
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Assessment of Quality Improvement Programs in Sweden
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LEARNING AND IMPROVING WITH A CHECKLIST
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NETWORKS AS A METHOD TO FOSTER SYSTEM LEVEL CHANGE
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To Improve You Must Remove Kaiser Permanente
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Exercise: The New Vital Sign to Enhance Patient Care
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Three Words to Engage a Network in Patient Safety
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Successful Strategies for QI: Beyond OPPE/FPPE
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Reliable and Variable Rounder Nursing Assistant Model
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Deteriorating Patients, Culture, and Simulation
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A Data-Driven Culture Change in the ED
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Prevention of Airway Injuries with Video Guidance
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Empowering Patients through Value-Added Education
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Learning to Walk: Changing Physician Culture
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Will The Use of Rocking Chairs Aid Recovery After Abdominal Surgery?
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For Goodness Sake: The Power of Personal Perceptions and Communication in a Critical Care Setting
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Development of a Spirituality Questionnaire: A New Design for Epic
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Patient Safety: Decreasing Failure to Rescue
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If We Build It They Will Come: Leadership Training
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Daily Safety Briefings: Advancing Patient Safety
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Digital Wound Photography: Overcoming Barriers
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Shared Balanced Scorecards for Hospice Care
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Quality of Care in Dentistry: A Case Study
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A New Model for Emergency Psychiatric Services
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Reducing the Incidence of Contrast-Induced AKI
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Moving a System: Improvements in ED Operations
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Reducing Patient Falls: Human Factors Engineering
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Cozy Cuties: Reducing Delivery Room Hypothermia
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Decreasing Early Term Deliveries
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Improving Access and Flow in Outpatient Clinics
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Medication Flow Improvement in Outpatient Pharmacy
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Improving Patient Flow through the ED
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Sustained Reduction of C. Difficile Infection
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Quality Improvement in Global Health Partnerships
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Patient Activation in Heart Failure Inpatients
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Sepsis Bundle Improves Compliance and Mortality
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A Panacea for Standardization and Change Management
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Post-Discharge Phone Calls Lower Readmission Rates
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Pharmacy Bus Route Delivery
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Nurturing Parents through Positive Care Experience
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Hardwiring Performance Excellence
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A Systemwide PI Model to Improve Flow
Kaiser Permanente Regional Quality and Risk Management
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Lean ED: Communicating for Improved Patient Flow
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Reduce ED Fast Track LOS using TeamSTEPPS Methods
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Creating a Lean Culture: Turning Point for Success
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Assessment of a Rapidly Deteriorating Patient
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Falls: Patients Most at Risk Might Surprise You
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Correct Patient/Exam: Reducing Radiology Errors
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Interdisciplinary Reconciliation That Works!
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Minnesota Time Out – Getting It Right (or Left)
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Adult Sickle Cell Outpatient Treatment Outcomes
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High Risk Breast Cancer Assessment Outcomes
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Legal Implications of Reporting with a Purpose:
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Fall Into Safety: Safety Facilitator and Power Plan
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Preventing Falls Using Evidence
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Innovative Approach to Fall Prevention
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Successful Strategies to Reduce Pediatric CAUTIs
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Systems Checklist to Reduce Adverse Drug Events
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Getting to Zero: Our NICU Journey to Reduce CLABSI  
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Driving Towards ZERO….. Eliminating CAUTI  
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Sepsis Screening: Surefire Strategy Saves Lives
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Charity Care Operations Challenges in Urban AMC
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A National Research Agenda for Improvement Science
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Time-Driven Process Mapping to Improve Value
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Reducing Preventable Readmissions
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Reducing Intraoperative Blood Product Utilization
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Emergency Department: Creating a Quality Culture
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Improving Standard of Care in the Emergency Dept
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Improved Reliability for Inpatient Severe Sepsis
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Clinical Leadership Development, a 360 Approach
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Patient Safety from Boardroom to Bedside
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Optimization of Post-Partum Tdap Vaccination Rates
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Value in Mental Health Care
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Clinical Microsystems in Critical Access Hospital
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There is a great need at this time for clinical and administrative healthcare professionals to develop expertise and leadership in the fields of healthcare quality and patient safety. Our educational programs will enable clinicians and health professionals to become effective leaders in these relatively new fields.

Northwestern University offers three graduate programs in healthcare quality and patient safety for working professionals.

Master of Science degree in Healthcare Quality and Patient Safety:
A two-year, part-time degree program which consists of 10 courses including 2 two-week intensive summer sessions.

Faculty Development Program in Healthcare Quality and Patient Safety:
A one-year, part-time program designed for faculty who wish to develop the educational tools, methods and curricular approaches for integrating healthcare quality and patient safety into the medical education curriculum.

Certificate Program in Healthcare Quality and Patient Safety:
A one-year, part-time program designed for the learner who wants to acquire a comprehensive overview of these fields.

All programs are part-time and none require Chicago residence.

For more information, please call 312-503-5533 or send an e-mail to MastersIHS@northwestern.edu.

www.northwestern.edu/ihs/education

“The need for leadership in healthcare has never been greater…”
— from The Institute of Medicine report, Crossing the Quality Chasm
SHUTTLE SERVICE TO OTHER HOTELS

During the conference, IHI will provide complimentary shuttle transportation to the Marriott World Center for National Forum participants. Shuttles will run approximately every 10-20 minutes from the following properties:

• Gaylord Palms Resort and Convention Center
• Courtyard Marriott Lake Buena Vista Hotel
• Marriott Village Spring Hill Suites
• Caribe Royale
• Buena Vista Suites

Shuttle Operating Hours:

Sunday, December 4
6:30 AM – 10:00 PM
Monday, December 5
6:30 AM – 10:00 PM
Tuesday, December 6
6:30 AM – 10:00 PM
Wednesday, December 7
6:00 AM – 4:00 PM

IHI will also provide complimentary shuttle service from the Marriott World Center to Orlando International Airport from on the last day of the General Conference, Wednesday, December 7, from 12:00 PM – 4:00 PM.

IHI will provide luggage storage in Cypress 1 on the last day of the conference.

EXHIBIT HALL

Please join us in the Palms Ballroom for the 2011 Exhibit Hall. The Exhibit Hall includes snack stations, an IHI Café for meeting/relaxing, and over 130 Exhibitors. Exhibit Hall hours:

Monday, December 5
3:30 PM – 6:30 PM
Welcome Reception
3:30 PM – 6:30 PM
Tuesday, December 6
11:00 AM – 2:00 PM
3:30 PM – 6:30 PM
Storyboard Reception
4:30 PM – 6:30 PM
Wednesday, December 7
11:00 AM – 2:00 PM

SPECIAL EXHIBIT HALL EVENTS AT THE IHI BOOTH

IHI’s Triple Aim Overview
Monday, December 5
3:30 PM – 4:30 PM
IHI Booth #313, Exhibit Hall
Learn about the IHI Triple Aim framework and program. Feel free to bring questions about applications of the Triple Aim within organizations and regions throughout the world.

IHI Fellowship Programs
Monday, December 5
5:00 PM – 6:00 PM
IHI Booth #313, Exhibit Hall
Meet members of IHI’s Low and Middle Income Countries team and hear about the innovative QI work being done in Africa and around the world.

IHI’s QI Programs in Low- and Middle-Income Countries
Tuesday, December 6
12:30 PM – 1:30 PM
IHI Booth #313, Exhibit Hall
Learn about IHI Fellowships and speak with current and past fellows about their IHI Fellowship experience.

IHI Open School for Health Professions
Tuesday, December 6
4:00 PM – 5:00 PM
IHI Booth #313, Exhibit Hall
The IHI Open School helps students and professionals lead improvement in health care. Through a growing catalog of online courses on quality improvement, patient safety, leadership, patient- and family-centered care, and managing health care operations, students and professionals can become change agents in their communities. Stop by to learn how to start taking courses and how to connect with colleagues in your local Chapter.

IHI Overview of Tools for Hospital Staff
Wednesday, December 7
1:00 PM – 1:30 PM
IHI Booth #313, Exhibit Hall
Grab your lunch inside the Exhibit Hall and head to the IHI booth to learn about IHI’s many tools for hospital staff.

SPECIAL EXHIBIT HALL EVENT AT THE IHI CAFÉ

Social Media 101 Lunch and Learn
Tuesday, December 6
12:45 PM – 1:30 PM
IHI Café, Exhibit Hall
Learn about how to use social media from Paul Levy, the social media-savvy former hospital CEO.

NATIONAL FORUM BOOKSTORE

Stop by the National Forum bookstore and use our computers to order titles from National Forum presenters and other notable authors. No extra luggage space required—books will be shipped directly to the address you specify! The National Forum bookstore is located in the Crystal Foyer.

BUSINESS CENTER

Located next to the Palms Registration Desk in the Crystal Foyer, the full-service business center offers professional printing services as well as shipping, receiving, copying, and faxing. Business Center hours are:

Monday – Friday
7:00 AM – 6:30 PM
Saturday – Sunday
8:00 AM – 4:00 PM

HEALTH CENTER

The health center is a separate building on the Marriott World Center property, located beyond the pool. It is a fully-equipped athletic facility including indoor and outdoor pools, a full spa, whirlpools, and saunas. The health center is open 24 hours with an attendant from 6:00 AM until 10:00 PM. Use of the fitness center is complimentary for overnight guests.

CHECK-OUT

Check-out from the Marriott World Center is at 11:00 AM. If you are staying at the Marriott, please see the hotel bell staff to store any luggage after check-out. If you are staying at one of our additional hotel properties, feel free to bring your luggage to the Marriott World Center on Wednesday, December 7, and members of the Marriott bell staff will store it in the Cypress Ballroom 1 while you attend your sessions.

To Access Complimentary WIRELESS INTERNET:

1. Select “view available wireless networks” and connect to the “ibahn_conference” wireless network.
2. Open a new web browser and type “ibahn” into the address bar.
3. Enter code 06C41E.
EMERGENCIES
If for any reason there is an emergency during the National Forum, you may dial “0” on any hotel phone to request assistance from the operator or dial “55555” to connect directly to the Loss Prevention Department. IHI Blue Shirt and Marriott World Center staff are also available to assist.

GUESTS OF ATTENDEES
We are excited that family and friends are accompanying many of you. We regret that hotel space can accommodate only registered participants at the keynote presentations, general sessions, and meal functions. Your guests are welcome to join you at the National Forum receptions. Please see IHI staff at the Registration Desk for a guest ribbon and name badge.

MESSAGE BOARD/ JOB POSTINGS
You may place job postings as well as messages for other attendees on a corkboard located next to the Registration Desk.

NAME BADGES
Please wear your name badge throughout the National Forum and carry your list of registered sessions with you. This is your ticket into the conference and all sessions.

SAFETY AND SECURITY
Please do not leave any personal belongings unattended in meeting rooms. IHI is not responsible for lost or stolen items.

CONTINUING EDUCATION
Attendees of the 23rd Annual National Forum on Quality Improvement in Health Care will learn how to:

• Recognize habits that support quality health care and apply the basic principles for improving them
• Define ways to reduce suffering and improve health
• Develop an understanding of how to transform an organization
• Identify elements for creating a culture of change that will lead to continuous improvement
• Recognize habits that support improvement in health care

In support of improving patient care, the Institute for Healthcare Improvement is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing education for the health care team.

The National Forum carries a maximum of 19.25 contact hours for physicians, nurses, and pharmacists.

This program is approved by the National Association of Social Workers (Provider #886367066-9660) for Social Work Continuing Education Contact Hours.

This activity has been submitted to the National Association of Healthcare Quality for CPHQ CE Credit.

All National Forum Learning Labs, Minicourses, and General Conference sessions offer ANCC, ACCME, and CPHQ credits.

The following sessions also accept ACPE credits and NASW credits:

Sessions that offer pharmacy contact hours:

L2 through L10, L12 through L17, L19 through L25, L27 through L30, all Forum Excursions, M1 through M11, M13 through M30, all A, B, C, D and E workshops

Sessions that offer social worker contact hours:


How to receive a certificate of credit:

To be eligible for a continuing education certificate, attendees must complete the online evaluation within thirty days of the continuing education activity. If circumstances will prevent you from completing the survey by the specified deadline, please email info@IHI.org before this time period expires. After this time period, you will be unable to receive a continuing education certificate.

1. Go to www.IHI.org/certificatcenter (if you are not logged into the website, you will be redirected to the login screen. Once you are logged in, you will be redirected back to the Certificate Center)
2. Click on the 23rd Annual National Forum link that appears under the Create Certificate header
3. Select the type of credits you wish to receive from the drop down list and then select the “submit” button
4. Review your enrollment and click the “continue” button
5. Take the surveys associated with each of the sessions you attended and wish to receive credits for by selecting the “take survey now” button next to the session
6. Once you have completed all of the associated surveys, the “generate certificate” button will be activated. Click on this button to generate a PDF file of your certificate that you can print or save to your computer.

PARTICIPANTS
• All presentations made available to IHI by presenters before the conference will be available to participants on www.IHI.org
• All presentations made available to IHI by presenters before the conference will be available to participants on www.IHI.org. Participants need to log in and then click on “My IHI” at the top of the screen and navigate to “My Offerings” and then “My Enrollments”, and under “23rd Annual National Forum on Quality Improvement in Health Care” there is a link for Materials/Handouts. Paper handouts will not be provided for any session. If you would like paper handouts, please print your materials before your arrival or visit a printing kiosk in the Los Angeles meeting room

• The entire meeting space will have high-speed wireless Internet access. We encourage participants to bring their laptops to their sessions to take notes and view presentations. Meeting rooms will be set with work tables whenever possible. Wireless internet access instructions:

• In place of conference tote bags, optional printed materials will be available on stands in the registration area and outside the Exhibit Hall.

• IHI works with the conference center to eliminate waste from paper and plastic food packaging, and to use local and organic food products whenever possible.

• Food not consumed by attendees will be donated to a local food bank.

• Exhibit Hall giveaways and other meeting supplies that are not distributed will be donated to local elementary and middle schools.

• Recycling containers will be made available for recyclable meeting materials and catering items.

• Transportation to the airport at the close of the conference will be available to attendees in an effort to offset our carbon footprint by ridesharing.

GREEN INITIATIVES
The IHI continues to make a concerted effort to reduce our environmental impact at our National Forum and all IHI events. In year six of this effort, you may notice the following changes:

• All presentations made available to IHI by presenters before the conference will be available to participants on www.IHI.org.
• All presentations made available to IHI by presenters before the conference will be available to participants on www.IHI.org. Participants need to log in and then click on “My IHI” at the top of the screen and navigate to “My Offerings” and then “My Enrollments”, and under “23rd Annual National Forum on Quality Improvement in Health Care” there is a link for Materials/Handouts. Paper handouts will not be provided for any session. If you would like paper handouts, please print your materials before your arrival or visit a printing kiosk in the Los Angeles meeting room

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• Transportation to the airport at the close of the conference will be available to attendees in an effort to offset our carbon footprint by ridesharing.
IHI knows that attendees of the National Forum General Conference often wish to attend each and every workshop session rather than having to pick from the many wonderful courses offered by exceptional faculty. If you attended the National Forum General Conference in person, you will have free access to recorded audio synched with PowerPoint slides for every General Conference workshop as well as most keynote and all special interest keynote video and audio. Registered attendees will receive an email in early January with access information.

For those who did not attend the National Forum in person, there is an option to buy all of this content for $300. Or, individuals have the option to purchase a la carte workshop sessions, special interest keynotes, or most keynote videos for $25 each. For more details, visit www.IHI.org/Forum.

Please note: IHI will have video cameras and photographers at the National Forum. We may capture your image for use on IHI TV at the Forum, on the IHI website, or in other IHI materials.
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www.ahrq.gov
Within DHHS, the Agency for Healthcare Research and Quality is charged with supporting research to improve the quality, safety, efficiency, and effectiveness of health care, and promoting evidence-based decisions.

AHA Solutions, Inc.
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www.aha-solutions.org
A subsidiary of the American Hospital Association, AHA Solutions, Inc. is actively focused on improving the operational performance of our nation’s hospitals, providing them with field leadership, education, and research.

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(913) 906-6000
www.aafp.org
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Booth #105
1 North Franklin, Suite 1700
Chicago, IL 60606
(312) 424-2800
contact@acce.org
www.acce.org
The American College of Healthcare Executives is an international professional society of more than 35,000 healthcare executives who lead hospitals, health care systems, and other health care organizations.

American College of Physicians Executives
Booth #1203
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Tampa, FL 33602
(813) 287-2000
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ACPE is the nation’s largest health care organization for physician executives. ACPE offers personalized support to all of its members, including CME courses, advanced degree programs, career counseling and more.

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American Heart Association
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guidelines@heart.org
www.americanheart.org
Learn about our Focus on Quality Programs at the American Heart Association booth and see the many ways we promote healthier lives and continuous quality improvements for health care professionals.

American Nurses Credentialing Center (ANCC)
Booth #1418
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Silver Spring, MD 20910
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pathwayinfo@ana.org
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ANCC’s Magnet Recognition® and Pathway to Excellence® programs promote excellence in nursing services among hospitals. ANCC accredits continuing nursing education programs and offers 25 nursing certifications. Enter our drawing!

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Safe surgical outcomes. Support OR nurses’ education, training, and documentation with tools from AORN: Periop 101, SYNTTEGRITY, confidence-based learning and the benefits of AORN membership including the peer-reviewed AORN Journal.

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Athenahealth offers integrated practice management, electronic health record (EHR), and patient communication services that help practices get paid more, faster, while delivering quality patient care.
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**Canadian Patient Safety Institute**
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(780) 409-8090
info@cpsi-icsp.ca
www.patientsafetyinstitute.ca

The Canadian Patient Safety Institute (CPSI) is a not-for-profit organization that exists to raise awareness and facilitate implementation of ideas and best practices to achieve a transformation in patient safety.

**Care Innovations**
Booth #1306
3721 Douglas Boulevard Suite 100
Roseville, CA 95661
(800) 450-0970
guide_inquiries@careinnovations.com
www.careinnovations.com

Intel-GE Care Innovations is a new company aimed at being a catalyst for changing health care models. To do so, we create technology-based solutions that give people confidence to live independently.

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www.careteamconnect.com

Care Team Connect’s platform helps hospitals and ACOs design and scale their care coordination strategies to reduce readmissions, prepare for value-based pricing, improve outcomes, manage referrals, and efficiently use resources.

**Center to Advance Palliative Care**
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New York, NY 10029
(212) 201-2670
capc@msm.edu
www.capc.org

Center to Advance Palliative Care (CAPC) provides health care professionals with tools, training, and technical assistance necessary to start/sustain successful palliative care programs in hospitals and other health care settings.

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The mission of The Commonwealth Fund is to promote a high-performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society’s most vulnerable.

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**Conifer Patient Communications**
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www.coniferhealth.com/patient-communications.html

Conifer Patient Communications – a CMS-approved HCAHPS vendor – helps improve satisfaction scores and bolster performance improvement through measurement, reporting, and consulting. Expertise includes customized survey design, sample selection, statistical analysis, and goal setting.
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www.courtemanche-assocs.com
Courtemanche & Associates is a nationally recognized health care consulting firm that provides regulatory compliance assessment, evaluation, recommendations, education, post-survey assistance, and ongoing support for health care leaders, administrators and practitioners.

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Scottsdale, AZ 85254
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mm@creative-healthcare.com
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Creative Healthcare is the leading provider of Lean and Six Sigma project consulting and training deployment for the health care industry. For more information, visit our website at www.creative-healthcare.com.

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CRIMSON, a division of The Advisory Board Company, provides CRIMSON, a division of The Advisory Board Company, provides comprehensive solutions for strengthening hospital-physician alignment, improving physician cost and quality performance across care settings, and managing population health risk.

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Hanover, NH 03755
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HealthCareDeliveryScience@Dartmouth.edu
www.mhcds.dartmouth.edu/
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Chicago, IL 60606
(312) 803-4991
info@datix.co.uk
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Department of Defense Patient Safety Program
Booth #913
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Falls Church, VA 22041
(703) 681-0064
patientsafety@ma.osd.mil
www.health.mil/dodpatientsafety
The DoD Patient Safety Program’s mission is to promote a culture of safety to eliminate preventable patient harm by engaging, educating, and equipping patient-care teams within the Military Health System.

Dialog Medical, a Standard Register Healthcare Company
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(800) 482-7963
enterprise@dialogmedical.com
www.dialogmedical.com
Dialog Medical’s iMedConsent™ application improves the education and documentation associated with the informed consent process. Trusted by over 200 hospitals, iMedConsent™ enhances safety, manages risk, ensures compliance, and lowers costs.

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DNV Healthcare is a CMS-approved hospital accreditation body, the only one to integrate ISO 9001:2008. DNV also provides Primary Stroke Center certification in the US, and accreditation for hospitals internationally.

ECRI Institute
Booth #212
5200 Butler Pike
Plymouth Meeting, PA 19462
(610) 825-6000
clientservices@ecri.org
www.ECRI.org
ECRI Institute is an independent nonprofit researching the best approaches to improving patient care. Our unbiased, evidence-based research, information, and advice help you address patient safety, quality, and risk management challenges.

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ProviderAnalytics@Elsevier.com
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Flexsim Software Products, Inc.
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(801) 224-6914
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Forward Health Group is a leading-edge health care measurement company. FHG turns fragmented clinical and administrative health care data into actionable information that can be used to drive population health improvement.
Which exhibit booths did you visit? Tweet them using #IHI.
Exhibitors

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- **InTouch Health**
  - Booth #801
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  - Santa Barbara, CA 93117
  - (805) 562-8686
  - www.intouchhealth.com
  - InTouch Health is a telehealth solutions provider. Over one network, through a single interface, physicians access a range of FDA-cleared remote presence devices to provide care into EDs, ICUs, and patient wards.

- **Isabel Healthcare**
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  - 1710 Heritage Road
  - Ann Arbor, MI 48104
  - (734) 332-0612
  - megan.pennie@isabelhealthcare.com
  - www.isabelhealthcare.com
  - Isabel Healthcare provides the Isabel diagnosis decision support system to hospitals and thousands of clinicians worldwide, delivering diagnostic support and education by broadening differential diagnoses. Get a free trial: www.isabelhealthcare.com.

- **Joint Commission Resources**
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  - Oak Brook, IL 60523
  - (630) 268-7400
  - info@jcrinc.com
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  - Joint Commission Resources (JCR) offers a full spectrum of resources to help health care professionals provide safe and efficient patient care through consulting services, education programs, publications, and multimedia products.

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**When:** Tuesday, December 6:
- **A26** 9:30 AM - 10:45 AM
- **B26** 11:15 AM - 12:30 PM

**Presenters:**
Scott R. Weingarten, MD, MPH, Zynx Health
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