

# 27th Annual National Forum on Quality Improvement in Health Care

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## Sunday, December 6: General

**6:30 AM - 10:00 PM**

shut1 Shuttles from Overflow Properties

*Room: Foyer : Convention Center Entrance - Shuttle Portico*

## Sunday, December 6: Registration

**7:00 AM - 5:30 PM**

Pass1 Conference Pass Print Desk

## Sunday, December 6: Orientation

**11:00 AM - 12:00 PM**

Orient1 National Forum Orientation (Sunday)

*Room: Crystal Ballroom : Salon G*

## Sunday, December 6: Learning Labs

**1:00 PM - 4:30 PM**

L1 Designing Sustainable Improvement Strategies

*Room: Crystal Ballroom : Salon D*

**Learning Format:** Case Study

**Track:** Improvement Capability

In an effort to improve health care, are we making it harder to deliver care? Many QI initiatives add workload and are not perceived as valuable by care providers. This can lead to increased burden, workarounds, error, and resistance. In this session, participants will use a case study to understand the factors that lead to sustained improvement and the tools to design more easily adoptable improvement strategies.

After this presentation, participants will be able to:

- Analyze why some QI strategies lead to more sustained improvement
- Utilize tools to develop more sustainably adoptable improvement strategies

Presenters: **Hayes, C., MD, MSc, MEd**, Medical Director, Quality & Performance, St. Michael's Hospital; Federico, F., RPh, Vice President, Senior Expert Patient Safety, Institute for Healthcare Improvement

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## L2 Engaging Staff and Service Users in Quality Improvement

**Room:** Grand Ballroom : Salon 11

**Learning Format:** Flipped Classroom

**Track:** Improvement Capability, Leadership

East London National Health Service (NHS) Foundation Trust is embedding continuous QI in its operational philosophy. Key to the early work has been engaging staff and service users creatively to build a broad coalition for change, leading to the highest staff engagement scores in England. This session will provide the opportunity to co-create methods to engage staff across geographically and clinically diverse organizations, and to support involvement of service users in improvement work.

After this presentation, participants will be able to:

- Develop a range of ideas to build will among staff and service users for QI at scale across a large organization
- Identify a range of methods to integrate patients, service users, and carers into the governance and improvement activities within an organization

Presenters: **Shah, A.**, Associate Medical Director (QI) & Consultant forensic psych, East London NHS Foundation Trust (ELFT); Binfield, P., Senior People Participation Lead, East London NHS Foundation Trust (ELFT); Warren, J., Director of Nursing, East London NHS Foundation Trust (ELFT); Gabriel, M., Chairperson, East London NHS Foundation Trust (ELFT); Cleary, K., Dr, East London NHS Foundation Trust (ELFT)

## L3 Informatics and the Learning Health Care System

**Room:** Grand Ballroom : Salon 1-2

**Learning Format:** Lecture

**Track:** Improvement Capability

In this session, we describe how informatics is affecting health and health care delivery. We share ideas for accelerating the adoption of best practices across the health care team, and stimulating innovation and patient engagement. The goal of this session is to illustrate the dynamic changes underway in informatics and health information technology and demonstrate how these changes can be a positive force in the health care improvement community.

After this presentation, participants will be able to:

- Define scientific concepts, core principles and purposes, and application areas of biomedical and health informatics
- Illustrate the links between informatics and patient safety
- Describe the uses of precision medicine and big data to tailor interventions and treatments for patients

Presenters: **Fridsma, D., MD, PhD**, President & CEO, American Medical Informatics Association; Dykes, P., rn, Corporate Manager Nursing Informatics & Research, Partners Healthcare

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## L4 Multi-State Success: Large-Scale Adoption

**Room:** Hall of Cities : Miami

**Learning Format:** Case Study

**Track:** Improvement Capability

Diffusion and implementation of effective evidence-based clinical practices can be slow. Drawing on the example of a large-scale QI campaign, presenters will share lessons on how to accelerate the adoption of new clinical practices. Project JOINTS (Joining Organizations IN Tackling Surgical Site Infections) was a program run by IHI in ten states. By describing tools from this initiative, we'll show how adherence to QI methods and active engagement of participants can increase implementation of best practices.

After this presentation, participants will be able to:

- Identify several strategies that facilitate large-scale adoption
- Describe practical tools that can be used to assist in diffusion of evidence-based practices

Presenters: DeBartolo, K., National Field Manager, Institute for Healthcare Improvement; Endo, J., MSW, Content Development Manager, Institute for Healthcare Improvement; Parry, G., PhD, Senior Scientist, Institute for Healthcare Improvement; **Duncan, K., RN**, Faculty, Institute for Healthcare Improvement

## L5 Publish Your Improvement Work

**Room:** Grand Ballroom : Salon 4-6

**Learning Format:** Flipped Classroom

**Track:** Improvement Capability

This session will focus on practical strategies to increase opportunities for successful journal publication. Your own work—at any stage of development—will be used in hands-on exercises. Faculty will provide practical advice for advancing your improvement work to publication, which includes employing the new SQUIRE 2.0 guidelines and achieving successful Institutional Review Board (IRB) review. We will also describe how to establish a local writing collaborative for ongoing support of your writing.

After this presentation, participants will be able to:

- Identify strategies to increase scholarly writing productivity
- Apply SQUIRE 2.0 publication guidelines for effective manuscript preparation
- Implement a local writing collaborative to support ongoing writing

Presenters: **Stevens, D., MD**, Editor Emeritus, BMJ Quality and Safety, The Dartmouth Institute; Davies, L., MD,MS, FACS, Associate Professor of Surgery, Dartmouth Medical School; Goodman, D., Instructor in Ob/Gyn; Geisel School of Medicine at Dartmouth, Geisel School of Medicine at Dartmouth; Ogrinc, G., MD, Physician, White River Junction VA Medical Center

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## L6 Relational Coordination Impact on Improvement

**Room:** *Hall of Cities : New York/New Orleans*

**Learning Format:** *Flipped Classroom*

**Track:** *Improvement Capability*

Health care improvement tends to focus on the mechanistic aspects of improvement methods, tools, and processes. New experiences are revealing the importance of a balance between mechanical improvement sciences and a focus on communication and relationships within work units and across pathways of care. This session will use a case study that blends assessment of communication and relationships, essential leadership skills, development of front-line staff improvement, and communication skills.

After this presentation, participants will be able to:

- Discuss the significance and benefits of mechanical and humanistic improvement strategies
- Describe the seven dimensions of relational coordination
- Develop an organizational strategy to pilot the relational coordination survey process

Presenters: **Godfrey, M., PhD, MS, BSN, FAAN**, Co-Director, The Microsystem Academy Instructor, The Dartmouth Institute for Health Policy and Clinical Practice; Foster, T., MD, MPH, faculty, Dartmouth Hitchcock Medical Center; Freeman, R., Chair Department of Surgery, Dartmouth Hitchcock Medical Center

## L7 The Brain Game: (Re)Claiming Your Creativity

**Room:** *Grand Ballroom : Salon 3*

**Learning Format:** *Buzz Session*

**Track:** *Improvement Capability*

Research tells us that our very own brains suppress creativity and inhibit creative problem-solving. And yet, both are needed more than ever in health care today. So what can we do about this dilemma? In this session, you will explore how that tricky brain of yours works, identify habits and patterns that get in your way, and learn tangible techniques and tools to unleash the creativity in yourself and your teams. This session is ideal to experience as a team, but individuals will benefit as well.

After this presentation, participants will be able to:

- Discuss the natural mechanisms that prevent creative problem-solving
- Explore behaviors and techniques that enhance lateral thinking

Presenters: Zuber, C., RN, MHA, Innovation Specialist, Kaiser Permanente National Patient Care Services; **McCarthy, C., MPH/MBA**, Director, Innovation Learning Network, Kaiser Permanente

## L8 Use the Attention Economy: Improve Health via Film

**Room:** *Crystal Ballroom : Salon P-Q*

**Learning Format:** *Simulation Encounter*

**Track:** *Improvement Capability*

Our social and work environments are becoming accustomed to the rapid exchange of information; the digital age has spawned an attention economy. Consumers want information transported visually and in real time. We will consider how the attention economy can be harnessed. Participants will learn how innovative film media is created, and will work on their own film concepts to accelerate the pace of their own improvements.

After this presentation, participants will be able to:

- Discuss how social media has affected improvement

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- Explore the utility of film media in communicating improvement messages
- Develop a film media concept for local implementation

Presenters: **Power, M., PhD, MPH**, Director of Innovation and Improvement Science, Salford Royal NHS Foundation Trust; Henriks, G., Chief Executive of Learning and Innovation, The County Council of Jönköping; Bevan, H., PhD, Chief Transformation Officer, NHS Improving Quality

## L9 Why Lecture on PDSAs When You Can Experience Them?

**Room:** *Crystal Ballroom : Salon A-C*

**Learning Format:** *Simulation Encounter*

**Track:** *Improvement Capability*

People can tell us what PDSA stands for (Plan, Do, Study, Act), but can they run several PDSAs in a day? "Training" sessions teach us about concepts, but they typically do not allow us to experience what it feels like to be part of a PDSA. This session will provide a variety of practical (and fun) games and exercises that explain the theory behind the PDSA cycle and reveal that we do PDSAs every day. Participants will be given instructions and guidance on how to facilitate all the games and exercises and apply them within their own organizations.

After this presentation, participants will be able to:

- Describe the application of the PDSA cycle to daily work
- Experience rapid-cycle PDSA testing through simulation and games
- Determine which PDSA games will work best within their organizations

Presenters: **Lloyd, R., PhD**, Vice President, Institute for Healthcare Improvement; Williams, D., Ph.D., Executive Director, Institute for Healthcare Improvement

## L10 Addressing Behaviors that Undermine Safety Culture

**Room:** *Grand Ballroom : Salon 7*

**Learning Format:** *Simulation Encounter*

**Track:** *Patient Safety*

The pursuit of safety requires fixing faulty systems and addressing human accountability. Even when people know what to do, it can be difficult to get them to wash their hands, honor timeouts, and comply with surgical bundles. This course introduces participants to the Vanderbilt professionalism pyramid, a model to direct tiered interventions when people, for whatever reason, fail to model respect for fellow team members and best safety practices.

After this presentation, participants will be able to:

- Analyze the spectrum of behaviors that undermine a culture of safety
- Articulate an evidence-based approach to addressing those behaviors

Presenters: **Hickson, G., MD**, Sr. VP for Quality, Safety & Risk Prevention, Vanderbilt University; Stewart, K., MB MPH FRCP FRCPI, Clinical Director, Clinical Effectiveness Unit, Royal College of Physicians; Banerjee, J., MBBS, MSc, FRCS, FCEM, Emergency Physician/Associate Medical Director, University Hospitals of Leicester NHS Trust

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## L11 Curbing the Opioid Epidemic

**Room:** North Tower : Sawgrass

**Learning Format:** Case Study

**Track:** Patient Safety

Opioid prescribing and opioid-related deaths have skyrocketed in recent years. We at Gundersen Health System believe that responsibility lies with providers to curb this epidemic and ensure appropriate prescribing of these medications. In this session, we will share our responsible opioid-prescribing practice. We will describe the steps taken at initiation of prescribing as well as subsequent steps to ensure appropriate compliance monitoring along the spectrum of chronic pain patients.

After this presentation, participants will be able to:

- Describe a responsible opioid-prescribing practice, including risk assessment, opioid agreements, patient and provider education, compliance monitoring, and the use of a chronic pain registry
- Identify three patient cases that differ in terms of risk assessment and compliance and determine how to handle each situation
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Presenters: **Neuman, S.**, Pain Medicine physician, Gundersen Health System; Boisen, H., RN-Project Manager, Gundersen Health System

## L12 Finding Comfort in Learning from Loss

**Room:** North Tower : Aruba/Bahamas

**Learning Format:** Case Study

**Track:** Patient Safety

This session will provide a unique integrative learning experience, teaching patient safety through a real case review of a child's death presented by an anesthesiologist, surgeon, pediatrician, and the child's parent. We will review records and research, and openly discuss what happens when things go wrong in health care and how you can become a more knowledgeable and humane clinician as we move forward in providing safer and kinder care.

After this presentation, participants will be able to:

- Identify how specific safety measures can prevent harm in the operating room
- Develop an action plan to follow in their current work

Presenters: **Micalizzi, D., AAS**, Pediatric Patient Safety Advocate/Advisor/Educator, The Task Force for Global Health (Justin's HOPE Project); Ramshaw, B., MD, Chair, Surgical Momentum; Co-Dir, Advanced Hernia Solutions, Halifax Health; Taitz, J., MD, FCP, FRACP, Director, Patient Safety, Clinical Excellence Commission; Brandom, B., anesthesiologist, University of Pittsburgh School of Medicine

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## L13 Nurse Leaders Creating Conditions for Effective Care Teams

**Room:** *Crystal Ballroom : Salon G*

**Learning Format:** *Buzz Session*

**Track:** *Leadership, Patient Safety*

Health care is complex and increasingly challenging for front-line staff. This session explores the role of the nurse leader in developing effective interdisciplinary teams to achieve safe care and quality outcomes for patients. During this partly didactic, partly interactive session, participants will explore theoretical models for teamwork, hear from nurse leaders with experience developing effective teams, and explore a process for generating ideas from those delivering direct care.

After this presentation, participants will be able to:

- Identify a range of models, frameworks, and tools for effective teamwork
- Develop leadership in building highly effective care teams that put the patient front and center
- Implement different tools to engage staff and to generate ideas from front-line teams

Presenters: **Reid, E.**, Associate Nurse Director for Quality Improvement, NHS Lanarkshire, Hairmyres; Bartley, A., RN,BA,MS,MPH, Quality Improvement Consultant/IHI Faculty, Institute for Healthcare Improvement; Malone, B., CEO, National League for Nursing

## L14 Partnering with Patients and Families For Improvement

**Room:** *North Tower : Grand Cayman/Puerto Rico*

**Learning Format:** *Buzz Session*

**Track:** *Person- and Family-Centered Care*

Three nationally recognized leaders in patient- and family-centered care will present on partnering with patients and families in the care relationship and in improvement efforts across health care organizations. Participants will actively engage in a series of scenarios with and without patients and families as partners. Through the activities of this session, participants will be able to identify opportunities for co-design with patients and families in their own organizations.

After this presentation, participants will be able to:

- Identify concrete strategies for co-designing solutions to improve care
- Develop skills to initiate partnerships with patients and families in QI
- Describe techniques to overcome common barriers to creating authentic partnership in the health care environment

Presenters: **Hoy, L.**, Founder/CEO, Patient & Family Centered Care Partners; Carter, R., Senior Vice President, Planetree; Forte Scott, J., BSN, MBA, NE-BC, Administrative Director Patient and Community Engagement, Stanford Hospital and Clinics

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## L15 After the Storm: Stories of Harm and Learning

**Room:** *Crystal Ballroom : Salon E-F*

**Learning Format:** *Buzz Session*

**Track:** *Person- and Family-Centered Care*

Stories of harm from the patient and family perspective provide a bridge between theory and action for improving health care practice. In this interactive session, led by experienced patient advocates, participants discuss and interpret real-life patient safety scenarios as lived by the patients and families. The session includes lessons on employing the patient voice to reach across silos and create a collaborative system.

After this presentation, participants will be able to:

- Analyze different kinds of patient safety events as a way to drive the design and implementation of solutions
- Identify ways to work with patients and families to change culture and develop a system of co-production of health care

Presenters: **Haskell, H., MA**, President, Mothers Against Medical Error; Townsend, L., President and Co-Founder, Louise H. Batz Patient Safety Foundation; Morrise, L., MArts, Consultant, LAM Professional Services, LLC; Lord, T., PhD, MPH, Patient Engagement Consultant, Foundation for Healthy Communities; Canfield, C., independent citizen-patient, University of British Columbia

## L16 GoShadow: Improve Outcomes and Experience at Lower Cost

**Room:** *North Tower : West Indies*

**Learning Format:** *Flipped Classroom*

**Track:** *Person- and Family-Centered Care*

Shadowing the patient and family through their care is a powerful mechanism for identifying opportunities to transform experiences as well as clinical and operational outcomes while reducing waste and costs. Shadowing creates co-design partnerships with patients and families and harvests the power of staff engagement in care redesign. This session will teach participants how they can use shadowing to provide patients with exactly what they want and need -- no more and no less.

After this presentation, participants will be able to:

- Identify the six steps of shadowing as a standardized, simple mechanism to improve care
- Recognize how shadowing provides the emotional connection that creates an urgency to drive change
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Presenters: **Digioia, A., MD**, Medical Director, University of Pittsburgh Medical Center (UPMC); Bulger, M., Trainer, PFCC Innovation Center; Schraeder, L., MS, OD Consultant, Sr. Associate, University of Pittsburgh Medical Center (UPMC)



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## L17 Transforming End-of-Life Care: It All Begins with a Conversation

**Room:** *Hall of Cities : Chicago/Denver*

**Learning Format:** *Buzz Session*

**Track:** *Person- and Family-Centered Care*

This session will give participants a deep understanding of how communities, health care providers, and health care systems are coming together to change how we die in America. Based on three years of work in The Conversation Project with over 250 communities and 40 health care systems, the presenters will provide a theoretical framework for how change can occur as well as case studies on what is actually happening in the field. The session will be interactive.

After this presentation, participants will be able to:

- Demonstrate the importance of having the conversation from the personal, professional and system perspectives
- Develop an action plan that includes both a personal and professional conversation
- Identify the barriers to having end-of-life care conversations and the strategies to promote action

Presenters: **Warshaw, H.**, Executive Director, The Conversation Project; Kester, B., RN, BSN, Director of Continuum of Care, Reid Hospital

## L18 High-Value Health Care for Diverse Populations

**Room:** *North Tower : Key Largo*

**Learning Format:** *Lecture*

**Track:** *Equity, Quality Cost and Value*

It is critical to ensure that our health care system is capable of delivering high-quality care to all, while eliminating disparities. Disparities are the epitome of low value -- care that varies in quality, and is usually more costly. This session will provide essential strategies to improve quality, achieve equity, and deliver high-value health care to diverse populations. Real-world examples will be showcased.

After this presentation, participants will be able to:

- Identify links between value, quality, and equity
- Describe the approaches taken by health care organizations to deliver high-quality care to diverse populations

Presenters: **Betancourt, J., MD, MPH**, Director, The Disparities Solutions Center, Massachusetts General Hospital; Tan-Mcgrory, A., MBA, MSPH, Deputy Director, Massachusetts General Hospital; Slade, J., CDM, CCF, Director of Diversity and Language Services, AnMed Health System; Hawkins, T., MD, Senior Medical Director, Population Health and Analytics, Blue Cross Blue Shield of Massachusetts; Beckman, B., RN, CPHQ, ACM, Project Manager - Health Connections Initiative, KentuckyOne Health

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## L19 Leadership to Improve Quality, Safety, and Value

**Room:** Grand Ballroom : Salon 8

**Learning Format:** Lecture

**Track:** Leadership, Quality Cost and Value

This session will empower board members and senior leaders to improve the quality, safety, and value of care in a health care delivery system. For leaders and boards to be effective stewards of quality and safety, they must be actively involved in setting quality and value goals, in monitoring progress, and in reviewing strategies. Leaders need to guide organizations to move from volume to value, and toward a focus on population health.

After this presentation, participants will be able to:

- Recognize the impact that boards can have on quality, safety, and value
- Identify strategies to set and meet quality, safety and value goals
- Develop a plan to move their organizations from disjointed initiatives toward population health management

Presenters: **Benjamin, E., MD**, Senior Vice President for Quality and Pop Health, Baystate Medical Center; Orlikoff, J., President, Orlikoff & Associates, Inc

## L20 Shark Tank: Costs of Care Edition

**Room:** North Tower : Marco Island

**Learning Format:** Buzz Session

**Track:** Quality Cost and Value

In this interactive session, participants will form small, interdisciplinary teams, working collaboratively to design adaptable, pragmatic, high-impact value improvement projects. We will review best practices for combining C-suite directives and clinical insights. The session will focus on strategies for surmounting organization-specific cultural and operational barriers to high-value care, using a game based on the reality television series "Shark Tank."

After this presentation, participants will be able to:

- Identify and prioritize institutional opportunities to provide better care at lower cost
- Develop collaborative value-improvement projects that are likely to meet performance targets

Presenters: **Shah, N., MD, MPP**, Executive Director, Costs of Care; Wallingford, S., RN, MSN, APRN-BC, Director of Operations, Costs of Care; Moriates, C., MD, Assistant Clinical Professor, University of California San Francisco Medical Center; Harmon, J., Director, Hospital For Special Surgery

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## L21 Value Models for Co-Producing Health Care Services

**Room:** *Hall of Cities : Anaheim*

**Learning Format:** *Flipped Classroom*

**Track:** *Quality Cost and Value*

The Value Network Model recognizes three organizational configurations for delivering care: value shop, value chain, and value network. Creating health care services with better value requires the ability to customize around particular needs (shops); standardize around commonly recurring phenomena (chains); and flexibly connect resources to emerging opportunities and needs (networks) as individuals and populations work together to minimize the burdens of illness. We will explore this model for co-producing health care services.

After this presentation, participants will be able to:

- Discuss underlying assumptions about value that have led to the current health care architecture
- Describe important characteristics of the shop, chain, and network configurations and the implications for co-production of health care services
- Apply a Value Network Model framework to health care scenarios to generate ideas for redesigning health care services

Presenters: **Johnson, J., MSPH, PhD**, Professor, Northwestern University; **Batalden, M., MD, MPH**, Senior Medical Director of Inpatient Quality, Cambridge Health Alliance; **Batalden, P., MD**, Professor Emeritus, The Dartmouth Institute

## L22 Accountable Care: A Value-Based Approach to Health Care Transformation

**Room:** *Crystal Ballroom : Salon K-M*

**Learning Format:** *To Be Determined*

**Track:** *Triple Aim for Populations*

Many believe that Accountable Care Organizations (ACOs) and other value-based payment efforts hold great promise as mechanisms to reward cost-effective care that better meets the needs of patients and populations. During this highly interactive session, participants will hear from a diverse group of ACO leaders who will share their successes and challenges in leading health system transformation, as well as share with and learn from one another.

After this presentation, participants will be able to:

- Identify common challenges and solutions to running a successful ACO
- Recognize opportunities to accelerate their efforts to achieve cost- and quality-related improvements at scale
- Engage in active peer sharing and learning

Presenters: **Torres, T., MD, MSPH, FACPM**, SVP, Institute for Healthcare Improvement; **Kerwin, G., FACHE**, President/CEO, Bellin Health; **Gitomer, R., MD**, President & CQO, Emory Healthcare Network

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## L23 Engaging the Community to Improve Health Outcomes

**Room:** North Tower : Harbor Beach

**Learning Format:** To Be Determined

**Track:** Equity, Triple Aim for Populations

Effective community engagement requires listening, understanding, and responding to what your community needs and wants. It requires building relationships between health care providers, employees and customer-owners (i.e., patients). It requires a strong set of leadership principles. This session shares key lessons from Southcentral Foundation's (SCF) Nuka System of Care, which serves the Alaska Native people, and emphasizes customer-ownership and strong relationships built over time. The results of the transformed, relationship-based system, are reflected in high customer-owner and employee satisfaction rates as well as strong Health Information Data Set (HEDIS) measures.

After this presentation, participants will be able to:

- Discuss critical elements of Southcentral Foundation's transformation in a customer-owner direction
- Examine the effects of partnering with customer-owners on health outcomes and design aspects of health care delivery
- Review SCF leadership principles for a health care organization focused on customer-driven change initiatives

Presenters: **Gottlieb, K., MBA, DPS(hc)**, President and CEO, Southcentral Foundation; Eby, D., MD MPH, Vice President of Medical Services, Southcentral Foundation

## L24 Health System Design to Impact Social Determinants of Health

**Room:** Grand Ballroom : Salon 12-14

**Learning Format:** Case Study

**Track:** Equity, Triple Aim for Populations

Health care is not typically designed to influence the social determinants of health for patient populations. Yet it is widely understood that changing these factors is necessary to obtain better outcomes. In this interactive session, two innovative programs will highlight unique partnerships to deter substance abuse and to break the cycle of violence.

After this presentation, participants will be able to:

- Describe how partnerships with community stakeholders broaden the reach and impact of health care systems
- Identify three to five ideas for influencing the social determinants of health that they can test in their own work environments

Presenters: **Sevin, C., RN, MSN, NP**, Director, Institute for Healthcare Improvement; Kemper, J., MA, Project Manager, Institute for Clinical Systems Improvement; Heinz, B., MSW, MHA, Vice President, Operations, Chief Operating Officer, Regions Hospital; McCaw, B., MD, MPH, MS, Director, Family Violence Prevention Program, Kaiser Permanente

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## L25 Improving Children's Lives on Both Sides of the Pond

**Room:** North Tower : St. Thomas

**Learning Format:** Case Study

**Track:** Triple Aim for Populations

Children are our future. That statement is never more true than when considering population health. Improvement teams from Scotland and Cincinnati Children's Hospital are working together to create a transatlantic learning system, which focuses on improving outcomes for children and families through community engagement and various improvement techniques. This session will share the emerging learning from this unique multi-agency work.

After this presentation, participants will be able to:

- Identify common challenges to achieving population health from a children's development perspective
- Refine the learning system and collaborative improvement framework that underpin this transatlantic collaboration

Presenters: **Gray, R., RN, BA(Hons), MA**, Head of Early Years Collaborative, Scottish Government; Hannah, S., Head of Improvement Programme - Raising Attainment For All, Scottish Government; Kahn, R., MD MPH, Professor, Associate Chair for Community Health, Cincinnati Children's Hospital Medical Center; Kotagal, U., MBBS, MSc, Senior Vice President, Quality/Transformation and Director, Health Policy & Clinical Effectiveness, Cincinnati Children's Hospital Medical Center

## L26 Integrated Care and Health Equity

**Room:** North Tower : Key Biscayne

**Learning Format:** Simulation Encounter

**Track:** Equity, Triple Aim for Populations

Integration of behavioral health into primary care is increasingly recognized as essential to achieving the Triple Aim. This is especially true for populations with limited access to socially determined resources that would promote health (e.g., housing, food, and income). For health care organizations, it can be challenging to lead innovations while reimbursement structures and health policies lag. We present practical solutions, illustrated by examples, to facilitate sustainable change.

After this presentation, participants will be able to:

- Identify opportunities for integrated care within their organizations
- Identify and overcome challenges to achieving integrated care

Presenters: **Wrenn, G., MD**, Director, Division of Behavioral Health, Morehouse School Of Medicine; Gallego L., A., MPH, Program Director, Alliance for a Healthier SC, South Carolina Hospital Association; Shim, R., Vice Chair, Education and Faculty Development, Lenox Hill Hospital; Hornberger, J., MHS, Chief Strategy Officer, Cherokee Health Systems; Frye, L., MD, MPH, Instructor of Clinical Psychiatry, Morehouse School Of Medicine

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## L27 Rapid Scale-Up Over Seven Years: Lessons from Ghana

**Room:** North Tower : Key West

**Learning Format:** Case Study

**Track:** Triple Aim for Populations

Ghana's Project Fives Alive! has rapidly scaled up high-impact interventions for improving care for children under five. From an initial 35 subdistricts and nine district hospitals, the project now reaches over 280 subdistricts and 200 hospitals. Significant improvements in various processes and outcomes have been recorded. This session harvests key lessons from seven years of adaptations in project design, leadership, nurturing relationships, QI capability building, measurement, and human resource management.

After this presentation, participants will be able to:

- Highlight key challenges and opportunities when planning and executing large-scale QI programs
- Share strategies to mitigate and manage risks in large-scale QI programs
- Provide practical guidance for those designing, planning and executing large-scale QI programs

Presenters: Sodzi-Tettey, F., MD, MPH, Director of Ghana Operations, Institute for Healthcare Improvement; Mobisson-Etuk, N., Executive Director, Institute for Healthcare Improvement; Kanyoke, E., MSc., Project Lead, Department of Health, National Catholic Secretariat; **Twum-Danso, N., MD, MPH, FACPM**, Founder and CEO, MAZA

## L28 Redesigning Patient-Centered Care through Digital Health Technology

**Room:** Grand Ballroom : Salon 9-10

**Learning Format:** Buzz Session

**Track:** Triple Aim for Populations

Big data, mobile apps, and wearable tech are redefining the traditional relationships among providers and patients. With a flood of digital health technology, it can be overwhelming for providers to keep track of new apps and how they can benefit patients. This session will explore an approach to efficient learning about when, for whom, and for what purpose apps are appropriate, with the ultimate goal of achieving the Triple Aim.

After this presentation, participants will be able to:

- List at least three ways in which technology is disrupting the status quo of health care delivery
- Explore tools and methods that organizations can use to redesign care experiences with technology

Presenters: **Ostrovsky Md, A., MD**, CEO, Care at Hand; Mascavage, G., MHA, Imaging Solutions Design Leader, General Electric Healthcare

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## L29 Universal Roadmap to Population Health Management

**Room:** North Tower : Vinoy

**Learning Format:** Flipped Classroom

**Track:** Triple Aim for Populations

This session offers a hands-on review of a common roadmap to successful population health management for Accountable Care Organizations (ACOs) and at-risk organizations. It will include case examples from one of Florida's largest integrated delivery networks (IDNs) and an independent physician practice. Using the flipped classroom model, the session will share steps along the path, including risk stratification of patients; applying clinical protocols to patient registries; and implementing data transparency.

After this presentation, participants will be able to:

- Describe a common roadmap to successful population health management and how participants in both large IDNs and independent physician groups are structuring programs
- Explain how health care information technology can automate care gap identification, patient outreach, care management, patient engagement, and performance evaluation
- Identify how Lean Six Sigma methodology can be applied to re-engineer medical practice processes to support population health management

Presenters: **Adkisson, T., CNS, MSN, CCNS**, Corporate Director, Population Health & Care Coordination, Orlando Health; **McIntyre, M.**, Director, Quality, Risk & Population Health, Northeast Georgia Diagnostic Clinic; **Handmaker, K.**, VP, Population Health Strategies, Phytel

## L30 Leadership for Large Scale Change

**Room:** Crystal Ballroom : Salon N

**Learning Format:** Case Study

**Track:** Leadership, Triple Aim for Populations

In this session, participants will learn about how leaders have successfully driven large scale change. Drawing on case studies from Kaiser Permanente and Scotland's National Health Service, presenters will explore the behaviors, approaches and levers that can create a culture of improvement and generate large scale change. Participants will be invited to reflect on and share their improvement challenges and receive coaching on potential solutions.

After this presentation, participants will be able to:

- Identify the barriers to large scale improvement
- Describe the leadership behaviors needed to create a culture of improvement
- Create a personal action plan to increase their impact in improving health and care at scale

Presenters: **Feeley, D.**, Executive Vice President, Institute for Healthcare Improvement; **Compton-Phillips, A.**, MD, Executive Vice President and Chief Clinical Officer, Providence Health and Services

## Sunday, December 6: Receptions and Meals

**3:00 PM - 3:30 PM**

**Break1 Learning Lab Afternoon Break**

**Room:** Hall of Cities, Palms, Crystal, Grand & North Tower

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**5:00 PM - 7:00 PM**

Intlmtg International Attendee Meeting

*Room: Grand Ballroom : Salon 7*

## Monday, December 7: General

**6:30 AM - 10:00 PM**

shut2 Shuttles from Overflow Properties

*Room: Foyer : Convention Center Entrance - Shuttle Portico*

**7:30 AM - 6:00 PM**

Book1 Bookstore Open

*Room: Foyer : Crystal Foyer Bookstore*

**9:00 AM - 4:45 PM**

S21 21st Annual International Scientific Symposium on Improving the Quality and Value of Health Care

*Room: Gaylord Palms : GP- Sun Ballroom AB*

## Monday, December 7: Registration

**6:30 AM - 5:30 PM**

Pass2 Conference Pass Print Desk

## Monday, December 7: Orientation

**7:00 AM - 8:00 AM**

Orient2 National Forum Orientation (Monday)

*Room: Crystal Ballroom : Salon G*

## Monday, December 7: Excursions



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**8:00 AM - 5:00 PM**

## **FE10 Daytona International Speedway: Engaging the Community in Health and Safety**

**Room:** *Gaylord Palms : GP- Miami*

**Learning Format:** *Simulation Encounter*

Daytona International Speedway is home to the DAYTONA 500. Each year, more than 250,000 motor sports fans gather to watch this high-intensity, highly dangerous sport. This Excursion will show you how the Daytona community has joined forces to ensure that visitors, spectators, and drivers are safe. The tour will take you on a trip around the track, along the infield, and through the Florida Hospital Care Center. After the tour, you will hear from leaders in the organization via rapid fire presentations about Guest Services, Crowd Management, and Flow, Security, Safety & Emergency Preparedness, Large Scale Operations, Risk Management, and Daytona's partnership with Florida Hospital.

After this presentation, participants will be able to:

- Discuss the positive effects that community involvement has had on race operations and safety
- Identify at least two safety processes that could be applied to their own work environment

Presenters: **Leavitt Gullo, S., RN, BSN, MS**, Director, Institute for Healthcare Improvement; Salinas, G., MPA, Chief Clinical Officer, Rancho Los Amigos National Rehabilitation Center

## **FE1 Marriott World Center: Managing Large-Scale Operations**

**Room:** *Hall of Cities : Chicago/Denver*

**Learning Format:** *Simulation Encounter*

In this Excursion, participants will learn how the Marriott World Center handles the flow of large volumes of visitors yet offers superb customer service in the front office, adheres to schedules in the banquet kitchen, runs a golf club, tends to every detail of event and convention services, and manages daily housekeeping operations.

After this presentation, participants will be able to:

- Recognize and analyze key concepts of operations and flow in different industries
- Develop ideas for improving flow in their own work environments

Presenters: **Schall, M., MA**, Senior Director, Institute for Healthcare Improvement; Loehrer, S., MD, MPH, Executive Director, Institute for Healthcare Improvement

## **FE2 ENROLLMENT CLOSED: Universal Orlando®: Safety and Reliability**

**Room:** *Gaylord Palms : GP- Sun Ballroom 1-3*

**Learning Format:** *Simulation Encounter*

Sword fights ... staged gunshots ... boat explosions ... what do these have in common with patient safety and reliability in health care? Learn how the Universal Orlando stunt team ensures the safety of staff and visitors during high-risk stunts, addresses reliability during handoffs and staffing changes, and handles unexpected events.

After this presentation, participants will be able to:

- Recognize and analyze key concepts of safety and reliability in various settings
- Develop ideas for improving safety in their own work environments

Presenters: **Griffin, F., RRT, MPA**, Owner, Fran Griffin & Associates LLC; Lachman, P., MD, MPH, FRCPCH, Deputy Medical Director for Patient Safety, Great Ormond Street Hospital for Children NHS Trust

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## FE3 Orlando Health Hospital Site Visit: Delivering Great Care with High Reliability

**Room:** Foyer : National Forum Welcome Center

**Learning Format:** Simulation Encounter

Get a behind-the-scenes look at how Orlando Health System has fostered the deep engagement of its clinicians, staff, and patients through a focus on teamwork and results. Participants in this hospital site visit will get an opportunity to visit the largest neonatal intensive care unit (NICU) in the world and learn how Orlando Health System delivers great, person-centered care with high reliability.

After this presentation, participants will be able to:

- Describe the structures that build the deep engagement of clinicians and staff
- Discuss the leadership behaviors that can deepen the engagement of staff and patients and lead to great results
- Develop two strategies to improve engagement at their institutions

Presenters: **Haraden, C., PhD**, Vice President, Institute for Healthcare Improvement

## FE4 Gaylord Palms: Joy in Work and Customer Satisfaction

**Room:** Gaylord Palms : GP: Tallahassee

**Learning Format:** Simulation Encounter

This Excursion will give participants an opportunity to learn how Gaylord Palms, a large hotel and convention center, improved its operating margin, increased customer satisfaction, enhanced workforce morale, and reduced employee attrition by focusing on employee satisfaction and joy in work. Participants will learn how the strategies employed by this non-health-care organization could be applied in the health care environment.

After this presentation, 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 environments
- Recognize and analyze key concepts of employee motivation and staff engagement in different industries

Presenters: **Gunther-Murphy, C.**, Executive Director, Institute for Healthcare Improvement; Dickson, E., MHCM, MD, President and CEO UMass Memorial Health Care, University of Massachusetts Memorial Medical Center

## FE6 ENROLLMENT CLOSED: Disney's Keys to the Kingdom: Generating Positive Experiences for Multiple Generations

**Room:** Gaylord Palms : GP- Naples

**Learning Format:** Simulation Encounter

Disney World has continuously transformed expectations of — and experiences in — theme parks. This Excursion will explore the breakthrough thinking that led to the park's creation and the ongoing support of innovative ideas that keep the park fresh. Participants will see how Disney's core concepts manifest in guest relations, idealized flow, and service standards demonstrated live. They will also learn how Disney is able to incorporate separate innovations into one large system.

After this presentation, participants will be able to:

- Articulate the key values and cultural beliefs that support the ongoing quest for enjoyment in this setting

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- Apply ideas around guest relations, service standards, idealized flow, and system design to their own work environments

Presenters: **Torres, T., MD, MSPH, FACPM**, SVP, Institute for Healthcare Improvement; Chase, A., BS, MS, Consultant, LLC, No Organization

## FE5 Central Florida Zoo: Patient Care and Operations

**Room:** *Gaylord Palms : GP- Sanibel*

**Learning Format:** *Simulation Encounter*

This Excursion will go "backstage" at the Central Florida Zoo, a large-scale operation engaged in the care of very special "patients." Participants will learn key efficient safety processes in the zoo's strategy for providing care for more than 400 animals. Participants will also learn key concepts from this non-health-care setting that can be applied to staff and patients in their own work environments.

After this presentation, participants will be able to:

- Identify ways of managing large-scale operations and patient care from a non-health-care industry
- Develop ideas for improving organization-wide operations and patient care processes in their own work environment

Presenters: **Duncan, K., RN**, Faculty, Institute for Healthcare Improvement; DeBartolo, K., National Field Manager, Institute for Healthcare Improvement

## FE7 ENROLLMENT CLOSED: Kennedy Space Center: Quality and Innovation at NASA

**Room:** *Grand Ballroom : Salon 7*

**Learning Format:** *Simulation Encounter*

Kennedy Space Center is the headquarters for United States space travel and innovation. Discover how years of innovation, science, and Plan-Do-Study-Act (PDSA) testing has made the US space program one of the best in the world. Attendees will experience a private bus tour through the grounds of Cape Canaveral with views of the vehicle assembly building and rocket launch pads. Sights will include the first moon rocket and the Atlantis space shuttle, and discussion will cover the successes and failures that have made NASA what it is today. The tour will conclude with a Q & A session with a veteran NASA astronaut.

After this presentation, participants will be able to:

- Identify examples of innovation in an out-of-health-care industry that can be compared to, and applied in, their work environments
- Describe at least two examples of successful PDSA tests in the creation of the first moon rocket

Presenters: **Lewis, N., MS**, Executive Director, Institute for Healthcare Improvement; Bihrl Johnson, M., MPH, Director, Innovation, Institute for Healthcare Improvement

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## **FE8 ENROLLMENT CLOSED: Disney's Animal Kingdom: Conservation, Enrichment and Patient Care**

**Room:** *Gaylord Palms : GP- Sarasota*

**Learning Format:** *Simulation Encounter*

Home to more than 1,700 animals, Disney's Animal Kingdom is one of the largest animal theme parks in the world. Get a behind-the-scenes look at the work that is done each day to keep these animals healthy and thriving. Attendees will visit the animal nutrition center, the clinic and operating room, and the barns where animals are housed and trained. The tour will conclude with a Safari ride.

After this presentation, participants will be able to:

- Discuss the work of trainers to engage animals in their own care
- Develop ideas for improving organization-wide operations and patient care processes in their own work environments
- Identify non-verbal signs that help us understand the patient/animal experience

Presenters: **Hayward, M.**, Lead, Patient and Family Engagement, Institute for Healthcare Improvement; Moses, J., MD, MPH, Medical Director of Quality Improvement, Associate CQO, Boston Medical Center

## **FE9 EA SPORTS - Tiburon: Innovation and Creativity**

**Room:** *Gaylord Palms : Captiva*

**Learning Format:** *Simulation Encounter*

Join the leaders in the video game industry as they describe how they foster an environment of continuous innovation and creativity. Members of IHI's Innovation Team will guide participants as they hear about EA Tiburon's new product design processes, methods for keeping pace with customer preferences, and approach to team engagement.

After this presentation, participants will be able to:

- Recognize and analyze key concepts of innovation and creativity from various settings
- Identify examples of innovation and creativity in another industry that can be applied to their work environments

Presenters: **Duncan, J., RN, MS, MPH**, Director, Institute for Healthcare Improvement; Schilling Rn Mph, L., RN, MPH, National Vice President, Healthcare Performance Improvement, Kaiser Permanente

**Monday, December 7: Minicourse**

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**8:30 AM - 4:00 PM**

## **M1 A One-Day School for Health Care Radicals**

**Room:** *Crystal Ballroom : Salon K-M*

**Learning Format:** *Flipped Classroom*

**Track:** *Improvement Capability*

The people who change the world are the heretics and radicals--those with the courage and skills to challenge the status quo and show there's a better way. If you're criticized for speaking out or frustrated because "the system" blocks improvement, this school's for you. You'll learn how to rock the boat, yet stay in it. It's more than a school; it's an inspiring community of people like you who want to make a difference.

After this presentation, participants will be able to:

- Describe the tactics and strategies employed by radical leaders of change
- Build alliances for change based on social movement principles to increase the likelihood of success for improvement efforts

Presenters: **Bevan, H., PhD**, Chief Transformation Officer, NHS Improving Quality; Fairman, S., Managing Director, NHS Improving Quality

## **M2 Achieving Strategic Results**

**Room:** *Crystal Ballroom : Salon A-C*

**Learning Format:** *Case Study*

**Track:** *Improvement Capability, Leadership*

Achieving sustainable, strategic results in the complex world of health care is critical but difficult. Health systems around the world are attempting to transition from a fee-for-service model to managing the health of a population. To do so effectively, an appropriate framework is essential. This session will describe the six dimensions of a comprehensive framework for aligning and deploying strategy in complex organizations.

After this presentation, participants will be able to:

- Develop a plan to implement a comprehensive execution framework within their organizations
- Discuss the cultural alignment necessary to achieve strategic results in complex organizations

Presenters: Knox, P., MS, BS, Executive Vice President, Chief Learning and Innovation Office, Bellin Health; **Kerwin, G., FACHE**, President/CEO, Bellin Health

## **M3 Better Quality Through Better Measurement**

**Room:** *Grand Ballroom : Salon 3*

**Learning Format:** *Flipped Classroom*

**Track:** *Improvement Capability*

This session will provide participants a chance not only to understand the milestones in the quality measurement journey but also to apply them to their work. Faculty will offer guidance and practical tips for selecting measures, specifying operational definitions, and building data collection plans. Both conceptual and statistical approaches to understanding variation will be reviewed. Guidance will also be provided on how to build strategic dashboards and improve the visual display of data.

After this presentation, participants will be able to:

- Develop measures, operational definitions, and practical data collection plans that support organizational objectives

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- Evaluate their current measurement system and make adjustments

Presenters: **Lloyd, R., PhD**, Vice President, Institute for Healthcare Improvement; Williams, D., Ph.D., Executive Director, Institute for Healthcare Improvement

## **M4 Engage Physicians to Transform Care**

**Room:** Grand Ballroom : Salon 12-14

**Learning Format:** Lecture

**Track:** Improvement Capability, Leadership

Physicians need proficiency in the technical tools of process improvement to help transform care. But these skills alone don't ensure the engagement necessary for commitment and results. For that, physicians must shift their traditional views of teamwork, autonomy and leadership. This session will describe a comprehensive framework for actions executives and physician leaders can follow to address barriers to engagement. Virginia Mason serves as a case example of results achieved.

After this presentation, participants will be able to:

- Describe how they can use urgency, shared vision, change sponsorship, an explicit compact, and a single organization-wide improvement method to engage physicians
- Draw lessons from the case example that can be applied to their own organizations

Presenters: Silversin, J., DMD, DrPH, President, Amicus, Inc.; **Kaplan, G., MD**, Chairman & CEO, Virginia Mason Medical Center

## **M5 High-Impact Leadership in the Real World**

**Room:** Crystal Ballroom : Salon G

**Learning Format:** Case Study

**Track:** Improvement Capability, Leadership

What does leadership mean in a world of constant challenge and change? Are there really high-impact changes that have the potential to accelerate transformation across health and social care? This session will draw on real-life examples where the answer to these question is a resounding "yes." Using IHI's newest thinking on leading improvement, the speakers will draw on their global experience to describe how to lead sustainable change.

After this presentation, participants will be able to:

- Identifying their leadership mental models and behaviors
- Develop new individual and organizational leadership skills and behaviors consistent with achieving Triple Aim results

Presenters: **Feeley, D.**, Executive Vice President, Institute for Healthcare Improvement; Leitch, J., National Clinical Director, Scottish Government Health Department; Swensen, S., MD, MMM, FACR, Medical Director, Leadership & Organization Development, Mayo Clinic

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## M6 The IHI Innovation Relay

**Room:** North Tower : Vinoy

**Learning Format:** Simulation Encounter

**Track:** Improvement Capability

In an Innovation Relay, a small team from diverse professional and personal backgrounds is formed to find an innovative solution to a health care problem. In this interactive session, teams will identify, test, refine, and retest possible solutions. Participants will develop a mini-network of new peers, acquire a working knowledge of IHI's Innovation Process, and identify a potential solution to test on a problem in their home organization.

After this presentation, participants will be able to:

- Describe the IHI Innovation Relay and how it can be applied to solve problems in health care organizations
- Discuss the innovation strategies of scanning, generating ideas, employing empathy, prototyping, and building theories
- Identify a problem and begin building prototypes in a rapid design process that can be tested in their home organization and other organizations

Presenters: **Martin, L., MSPH**, Executive Director, Institute for Healthcare Improvement; Mate, K., MD, Senior Vice President, Institute for Healthcare Improvement

## M7 Leadership at the Middle: Building Capability

**Room:** Hall of Cities : New York/New Orleans

**Learning Format:** Case Study

**Track:** Improvement Capability, Leadership

Developing capability is one of the six domains of IHI's High-Impact Leadership Model. Most organizations recognize the need to invest in developing leadership skills in management and clinical leaders, but struggle with what to teach and how to deploy training. This session will help participants further develop their own leadership skills as well as present case studies and current examples from organizations exploring new ways of "developing leadership at the middle."

After this presentation, participants will be able to:

- Describe the core concepts underpinning IHI's High-Impact Leadership Model
- Develop their own leadership skills

Presenters: **Pugh, M., MPH**, President, M&P Associates, LLC; Munch, D., MD, SVP Chief Clinical Officer, Healthcare Performance Partners; Luzinski, C., DSL, RN, NEA-BC, FACHE, VP Performance Optimization, Cheyenne Regional Medical Center; Karsten, M., PhD, MSN, BSN, RN, CEO, Cheyenne Regional Medical Center

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## M8 Putting the Fun into Health Improvement Learning

**Room:** Grand Ballroom : Salon 9-10

**Learning Format:** Buzz Session

**Track:** Improvement Capability

This session offers a multi-platform educational experience that puts the fun back into the fundamentals of QI education. Using a blend of classroom and online learning, we will work to create solutions to a practical problem using our new skills. If you want to have a lively and fun day, where you learn new skills and connect with global improvement networks, then come and join us! To participate, please bring an Internet-enabled device.

After this presentation, participants will be able to:

- Assemble a toolkit of powerful approaches for leading and supporting improvement
- Develop confidence, knowledge, and skills to operate as an effective improvement leader

Presenters: **Guest, C., BA, PGCE, PG Dip, MA, FSET**, MOOC Content Lead and Learning Facilitator, National Health Service - Improving Quality; Herbert, M., Programme Manager, National Health Service - Improving Quality; Bardon, R., BA; Acad Exam in Journalism, Communication manager, improvement leader, Qulturum; Andersson, A., PhD, Senior Lecturer, The Jönköping Academy for Improvement of Health and Welfare; Stevenson, K., BA, BScPT, MSc, Faculty, The Jonkoping Academy for Improvement of Health and Welfare

## M9 Advancing Patient Safety: Resilience Engineering

**Room:** Grand Ballroom : Salon 4-6

**Learning Format:** Case Study

**Track:** Patient Safety

Current methods in improving patient safety, known as Safety I, have resulted in robust systems that manage many types of harm. The next frontier, known as Safety II, is to build resilient systems that absorb upsets, manage the unexpected, and adjust to preserve function. This session will review Safety I and Safety II theory and showcase health care applications that not only retain the natural resilience of systems but actively improve it.

After this presentation, participants will be able to:

- Identify and apply methods of Safety I and Safety II
- Develop a strategy for safety improvement using resilience engineering

Presenters: **Yates, G., MD**, Vice President, Sentara Healthcare; Clapper, C., PE, CQM, Partner & COO, Healthcare Performance Improvement, LLC; Leonard, M., MD, Principal, Safe & Reliable Healthcare, Safe & Reliable Healthcare



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## **M10 Leading in a Crisis: The Power of Transparency**

**Room:** North Tower : Key Largo

**Learning Format:** Flipped Classroom

**Track:** Leadership, Patient Safety

Serious clinical failures occur in all organizations. How an organization responds to these crises can either seriously harm or strengthen it. A slow, reluctant, defensive response makes a bad situation much worse. Organizations that act promptly, transparently, and empathetically can grow stronger and reduce future risks. Through interactive role play and case-based discussions, this session will help you lead your organization through crisis to true high performance.

After this presentation, participants will be able to:

- Identify leadership behaviors that can rebuild trust in the face of serious clinical failures
- Communicate with patients, caregivers, media, and lawyers with transparency and empathy
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Presenters: **Stewart, K., MB MPH FRCP FRCPI**, Clinical Director, Clinical Effectiveness Unit, Royal College of Physicians; Sadler, B., JD, Senior Fellow, IHI, Institute for Healthcare Improvement; Oldham, M., CEO Advisor to FMLM (secondment), The Royal Wolverhampton Hospitals NHS Trust; Kenney, L., President/Founder, MITSS

## **M11 Reducing Diagnostic Error: A Practical Workshop**

**Room:** North Tower : Marco Island

**Learning Format:** Buzz Session

**Track:** Patient Safety

Avoiding diagnostic errors represents the next frontier of patient safety. This session will present a comprehensive approach to improving diagnostic reliability that can be incorporated into existing patient safety programs. Attendees will participate in practical exercises addressing measurement, analysis, cognitive, and systems causes of diagnostic errors. An array of potential solutions will be discussed.

After this presentation, participants will be able to:

- Discuss the recent epidemiology of diagnostic error
- Identify methods to minimize errors in diagnosis in the clinical setting
- Apply a specific tool to analyze diagnostic errors in their home organizations

Presenters: Trowbridge, R., MD, Division Director, General Internal Medicine, Maine Medical Center; Hoar, H., MD, Med-Peds Hospitalist, Baystate Medical Center; **Salvador, D., MD, MPH**, Vice President, Medical Affairs, Baystate Medical Center

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## **M12 Cultural Competency 2.0: Health Equity and Quality**

**Room:** North Tower : Key West

**Learning Format:** Flipped Classroom

**Track:** Equity, Person- and Family-Centered Care

Through a combination of lecture, video clips, interactive exercises, and discussion, participants will explore cultural competency through such themes as race/ethnicity, language, religion/spirituality, sexual orientation, gender identity, social determinants of health, accurate collection of patient demographic data, and unconscious bias. The participants will identify how these themes contribute to health and health care disparities, and discuss tools and strategies for promoting health equity.

After this presentation, participants will be able to:

- Develop a basic understanding of culture, intersectionality, cultural competency, health equity, and the relationship with patient safety and quality
- Identify tools and strategies for reducing disparities in health and health care

Presenters: **Wilson, C., MA, MHS, CPHQ**, Diversity & Inclusion, Cultural Competence, & Health Equity, No Organization; Wilson-Stronks, A., MPP, CPHQ, Advocate, Consultant, Researcher, Wilson-Stronks, LLC

## **M13 Essentials for Person-Centeredness and Joy in Work**

**Room:** North Tower : Grand Cayman/Puerto Rico

**Learning Format:** Simulation Encounter

**Track:** Person- and Family-Centered Care

Compassionate, dialogue-based patient interactions and effective team coaching skills are often overlooked by leaders. Patients consistently convey that we fail to understand who they are, what matters most, and how to work together to co-design their care. These relationship-based skills are as vital as clinical expertise to achieving optimal care outcomes and joy in our work. Learn the L3 and C.O.A.C.H. approaches that all leaders can implement to create better clinical and experiential outcomes.

After this presentation, participants will be able to:

- Identify the purpose of compassionate, dialogue-based patient interactions and the role of leaders in encouraging them
- Develop relationship-based skills through simulation

Presenters: **White, K., RN, BSN, MBA**, Co-Founder, Aefina Partners; Balik, B., RN, EdD, Co-Founder, Aefina Partners

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## M14 Patient Voice in Quality: Beyond Advisory Councils

**Room:** North Tower : St. Thomas/West Indies

**Learning Format:** Flipped Classroom

**Track:** Person- and Family-Centered Care

Person- and family-centered care means including the patient voice in real and substantial ways. This session teaches how to think effectively about, plan for, and succeed at patient engagement for quality improvement. Participants will learn how to engage any stakeholder group through basic principles of engagement design. Case studies will be discussed. Participants will leave with a plan for their most challenging engagement opportunity.

After this presentation, participants will be able to:

- Develop confidence to propose and implement plans for appropriate engagement for any project in their organizations
- Demonstrate skills to move their organizations beyond advisory councils and become leaders in patient engagement

Presenters: **Davis, C., MN, ARNP**, Co-Director, Geriatric Nurse Practitioner, Centre for Collaboration, Motivation, and Innovation; Lawrence, A., Content Expert - Patient Engagement, Centre for Collaboration, Motivation, and Innovation; Scholtz, R., Self-employed, No Organization

## M15 Right Care, in the Right Place, at the Right Time

**Room:** Grand Ballroom : Salon 1-2

**Learning Format:** Case Study

**Track:** Quality Cost and Value

Addressing issues of access and patient flow is essential to ensuring high-quality, patient-centered care. Failure to provide the right care, in the right place, at the right time puts patients at risk for sub-optimal care. Poorly managed patient flow in hospital and office practice settings also adds to the burden on clinicians and accelerates burnout. Improved access and patient flow are critical levers to increase value for patients, clinicians, and health care systems.

After this presentation, participants will be able to:

- Apply the conceptual framework for system optimization to improve patient access and flow
- Analyze successful strategies for creating a sustainable system of patient-centered access to primary care and patient flow

Presenters: **Rutherford, P., RN, MS**, Vice President, Institute for Healthcare Improvement; Luther, K., RN, MPM, Vice President, Institute for Healthcare Improvement; Kabcenell, A., RN, MPH, Vice President, Institute for Healthcare Improvement; Anderson, A., Research, Innov | Co-Chair, IHI Diversity/Inclusion Council, Institute for Healthcare Improvement; Funk, K., Vice President of Clinical Services, Clinica Family Health Services; Van Why, R., Senior Vice President, HealthPartners

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## M16 True Cost and Value of Mental Health Integration

**Room:** North Tower : Aruba/Bahamas

**Learning Format:** Flipped Classroom

**Track:** Quality Cost and Value

This session will demonstrate how Intermountain Healthcare (IH) has established value through an affordable, team-based approach. The approach integrates screening, treatment, and management of mental health into an organized, measured process within the routine primary care encounter. We will share evidence from a retrospective longitudinal impact study that mental health integration improves the quality of patient-reported outcomes while reducing unnecessary costs to the community.

After this presentation, participants will be able to:

- Identify how integrating mental health services into primary care improves outcomes
- Apply measurement methodology to robust longitudinal registries to monitor clinical and operational benchmarks for population health
  
- Demonstrate the greater value provided by high-performing, team-based care

Presenters: Reiss-Brennan, B., PhD, APRN, CS, Mental Health Integration Director, Intermountain Healthcare; **Brunisholz, K., MST**, statistician, University of Utah

## M17 Whole System Transformation -- What it Takes

**Room:** North Tower : Harbor Beach

**Learning Format:** Buzz Session

**Track:** Quality Cost and Value

Long-term health care leaders from Scotland, Sweden, and Alaska will facilitate a day-long learning experience about whole system transformation. The session will cover effective use of drivers, optimal use of networks, large-scale mobilization, creating learning organizations, and the power of customer-driven design. It will include stories, group activity, passionate discussion, and visions of the future.

After this presentation, participants will be able to:

- Define effective drivers of system transformation in support of community health and well-being
- Explore methods of creating learning organizations that mobilize effectively at the point of care
- Debate the critical elements of the effective health care system of the future

Presenters: **Henriks, G.**, Chief Executive of Learning and Innovation, The County Council of Jönköping; Leitch, J., National Clinical Director, Scottish Government Health Department; Eby, D., MD MPH, Vice President of Medical Services, Southcentral Foundation; Ross, L., Executive Assistant, Southcentral Foundation

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## M18 Achieving Health Equity: What Will it Take?

**Room:** *Crystal Ballroom : Salon E-F*

**Learning Format:** *Buzz Session*

**Track:** *Equity, Triple Aim for Populations*

Martin Luther King, Jr. said, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane." The time is past due to address the Institute of Medicine (IOM) aim of equity. This session will detail approaches for increasing equity, and provide case examples and lessons learned. IHI Fellows will offer coaching to develop an achievable plan to bring back to your home organization.

After this presentation, participants will be able to:

- Identify strategies for building will to achieve greater equity
- Apply tools for health equity improvement, including measurement frameworks, policy frameworks, and improvement methods
- Develop an action plan for next steps

Presenters: Reid, A., MPH, Senior Research Associate, Institute for Healthcare Improvement; **Botwinick, L., M.S.**, Director, Graduate Program in Health Admin & Policy, University Of Chicago; Berwick, D., MD, MPP, President Emeritus and Senior Fellow, IHI, Institute for Healthcare Improvement; Fleishman, J., PhD, Director, Behavioral Science, Leadership Development, and QI, Tufts Family Medicine Residency at CHA; Williams, D., PROFESSOR, Harvard University School of Public Health

## M19 Analytics, Big Data, & Partnerships

**Room:** *Crystal Ballroom : Salon P-Q*

**Learning Format:** *Buzz Session*

**Track:** *Triple Aim for Populations*

In this era of big data, massive databases of health information are accumulating, including electronic health records (EHRs), genomics, mobile computing, and social media archives. This session provides a succinct, user-friendly opportunity to understand the power of predictive and visualization analytics to ascertain patterns, trends, and evidence that will guide progress toward the Triple Aim.

After this presentation, participants will be able to:

- Identify applications of predictive and visualization analytics
- Examine scholarship, care management, and executive leadership energized by big data solutions

Presenters: **Delaney, C., PhD, RN, FAAN, FACMI**, Professor & Dean, University of Minnesota School of Nursing; Clancy, T., Clinical professor and Associate Dean, University of Minnesota School of Nursing; Monsen, K., Associate Professor, University of Minnesota School of Nursing; Pechacek, J., Clinical Assistant Professor, Director, Doctor of Nursing Pr, University of Minnesota

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## M20 Team-Based Primary Care to Treat the Whole Person

**Room:** North Tower : Sawgrass

**Learning Format:** Buzz Session

**Track:** Triple Aim for Populations

Team-based care and behavioral health integration are hot topics in primary care. For good reason: care provided by an interdisciplinary team that addresses patients' medical and behavioral needs can improve outcomes, patient experience, and reduce costs. This interactive session is designed to equip participants with the necessary content, skills, and tools to support the implementation of team-based primary care that integrates behavioral health within their organizations.

After this presentation, participants will be able to:

- Describe the key changes needed to implement team-based primary care that integrates behavioral health
- Identify and start to build the necessary skills to support integrated, team-based primary care
- Develop an action plan to implement integrated, team-based primary care at their organizations

Presenters: **Laderman, M., MSPH**, Senior Research Associate, Institute for Healthcare Improvement; Hupke, C., RN, BS, MBA, Director, Institute for Healthcare Improvement; Bradley, W., LPC, CAADC, Senior Director, Health Integration, Ampersand Health; Langley, J., Statistician, Associates in Process Improvement

## M21 The 100 Million Healthier Lives: Health Care Systems Transformation

**Room:** Hall of Cities : Anaheim

**Learning Format:** Buzz Session

**Track:** Equity, Triple Aim for Populations

To achieve the Triple Aim, health systems need to learn a new set of competencies both within and beyond the walls of the health care system. This session will feature health system innovators and leaders from IHI's 100 Million Healthier Lives campaign who are working to transform health. It will give participants a glimpse of the range of strategies health systems can implement to become good at health AND good at care.

After this presentation, participants will be able to:

- Assess their readiness to improve health at scale
- Create a strategic plan for health system transformation, including governance, leadership engagement, and workforce engagement

Presenters: **Stout, S., MD, MS**, Executive External Lead for Health Improvement, Institute for Healthcare Improvement; Barnett, K., Senior Investigator, Public Health Institute; Berwick, D., MD, MPP, President Emeritus and Senior Fellow, IHI, Institute for Healthcare Improvement

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## M22 Is Lifestyle What the Doctor Ordered? Addressing Diabetes Risk

**Room:** Hall of Cities : Miami

**Learning Format:** Case Study

The American Medical Association, Kaiser Permanente and HealthPartners are on a journey to raise diabetes risk as the next opportunity in prevention. This session addresses strategic approaches to diabetes risk and includes case studies from KP Georgia and Health Partners that outline different approaches to population health and risk segmentation, including clinical pathway and decision support to identify those at risk and provide them with evidence-based approaches to reinforce healthy lifestyle changes.

After this presentation, participants will be able to:

- Understand the science of pre-diabetes to date
- Articulate how to leverage population health strategies to address diabetes risk in both care delivery and employer settings
- Leverage performance improvement methods for impact
- Apply EMR tools to support clinical pathways

Presenters: Histon, T., PhD, Senior Principal Consultant, Obesity Prevention & Treatment, Kaiser Permanente; Pronk, N., VP and Health Science Officer, HealthPartners; Hasan, O., MD, MPH, FACP, Vice President, American Medical Association; Christian-Herman, J., Executive Director, Healthworks Innovation & Evaluation, Kaiser Permanente; Bell, M., Director, Center for Care Partnership, Kaiser Permanente

## Monday, December 7: Receptions and Meals

### 7:00 AM - 8:30 AM

**Breakf Minicourse Attendee Continental Breakfast**

**Room:** Hall of Cities, Palms, Crystal, Grand & North Tower

### 7:30 AM - 8:30 AM

**FEUB Forum Excursion Breakfast - Gaylord Palms**

**Room:** Gaylord Palms : GP - Sun Foyer

**FE1breakf FE1 Forum Excursion Marriott Breakfast**

**Room:** Hall of Cities : Chicago/Denver

### 10:00 AM - 10:30 AM

**Break2 Minicourse Morning Break**

**Room:** Hall of Cities, Palms, Crystal, Grand & North Tower

**AMBKGP Scientific Symposium AM Break - Gaylord Palms**

**Room:** Gaylord Palms : GP - Sun Lobby

### 11:45 AM - 12:45 PM

**FE1Lunch FE1 Forum Excursion Marriott Lunch**

**Room:** Hall of Cities : Chicago/Denver

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## 12:00 PM - 1:00 PM

Lunch1 Minicourse Lunch

*Room: Hall of Cities, Palms, Crystal, Grand & North Tower*

LunchGP Scientific Symposium Lunch - Gaylord Palms

*Room: Gaylord Palms : GP- Sun Lobby*

## 2:00 PM - 3:00 PM

Break3 Minicourse Afternoon Break

*Room: Hall of Cities, Palms, Crystal, Grand & North Tower*

## 3:00 PM - 3:45 PM

PMBKGP Scientific Symposium & Forum Excursions PM Break - Gaylord Palms

*Room: Gaylord Palms : GP- Sun Lobby*

## 3:30 PM - 6:30 PM

Recpt1 National Forum Welcome Reception

*Room: Palms Ballroom : Palms Ballroom (Exhibit Hall)*

ExhOp3 Exhibit Hall Welcome Reception

## 4:00 PM - 7:00 PM

ChpCon 8th Annual IHI Open School Chapter Congress

*Room: Crystal Ballroom : Salon H*

## 6:30 PM - 7:00 PM

CV Candlelight Vigil: Honoring our Patients, Friends, and Family Members

*Room: Courtyard Terrace*

## 7:00 PM - 9:00 PM

Pres Presenter Reception

*Room: Grand Ballroom : Salon 7*

## Monday, December 7: Exhibit Hall Events

### 3:30 PM - 6:30 PM

ExhOp1 Exhibition Hall Open

### 4:45 PM - 5:15 PM

vs1 Vendor Presentation: Minitab - Stop Juggling with Your Data

*Learning Format: None*



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When you already have a lot of balls in the air, analyzing data can become the first task to drop. But understanding your data shouldn't be a struggle. Join us to learn how to juggle for real—and how to make data analysis much easier to handle.

Presented by Bill Hooper, William Hooper Consulting

## Tuesday, December 8: General

**6:30 AM - 10:00 PM**

shut3 Shuttles from Overflow Properties

*Room: Foyer : Convention Center Entrance - Shuttle Portico*

**7:30 AM - 6:30 PM**

Book2 Bookstore Open

**8:00 AM - 3:00 PM**

CEOGC 2015 CEO and Leadership Summit with General Conference

## Tuesday, December 8: Registration

**6:30 AM - 5:30 PM**

Pass3 Conference Pass Print Desk

## Tuesday, December 8: Orientation

**7:00 AM - 8:00 AM**

Orient3 National Forum Orientation (Tuesday)

*Room: Crystal Ballroom : Salon G*

## Tuesday, December 8: Workshop A

**9:30 AM - 10:45 AM**

SW1 Storyboard Walkaround: The Early Years Collaborative

*Room: Cypress Ballroom : Ballroom 1*

*Learning Format: Storyboard Walkaround*

Presenters: Edwards, A., Co-Medical Director Children's Health Initiatives; Chair Ped, Health Partners; Paterson, K., Master of Arts (Honours), Improvement Advisor, Early Years Collaborative, Government Agency; Lodge, J., RN, BSN, Pediatric Nurse Navigator, High Risk Populations, St. Charles Health System; Wyllie, E., Headteacher, St Ninians Primary School; **Hannah, S.**, Head of Improvement Programme - Raising Attainment For All, Scottish Government

SW2 Storyboard Walkaround: Community Partnerships

*Room: Cypress Ballroom : Ballroom 1*

*Learning Format: Storyboard Walkaround*

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Presenters: Cherala, S., MD,MPH, Assistant Professor/Senior Clinical Analyst, University of Massachusetts Medical School; Caswell, L., Manager of Community Health, Presbyterian Healthcare Services; Rosen, S., MD, VP, Women's Health, Northwell Health; **Balgobin, A., MHA**, Sr. Relationship/Project Manager, Institute for Healthcare Improvement; Proulx, C., Health Education Specialist, Ammonoosuc Community Health Services, Inc.,

## **A1 Personal Mastery for Transformational Leadership**

**Room:** Cypress Ballroom : Ballroom 3

**Learning Format:** Case Study

**Track:** Leadership

Transformational change depends on how fast and how far people shift roles and ways of thinking and relating. Leaders must recognize that interpersonal tension and resistance are both human and ubiquitous in order to tackle the difficult tasks of managing their own reactions, standing firm on decisions, and engaging others with individual consideration. Participants will learn a method for situational reflection for "personal mastery"—a discipline of continuous learning to achieve desired results and relationships.

After this presentation, participants will be able to:

- Identify and respond effectively to reactions in both oneself and others that may interfere with progress
- Describe the components of a dialogic method for helping to shift habits and patterns

Presenters: **Baker, N., MD**, Principal, Neil Baker Consulting and Coaching

## **A2 Back to Basics: Building Essential Quality Improvement Skills**

**Room:** Crystal Ballroom : Salon N

**Learning Format:** Lecture

**Track:** Improvement Capability, Student

So, you can explain what the letters PDSA (Plan, Do, Study, Act) 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 jumpstart for those who are new to the QI journey. This session is built around the IHI Model for Improvement (MFI) and will demonstrate how to link the three questions related to aim, measurement, and change concepts to the sequence of improvement.

After this presentation, participants will be able to:

- Provide a detailed description of the MFI and how to apply it to QI initiatives
- Define the sequence of improvement (testing, implementing, and spreading) and the key tools and methods used during the QI journey

Presenters: Lloyd, R., PhD, Vice President, Institute for Healthcare Improvement; **Taylor, J., EdD**, Improvement Advisor; Learning Designer, Institute for Healthcare Improvement

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## A3 Catalyzing Students and Residents as Change Agents

**Room:** *Crystal Ballroom : Salon P-Q*

**Learning Format:** *Rapid-Fire Sessions*

**Track:** *Improvement Capability, Leadership, Student*

Managing population health is challenging and complex. But by creating close ties with your community and leveraging local students, your organization can make positive changes. In this session, the Open School will share an update on their efforts to activate learners to improve health. Student leaders will share how they are applying an organizing approach to health care transformation.

After this presentation, participants will be able to:

- Design and implement an action-oriented campaign effort
- Apply organizing skills to a local campaign or improvement effort

Presenters: **Perlo, J., MPH**, Senior Community Manager, Open School, Institute for Healthcare Improvement; **Hilton, K., JD, MTS**, Senior Faculty, ReThink Health

## A4 Designing for Scale: Building a Scalable Unit

**Room:** *North Tower : Harbor Beach*

**Learning Format:** *Flipped Classroom*

**Track:** *Improvement Capability*

Improvement efforts that are intended to have a wide impact often get stuck in the “pilot” phase. To avoid stalling, it is important to understand the concept of a “scalable unit,” i.e., the smallest representative facsimile of the system targeted for full-scale implementation. Several examples will be given, and participants will be guided in applying this approach to their own settings.

After this presentation, participants will be able to:

- Identify key strategies for achieving results at scale
- Build a “scalable unit” as part of a plan for achieving results at scale

Presenters: **Barker, P., MBChB,MD**, Senior Vice President, Institute for Healthcare Improvement; **Schall, M., MA**, Senior Director, Institute for Healthcare Improvement

## A5 Healthcare Equity Scholars Program: Building Capacity

**Room:** *North Tower : Bahamas*

**Learning Format:** *Lecture*

**Track:** *Equity, Improvement Capability*

The Healthcare Equity Scholars Program at Henry Ford Health System equips 20 employees with the tools necessary to improve clinical quality, patient satisfaction, and employee engagement. These employees learn to address the unique needs of patients from diverse cultures and backgrounds. In this year-long program, each Equity Scholar develops an equity-focused QI project within his or her department or unit. This session will provide implementation strategies and lessons learned.

After this presentation, participants will be able to:

- Identify successful MB components of a training program to build organizational capacity to address disparities in health care

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- Anticipate potential roadblocks to program implementation as well as approaches to circumnavigate them

Presenters: **Brady, M.**, Project Manager, Henry Ford Health System; Wisdom, K., MD, MS, Sr. VP, Community Health & Equity and Chief Wellness Officer, Henry Ford Health System; Rowe Gorosh, M., MD, FAACH, Clinician, Education and Org Dev, Henry Ford Health System

## A6 Learning from Networks to Improve Health Outcomes

**Room:** Hall of Cities : New York/New Orleans

**Learning Format:** Case Study

**Track:** Improvement Capability

Network sciences have enhanced understanding of cooperation, innovation, and idea diffusion in complex systems. Accordingly, networks are forming to support collaborative health care improvement initiatives. Yet network design and management approaches remain experimental. After outlining basic network concepts, this session will share stories and data-driven results from two evolving national improvement networks. Interactive conversations with network leaders will integrate practical insights with multidisciplinary research.

After this presentation, participants will be able to:

- Recognize network theories and methods from the social sciences that are beginning to influence health care improvement paradigms
- Identify key drivers and barriers around using networks as the foundation of learning health care systems
- Describe network strategies for knowledge sharing, managing variation in participants' capabilities, collaborating with patient and family partners, and getting results at different levels of scale

Presenters: **Lannon, C., MD MPH**, Professor of Pediatrics, Cincinnati Children's Hospital Medical Center; Lihn, S., President, Sisters by Heart; Provost, S., MBA, PhD Student, University of Texas at Austin

## A7 National Home Visiting CoIIN- Process and Progress

**Room:** North Tower : Grand Cayman

**Learning Format:** Lecture

**Track:** Improvement Capability

This project was the first national home visiting collaborative based on the Breakthrough Series Model. It engaged 12 grantees and 35 agencies aiming to improve outcomes related to maternal depression, developmental surveillance and screening, breastfeeding, and family engagement. This session will describe the framework, evidence-based changes, and outcomes.

After this presentation, participants will be able to:

- Describe the research-informed technical content framing the project
- Illustrate how rapid-cycle tests of change are leading to improvement across targeted outcomes
- Identify ways in which the project provides a framework for state-level and local-level improvement in policy and practice

Presenters: **MacKrain, M.**, project director, Education Development Center; Cano, C., MD, MPM, Senior Medical Advisor, Health Resources and Services Administration; Arbour, M., MD, MPH, physician, Harvard University Medical School

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## A8 Rapid Access to Consultative Expertise

**Room:** *Hall of Cities : Anaheim*

**Learning Format:** *Rapid-Fire Sessions*

**Track:** *Improvement Capability*

Rapid Access to Consultative Expertise (RACE) is an innovative model of shared care in Canada. Family physicians can call one number, choose from a selection of specialty services, and be directly connected to a specialist. Eighty percent of calls are answered within 10 minutes, 60 percent allow patients to avoid a face-to-face consult, and 32 percent allow them to avoid an ED visit. RACE has logged over 20,000 calls and encompasses 23 specialty areas. This model has spread provincially and has attracted national and international interest.

After this presentation, participants will be able to:

- Develop an understanding of how a project can evolve from a simple idea to implementation and sustainment of a successful resource
- Develop an appreciation of the challenges of spread and strategies to overcome them
- Identify successful strategies to engage physicians in QI initiatives

Presenters: **Wilson, M., MSN**, Director, Providence Healthcare; Levy, R., MD, Providence Healthcare; Thompson, D., Providence Health Care, Providence Healthcare

## A9 Understanding Variation

**Room:** *Grand Ballroom : Salon 4-6*

**Learning Format:** *Lecture*

**Track:** *Improvement Capability*

Shewhart's theory distinguishes between common and special causes of variation in data. This session reviews the implications of this theory of variation and extends the application of Shewhart's control chart method to publicly available data sets from health care organizations. Any time that data is presented, we recommend asking two questions:

Is the process currently stable (are there special causes we can learn from)? And based on this knowledge, what type of action makes sense?

After this presentation, participants will be able to:

- Describe Shewhart's theory of variation
- Identify data reports that should incorporate the use of Shewhart charts
- Implement Shewhart's method of control charts to promote learning from their data reports

Presenters: **Provost, L., MS**, Statistician, Associates in Process Improvement; Perla, R., Ed.D., Director, Analytics, University of Massachusetts Memorial Medical Center

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## A10 Workers and Patients: A Single Culture of Safety

**Room:** Grand Ballroom : Salon 7

**Learning Format:** Lecture

**Track:** Improvement Capability, Leadership

Kaiser Permanente is on a journey to be the safest place to give and receive care. By applying the insights of the Lucian Leape Institute white paper "Through the Eyes of the Workforce," we are learning how to create a culture in which joy and meaning in work are nourished, and safety outcomes are improved. Learn about our tools to measure safety culture, our innovations, and our leadership accountability, all of which have led to positive change.

After this presentation, participants will be able to:

- Describe the key findings of the Lucian Leape Institute white paper "Through the Eyes of the Workforce" on the role of worker safety in achieving patient safety excellence
- Describe the role of measurement in creating a safety culture
- Identify effective leadership, facility, and unit-level actions to improve safety culture outcomes

Presenters: **Archer-Duste, H., RN, MS**, Executive Director, Care Experience and Workplace Safety, Kaiser Permanente; Gerwig, K., MBA, VP Employee Safety, Health & Wellness, Kaiser Permanente; Clopp, M., RN, MS, MBATM, CPPS, Strategic Leader, Patient Safety, Kaiser Permanente

## A11 You Want Me to Manage My Ward AND Do Quality?

**Room:** Crystal Ballroom : Salon G

**Learning Format:** Buzz Session

**Track:** Improvement Capability

Front-line leaders form a critical link in the development, implementation, and stability of QI efforts. Without them, it's hard to sustain the gains, yet they must also balance day-to-day operations and many other responsibilities. This session offers tools and skill-building for front-line leaders to successfully support quality efforts. The skills include developing capacity, collecting and using data to inform action, and using coaching to engage front-line teams testing changes.

After this presentation, participants will be able to:

- Implement tools for managing improvement work
- Identify barriers to success and develop counter-measures

Presenters: **Williams, D., Ph.D.**, Executive Director, Institute for Healthcare Improvement; Munch, D., MD, SVP Chief Clinical Officer, Healthcare Performance Partners

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## A12 A Malpractice Insurance Safety Collaborative

**Room:** North Tower : Key Biscayne

**Learning Format:** Rapid-Fire Sessions

**Track:** Patient Safety

In 2011, four large academic medical centers in New York City formed a surgical safety collaborative, coordinated by their common professional liability insurance carrier. Their initiatives include a preoperative medical assessment, operating room (OR) team training, postoperative hospitalist co-management, and a care map for obese surgical patients. This presentation will discuss group development, origins of each of the initiative's elements, and their implementations.

After this presentation, participants will be able to:

- Identify how a medical malpractice insurer can provide resources and a forum for collaboration in advancing patient safety programs
- Explain how to implement a surgical safety initiative across a large multi-hospital program
- Develop tools to assess the success of a surgical safety program across multiple hospitals

Presenters: **Kischak, P.**, VP Risk Mgt & CNO, Hospitals Insurance Company; Brodman, M., Chairman, Dept. of Obstetrics, Gyn and Reproductive Sciences, Icahn School of Medicine at Mount Sinai Hospital; Leitman, M., Chief of General Surgery, Beth Israel Medical Center; Santana, C., Associate Director of Quality, Montefiore Medical Center; Kaleya, R., Chief, Gastrointestinal Surgical Oncology, Maimonides Medical Center

## A13 Ambulatory Infection Prevention: A New Journey

**Room:** North Tower : Sawgrass

**Learning Format:** Case Study

**Track:** Patient Safety

Infection prevention is never easy, but the ambulatory environment presents especially challenging circumstances. Marked variability in readiness for standardization, focus on productivity, and geographic diversity require significant reframing from the usual approach. This presentation will review the journey of one health care organization to explore how to prevent ambulatory infection.

After this presentation, participants will be able to:

- Identify specific actions to increase safety awareness and competency in infection prevention in ambulatory settings
- Contrast the needs of ambulatory and inpatient environments

Presenters: Kennedy, V., RN, MS, CIC, Infection Preventionist, Infection Prevention & Management Associates; Davis, K., MPH, MHA, CIC, Regional Manager of Infection Prevention - Ambulatory, Memorial Hermann; France, A., PhD, FACHE, CPHQ, MBB, Process Improvement Specialist, Houston Health Innovations, LLC; **Inurria, J., FACHE, FABC, CPHQ**, Vice President, Quality and Safety, Memorial Hermann

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## A14 Covert Dynamics of Medication Administration Error

**Room:** North Tower : Marco Island

**Learning Format:** Lecture

**Track:** Patient Safety

Medication safety is a worldwide concern and a recognized health care priority. Medication errors are the most common kind occurring in hospitals, and 96 percent of the errors are preventable. The presenters will use their national study results to enhance the understanding of how cognitive load, interruptions, and distractions culminate in deviation from safe practice of medication administration and result in errors. Effective individual and organizational strategies for preventing medication administration errors will be discussed.

After this presentation, participants will be able to:

- Identify the covert as well as visible threats to the medication administration safety net that is ordinarily in place
- Develop strategies to reduce medication administration errors both in the immediate situation and in the long-term plan for their institutions

Presenters: **Thomas, L., Ph.D., RN**, VP System Nursing Research, Northwell Health; Donohue-Porter, P., Associate Professor & Director of the PhD Program, Adelphi University

## A15 HealthAlliance Medication Reconciliation

**Room:** North Tower : Vinoy

**Learning Format:** Rapid-Fire Sessions

**Track:** Patient Safety

This session will describe our project's goal of improving the completeness and accuracy of the medication reconciliation process. Looking at every stage of the continuum of care, we aim to reduce the potential for prescribing errors and improve patient safety. The approach includes the rigor of Lean Six Sigma and strategies outlined in the Medication Reconciliation Implementation (MARQUIS) Manual. We will share the evidence-based tools we developed, including community education.

After this presentation, participants will be able to:

- Identify ways to obtain buy-in from physicians, nurses, patients and family members on the importance of the medication reconciliation process
- Determine a method for standardizing medication reconciliation processes during initial intake and at discharge
- Identify the components of the MARQUIS toolkit, designed to improve the process of medication reconciliation in hospitals and health systems
- Discuss the effects of a mentored quality improvement intervention on medication reconciliation errors
- Discuss barriers of implementation of the toolkit



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- Discuss the broader implication in terms of Electronic Health Record design, policy, regulation, and professional education

Presenters: Schell, T., Accreditation Manager, HealthAlliance of the Hudson Valley; **Myrka, A., RPh, MAT**, Director, Drug Safety, IPRO; Coryat, L., Nurse Practitioner, HealthAlliance of the Hudson Valley; Schnipper, J., MD, MPH, Director of Clinical Research, BWH Hospitalist Service, Brigham and Women's Hospital

## **A16 High Reliability and Robust Process Improvement**

**Room:** *Crystal Ballroom : Salon H*

**Learning Format:** *Lecture*

**Track:** *Patient Safety*

Achieving high reliability in the complex world of health care requires robust problem-solving methods. Multiple causes of the same problem commonly exist within health care organizations; each cause requires a different improvement strategy. Robust Process Improvement (RPI) enables customized solutions to serious problems. Participants in this workshop will learn a new and more effective way to deliver results that is becoming the new standard of best practice.

After this presentation, participants will be able to:

- Distinguish between RPI and traditional approaches to health care quality improvement
- Distinguish between the kinds of problems that can be addressed with checklists and the kinds of problems for which RPI is the best approach

Presenters: **Shabot, M., MD, FACS, FCCM, FACMI**, Executive Vice President/Chief Clinical Officer, Memorial Hermann; Chassin, M., MD, FACP, MPP, MPH, President and Chief Executive Officer, The Joint Commission

## **A17 Response to a Global Risk of Contagious Disease**

**Room:** *North Tower : Key West*

**Learning Format:** *Lecture*

**Track:** *Leadership, Patient Safety*

North Shore-Long Island Jewish (LIJ) launched a system-wide response to the ebola virus disease (EVD) threat. An EVD plan was developed and within a week, one of our community hospitals was chosen as a special treatment center. Within 48 hours, a self-contained point-of-care laboratory was constructed. Education on EVD was provided to more than 45,000 employees. The CDC designated North Shore-LIJ as one of 35 original US treatment centers, and we were designated a regional resource for EVD by New York State.

After this presentation, participants will be able to:

- Discuss leadership's response to EVD, aimed to protect patients, employees, and communities
- Discuss North Shore LIJ's corporate emergency management structure and how it operates to ensure emergency preparedness at all times

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- Discuss the planning and key decisions that were made related to the establishment of a special treatment center

Presenters: **Jarrett, M., MD, MBA**, Senior Vice President, Associate Chief Medical Officer and Chief Quality Officer, Northwell Health; Tangney, G., Sr. Vice President Regional Director, Northwell Health; Armellino, D., RN, Vice President, Infection Prevention, Northwell Health

## **A18 Triggers to Measure Harm: Automated Review**

**Room:** *Crystal Ballroom : Salon A-C*

**Learning Format:** *Rapid-Fire Sessions*

**Track:** *Patient Safety*

Electronic health records (EHRs) are being used with triggers to identify and mitigate patient harm in real time, reviewing all patient records with less effort than manual review. This approach is providing hospitals with better data and opportunities to intervene to prevent harm. Hear from three hospitals how they have automated triggers in EHRs to measure and mitigate harm.

After this presentation, participants will be able to:

- Identify how EHRs can be used to automate a trigger review process
- Implement strategies to mitigate patient harm using triggers in EHRs

Presenters: **Griffin, F., RRT, MPA**, Owner, Fran Griffin & Associates LLC; Classen, D., MD, MS, Associate Professor of Medicine, Senior Partner and CMO, Pascal Metrics, Inc.; Hauck, L., MD, Chief Medical Officer, Adventist Health System; Sanders, J., M.D., Chief Quality Officer, Cook Childrens Health Care System

## **A19 Co-Designing Solutions to Engage Patients in Care**

**Room:** *Crystal Ballroom : Salon K-M*

**Learning Format:** *Case Study*

**Track:** *Person- and Family-Centered Care*

The National Quality Forum recently convened an interdisciplinary team, including patients and families, to co-design a solution for engaging patients and families in the care relationship. During this session, members of this team, called the Patient Family Engagement Action Team, will share the strategies employed to ensure that the voices of all team members informed the design, creating a truly collaborative unit which resulted in the Patient Passport, a tool for engagement.

After this presentation, participants will be able to:

- Identify the key components required for true co-design
- Describe the challenges faced by this team and the strategies used to move the diverse group to consensus

Presenters: **Hoy, L.**, Founder/CEO, Patient & Family Centered Care Partners; Clough, M., MSN, RN, Director, University of Minnesota

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## A20 Course Correction Along the Journey

**Room:** North Tower : Key Largo

**Learning Format:** Simulation Encounter

**Track:** Person- and Family-Centered Care

Changes in consumer expectations and in the structure of the health care system are reshaping the landscape of Patient and Family Experience (PFE), highlighting the interrelatedness of safety, value, and quality. Participants will observe a simulated patient encounter and draft a PFE journey map in small groups. Then they will work together as a large group to develop an ideal PFE journey map.

After this presentation, participants will be able to:

- Design an ideal PFE journey map
- Evaluate proposed interventions to meet PFE challenges
- 

Presenters: **Chambers, P., MD**, Attending Physician, Cincinnati Children's Hospital Medical Center; Myers, K., Coordinator of Community Outreach, Cincinnati Children's Hospital Medical Center

## A21 Creating Joy in Work: Your Best Day in Health Care

**Room:** Crystal Ballroom : Salon D

**Learning Format:** Buzz Session

**Track:** Leadership, Person- and Family-Centered Care

Evidence shows that achieving joy in work leads to more engagement, greater satisfaction (for both patients and staff), and better outcomes. However, obtaining joy in work is often challenging, and care providers report burnout, dissatisfaction, and a loss of purpose. In this session, participants will reflect on the attributes of a care environment that promote or inhibit joy in work and the important connection with person- and family-centered care.

After this presentation, participants will be able to:

- Identify attributes of an environment that promote joy in work
- Develop strategies to increase joy in work

Presenters: **Hayes, C., MD, MSc, MEd**, Medical Director, Quality & Performance, St. Michael's Hospital; Hartung, H., Consultant Respiratory Physician, NHS Ayrshire & Arran

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## A22 Improving Care for Transgender Patients

**Room:** North Tower : Aruba

**Learning Format:** Lecture

**Track:** Equity, Person- and Family-Centered Care

Recent studies reveal disparities for transgender individuals in the health care system. Many transgender people avoid or delay seeking care because of bad experiences with health care providers. This session will highlight the key issues that can make or break a health care visit for a transgender patient, and describe strategies for making your health care organization friendlier for transgender individuals. A panel of transgender individuals will discuss their experiences.

After this presentation, participants will be able to:

- Describe four key points every health care provider needs to know before caring for a transgender patient
- Implement strategies to make their organizations more welcoming to transgender patients

Presenters: **Coil, C., MD, MPH, FACEP**, Chief Quality Officer, Harbor UCLA Medical Center; Buccolo, G., M.S., IBCLC, International Board Certified Lactation Consultant, Glendale Adventist Medical Center

## A23 Patient-Centered Care: Science, Politics, and Quality

**Room:** Grand Ballroom : Salon 12-14

**Learning Format:** Controversy Panel

**Track:** Person- and Family-Centered Care

Funding for the Patient Centered Outcomes Research Institute (PCORI) and the Agency for Healthcare Research and Quality (AHRQ), including all agency-funded patient-centered care (PCC) research, have come under attack in Congress. Some have argued that PCC research is biased and unnecessary. Many researchers disagree. This panel will explore the evidence for the importance of PCC and the political, social, and ethical controversies surrounding its role in the current health care debate.

After this presentation, participants will be able to:

- Discuss data supporting investing in PCC and key areas in need of research
- Identify the major players and forces involved in the debate over investing in PCC

Presenters: **Gilligan, T., MD, MS**, Associate Professor of Medicine, Cleveland Clinic Health System; Boissy, A., MD, MA, Chief Experience Officer, Cleveland Clinic Health System; Frankel, R., Professor of Medicine, IU School of Medicine

## A24 Accelerating Hotspotting in Pediatrics

**Room:** Crystal Ballroom : Salon E-F

**Learning Format:** Case Study

**Track:** Quality Cost and Value

We partnered with managed Medicaid insurance companies to employ community health workers (CHWs) to conduct outreach to our patients who had greater than expected health care utilization. This practice is known as "hotspotting." In this session, we will provide an overview of a hotspotting program, lessons learned, and key steps to partnering with third-party payers to improve population health.

After this presentation, participants will be able to:

- Use utilization data to identify patients with high needs
- Develop a strategy to partner with payers to address disparities that impact quality

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- Define process and outcome measures of quality improvement for a hotspotting project

Presenters: **Casher, D., MD MSHQ**, Associate Medical Director, Population Health and Value, St Christopher's Hospital For Child; McPeak, K., M.D., Medical Director, The Center for the Urban Child, St Christopher's Pediatric Associates

## **A25 Quality Improvement via Appropriate Prescribing**

**Room:** *Hall of Cities : Chicago/Denver*

**Learning Format:** *Rapid-Fire Sessions*

**Track:** *Quality Cost and Value*

Fifteen health care organizations and 54 long-term care/skilled nursing facilities participated in the Canadian Foundation for Healthcare Improvement's (CFHI's) recent 16-month collaborative to reduce the inappropriate use of antipsychotic medication. These organizations have improved the health and quality of life outcomes of their residents. In this session, CFHI and team representatives will present innovative strategies used to implement, measure and spread improvements, including improvements in cost efficiency.

After this presentation, participants will be able to:

- Discuss how person-centered processes and data analysis can reduce the inappropriate use of antipsychotic medication in long-term care/skilled nursing facilities
- Identify process, outcome and system improvements that have resulted from the interventions led by the collaborative teams
- Determine mechanisms that enable and mechanisms that impede the adoption and uptake of innovative improvement strategies

Presenters: **Phillips, K., PhD**, Senior Director, Canadian Foundation for Healthcare Improvement; Coughran, J., Registered Nurse, Yorkcare Centre; Gale, R., Director, Clinical Psychology, Yukon Continuing Care; Harter, K., CEO, Yorkcare Centre; Vallee, D., Director of Care, Capilano Care

## **A26 Three Steps to Improve Transitions: Use of a Health Information Exchange**

**Room:** *Grand Ballroom : Salon 9-10*

**Learning Format:** *Lecture*

**Track:** *Quality Cost and Value*

Hospitals and ambulatory practices have historically faced challenges in coordinating care for patients after a hospitalization. In our project, real-time discharge notifications were obtained and communicated by leveraging a statewide health information exchange (HIE) encounter notification system. Presenters will discuss a reproducible three-step process for managing patients in the post-discharge time frame, using real-time discharge notifications, which has shown positive outcomes on readmissions, reimbursement, and patient care.

After this presentation, participants will be able to:

- Review current challenges in hospital to ambulatory provider discharge communications
- Describe a reproducible three-step process implemented post-discharge to improve transitions in care
- Identify results achieved in readmissions, reimbursement, and patient outcomes

Presenters: **Kravet, S.**, President, Johns Hopkins Community Physicians; Bailey, J., Senior Director, Quality & Transformation, Johns Hopkins Hospital

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## A27 Thriving in a Value-Based Environment

**Room:** Grand Ballroom : Salon 3

**Learning Format:** Buzz Session

**Track:** Quality Cost and Value

Health care systems around the world are challenged by increasing costs and variations in quality. As systems continue on their path of implementing value-based care, new challenges and opportunities arise. In this session, health system leaders, policymakers, researchers, and other stakeholders will learn from each other's experiences. Collective experiences will be synthesized as an IHI report that will be disseminated after the session.

After this presentation, participants will be able to:

- Summarize policy drivers of cost containment and quality improvement
- Discuss opportunities and challenges in implementing coordinated and person-centered population health services
- Identify approaches health systems can take to thrive as they strive to deliver high-value care

Presenters: **Shaikh, U., MD, MPH**, Director Healthcare Quality, University of California; Schilling Rn Mph, L., RN, MPH, National Vice President, Healthcare Performance Improvement, Kaiser Permanente; Roth, A., RN, MS, MPH, Chief Executive Officer, Contra Costa Health Services

## A28 The Role of Employers, Employees, and Unions in Improving Health and Decreasing Cost

**Room:** North Tower : St. Thomas/West Indies

**Learning Format:** Case Study

**Track:** Triple Aim for Populations

Employers, employees, and unions all have the potential to contribute to the Triple Aim. In this session, participants will learn about IHI's system design approach to working across sectors to improve health and decrease cost. They will hear from UNITE HERE HEALTH, a health plan for unionized hospitality workers, which has successfully developed an application of Stanford's Chronic Disease Self-Management Program for its population of immigrants and the working poor.

After this presentation, participants will be able to:

- Articulate the enhanced role employers, employees, and unions can play in improving health and decreasing cost
- Discuss possible changes that can be implemented to alter the expectations of the different sectors involved
- Explain how a disease management program can drive down cost and improve health

Presenters: **Martin, L., MSPH**, Executive Director, Institute for Healthcare Improvement; Anderson, A., Research, Innov | Co-Chair, IHI Diversity/Inclusion Council, Institute for Healthcare Improvement; Krajcinovic, I., Senior Director of Healthcare Delivery, UNITE HERE HEALTH

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## A29 Maternity Care: Emerging Models to Support Health

**Room:** *Hall of Cities : Miami*

**Learning Format:** *Case Study*

**Track:** *Triple Aim for Populations*

Much attention is focused on the delivery of maternity care, one of the top ten reasons for hospitalization. It is imperative that we improve health, improve the experience of birth, and focus on cost. In this session we will explore a model involving the use of laborists and midwives, learn of the challenges of a state-supported program to improve vaginal birth outcomes, and discuss potential community-based opportunities.

After this presentation, participants will be able to:

- Describe the collaborative journey of a shared laborist/midwife model in a community hospital
- Share the results of a dedicated QI effort to improve vaginal birth rates in a cohort of hospitals
- Discuss an emerging, community-based model to improve the experience, cost, and outcome of birth

Presenters: **Leavitt Gullo, S., RN, BSN, MS**, Director, Institute for Healthcare Improvement; Nijagal, M., MD, Physician, Boston Medical Center; Crowe, G., RN, EdD, Principal, Hamilton Consulting, LLC; Matteo, S., Director of Midwifery, Prima Medical Foundation

## A30 Social Determinant Screening and Interventions

**Room:** *Grand Ballroom : Salon 1-2*

**Learning Format:** *Lecture*

**Track:** *Equity, Triple Aim for Populations*

Providers need to more fully understand patient populations and the role social determinants play in driving patient outcomes. To address this knowledge gap, the National Association of Community Health Centers, Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association, and Institute for Alternative Futures developed an evidence-based, consensus-driven patient risk assessment tool. This workshop will present insights gained from deployment of the tool and interventions that can influence social determinants of health.

After this presentation, participants will be able to:

- Discuss methods to collect data on the social determinants of health without undue data burden
- Identify ways to use data to create early interventions and build partnerships to address findings in real time
- Summarize ways to use data on the social determinants of health to inform population health planning

Presenters: **Proser, M.**, Director of Research, National Association of Community Health Centers (NACHC); Francis, L., Senior Director Clinical Excellence and Operation, Oregon Primary Care Association; Chaufournier, R., MHSA, President and CEO, CSI Solutions, LLC; Atalla-Mei, A., Social Determinants of Health Manager, Oregon Primary Care Association

## A Free Time A Free Time

## Tuesday, December 8: Exhibit Hall Events

**10:45 AM - 11:15 AM**

**ExhOp2 Exhibit Hall Open**

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**vs2 Vendor Presentation: Global Comparators- Don't be myopic: stories from a global healthcare quality collaborative**

**Learning Format:** None

Global Comparators brings together like-minded and forward thinking senior healthcare leaders and clinicians from hospitals across 11 countries to improve patient care by sharing data, develop close relationships with international colleagues and conduct unique research. In this session we will highlight how this international network operates and uses combined expertise and knowledge to improve quality of care throughout the world; members of the network will present various case studies.

## 12:45 PM - 1:15 PM

**vs3 Vendor Presentation: Simpler Healthcare-Integrated Facility Design: Using Lean to Optimizing Space and Assets for Better Patient Care**

**Learning Format:** None

Integrated Facility Design is a design approach that embraces the principles of lean thinking and integrates the expertise of all stakeholders in a simultaneous manner during the design process. Running multiple experiments during the IFD process created value for a pediatric hospital in the Midwest. Learn how and why this organization replaced a traditional design process and designed two patient-centric facilities in less than six months.

## 2:45 PM - 3:15 PM

**vs4 Vendor Presentation: Joint Commission Center for Transforming Health Presents Two Timely Patient Safety Topics: Preventing Falls and High Reliability in Healthcare**

**Learning Format:** None

Learn how the new Preventing Falls Targeted Solutions Tool® helped reduce patient falls with injury rates by 62% and why high reliability matters featuring Oro™ 2.0: High Reliability Organizational Assessment & Resource Library.

## 4:30 PM - 5:00 PM

**vs5 Vendor Presentation: Q-Centrix-Best Practices for Introduction and Ongoing Engagement of a Remote Workforce**

**Learning Format:** None

When faced with recruitment or operational challenges, hospitals remain reluctant to consider adding a work-from-home benefit to suitable roles. Yet, the remote model is increasingly desired by top healthcare talent. Learn best practices and gain insights from two healthcare executives that optimize the work of more than 600 healthcare employees who work remotely for hospitals throughout the country.

## Tuesday, December 8: Receptions and Meals

### 7:00 AM - 8:30 AM

**Breakf1 General Conference Attendee Continental Breakfast Day 1**

**Room:** Foyers: Hall of Cities, Grand, Crystal

### 9:00 AM - 9:30 AM

**GCB1 General Conference Morning Break**

**Room:** Hall of Cities, Palms, Crystal, Grand & North Tower



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## 10:45 AM - 11:15 AM

GCB2 General Conference Morning Break

*Room: Hall of Cities, Palms, Crystal, Grand & North Tower*

## 12:00 PM - 12:45 PM

CEOL CEO Summit Lunch

*Room: Grand Ballroom : Salon 8*

## 12:30 PM - 1:30 PM

GCL General Conference Attendee Lunch Day 1

*Room: Hall of Cities, Palms, Crystal, Grand & North Tower*

## 12:40 PM - 1:20 PM

MTE1 ENROLLMENT CLOSED: Meet the Expert: Patient Safety with Carol Haraden

*Room: Palms Ballroom : Palms Ballroom (Exhibit Hall)*

MTE2 ENROLLMENT CLOSED: Meet the Expert: Triple Aim with Marie Schall

*Room: Palms Ballroom : Palms Ballroom (Exhibit Hall)*

MTE3 ENROLLMENT CLOSED: Meet the Expert: Quality, Cost, and Value with Kathy Luther and Lucy Savitz

*Room: Palms Ballroom : Palms Ballroom*

MTE4 ENROLLMENT CLOSED: Meet the Expert: Leadership with Steve Swensen

MTE5 ENROLLMENT CLOSED: Meet the Expert: Person- and Family-Centered Care with Martha Hayward

MTE6 Meet the Expert: Using Data to Improve Quality & Patient Safety with Len D'Avolio

## 2:30 PM - 3:00 PM

GCB3 General Conference Afternoon Break

*Room: Hall of Cities, Palms, Crystal, Grand & North Tower*

## 4:15 PM - 6:30 PM

Recpt2 Storyboard Reception

## Tuesday, December 8: Workshop B

### 11:15 AM - 12:30 PM

SW3 Storyboard Walkaround: Behavioral Health

*Room: Cypress Ballroom : Ballroom 1*

*Learning Format: Storyboard Walkaround*

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Presenters: **Laderman, M., MSPH**, Senior Research Associate, Institute for Healthcare Improvement; Santopietro, J., Chief Clinical Officer, Behavioral Health, Carolinas Healthcare System; Melton, A., LPC-MHSP, Director of Integrated Behavioral Health, Ross Behavioral Group; Powers, K., LCSW, Manager - Health Integration, SCHS, Saint Charles Health System; Armata, A., MHA, Senior Quality Consultant, Boston Children's Hospital

## SW4 Storyboard Walkaround: Chronic Conditions

**Room:** Cypress Ballroom : Ballroom 1

**Learning Format:** Storyboard Walkaround

Presenters: Cherala, S., MD, MPH, Assistant Professor/Senior Clinical Analyst, University of Massachusetts Medical School; Caller, T., Physician, Cheyenne Regional Medical Center; Syrop, C., MD, University of Iowa Carver College of Medicine; Kennedy, S., Physician, All Children's Hospital John's Hopkins Medicine; **Sevin, C., RN, MSN, NP**, Director, Institute for Healthcare Improvement

## B1 The Big Debate: The Patient Knows Best

**Room:** Cypress Ballroom : Ballroom 3

**Learning Format:** Controversy Panel

**Track:** Person- and Family-Centered Care, Student

A prestigious cast of clinical and patient leaders and clinicians in training will argue for and against the important and contentious statement, "The patient knows best." Who will have the last word? Does the patient know best? Come find out – YOU decide the winner!

After this presentation, participants will be able to:

- Summarize the arguments for and against the idea that "the patient knows best"
- Draw their own conclusions about whether "the patient knows best"

Presenters: **Bevan, H., PhD**, Chief Transformation Officer, NHS Improving Quality; Swamy, L., MD, MBA, Resident, Boston Medical Center; Hayward, M., Lead, Patient and Family Engagement, Institute for Healthcare Improvement; Goldmann, D., MD, Chief Medical and Scientific Officer, Institute for Healthcare Improvement; Crowe, B., Student, Emory University; Washington, K., DHA, FACHE, Executive Director, Consumers Advancing Patient Safety; Smith, M., MD, MBA, Professor of Clinical Medicine, UCSF

## B2 Back to Basics: Building Essential Quality Improvement Skills

**Room:** Crystal Ballroom : Salon N

**Learning Format:** Lecture

**Track:** Improvement Capability, Student

So, you can explain what the letters PDSA (Plan, Do, Study, Act) 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 jumpstart for those who are new to the QI journey. This session is built around the IHI Model for Improvement (MFI) and will demonstrate how to link the three questions related to aim, measurement, and change concepts to the sequence of improvement.

After this presentation, participants will be able to:

- Provide a detailed description of the MFI and how to apply it to QI initiatives

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- Define the sequence of improvement (testing, implementing, and spreading) and the key tools and methods used during the QI journey

Presenters: Lloyd, R., PhD, Vice President, Institute for Healthcare Improvement; **Taylor, J., EdD**, Improvement Advisor; Learning Designer, Institute for Healthcare Improvement

## **B3 Catalyzing Students and Residents as Change Agents**

**Room:** *Crystal Ballroom : Salon P-Q*

**Learning Format:** *Rapid-Fire Sessions*

**Track:** *Improvement Capability, Leadership, Student*

Managing population health is challenging and complex. But by creating close ties with your community and leveraging local students, your organization can make positive changes. In this session, the Open School will share an update on their efforts to activate learners to improve health. Student leaders will share how they are applying an organizing approach to health care transformation.

After this presentation, participants will be able to:

- Design and implement an action-oriented campaign effort
- Apply organizing skills to a local campaign or improvement effort

Presenters: **Perlo, J., MPH**, Senior Community Manager, Open School, Institute for Healthcare Improvement; Hilton, K., JD, MTS, Senior Faculty, ReThink Health

## **B4 Designing for Scale: Building a Scalable Unit**

**Room:** *North Tower : Harbor Beach*

**Learning Format:** *Flipped Classroom*

**Track:** *Improvement Capability*

Improvement efforts that are intended to have a wide impact often get stuck in the “pilot” phase. To avoid stalling, it is important to understand the concept of a “scalable unit,” i.e., the smallest representative facsimile of the system targeted for full-scale implementation. Several examples will be given, and participants will be guided in applying this approach to their own settings.

After this presentation, participants will be able to:

- Identify key strategies for achieving results at scale
- Build a “scalable unit” as part of a plan for achieving results at scale

Presenters: **Barker, P., MBChB,MD**, Senior Vice President, Institute for Healthcare Improvement; Schall, M., MA, Senior Director, Institute for Healthcare Improvement

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## B5 Healthcare Equity Scholars Program: Building Capacity

**Room:** North Tower : Bahamas

**Learning Format:** Lecture

**Track:** Equity, Improvement Capability

The Healthcare Equity Scholars Program at Henry Ford Health System equips 20 employees with the tools necessary to improve clinical quality, patient satisfaction, and employee engagement. These employees learn to address the unique needs of patients from diverse cultures and backgrounds. In this year-long program, each Equity Scholar develops an equity-focused QI project within his or her department or unit. This session will provide implementation strategies and lessons learned.

After this presentation, participants will be able to:

- Identify successful components of a training program to build organizational capacity to address disparities in health care
- Anticipate potential roadblocks to program implementation as well as approaches to circumnavigate them

Presenters: **Brady, M.**, Project Manager, Henry Ford Health System; Wisdom, K., MD, MS, Sr. VP, Community Health & Equity and Chief Wellness Officer, Henry Ford Health System; Rowe Gorosh, M., MD, FAACH, Clinician, Education and Org Dev, Henry Ford Health System

## B6 Learning from Networks to Improve Health Outcomes

**Room:** Hall of Cities : New York/New Orleans

**Learning Format:** Case Study

**Track:** Improvement Capability

Network sciences have enhanced understanding of cooperation, innovation, and idea diffusion in complex systems. Accordingly, networks are forming to support collaborative health care improvement initiatives. Yet network design and management approaches remain experimental. After outlining basic network concepts, this session will share stories and data-driven results from two evolving national improvement networks. Interactive conversations with network leaders will integrate practical insights with multidisciplinary research.

After this presentation, participants will be able to:

- Recognize network theories and methods from the social sciences that are beginning to influence health care improvement paradigms
- Identify key drivers and barriers around using networks as the foundation of learning health care systems
- Describe network strategies for knowledge sharing, managing variation in participants' capabilities, collaborating with patient and family partners, and getting results at different levels of scale

Presenters: **Lannon, C., MD MPH**, Professor of Pediatrics, Cincinnati Children's Hospital Medical Center; Lihn, S., President, Sisters by Heart; Provost, S., MBA, PhD Student, University of Texas at Austin

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## **B7 National Home Visiting CoIIN- Process and Progress**

**Room:** North Tower : Grand Cayman

**Learning Format:** Lecture

**Track:** Improvement Capability

This project was the first national home visiting collaborative based on the Breakthrough Series Model. It engaged 12 grantees and 35 agencies aiming to improve outcomes related to maternal depression, developmental surveillance and screening, breastfeeding, and family engagement. This session will describe the framework, evidence-based changes, and outcomes.

After this presentation, participants will be able to:

- Describe the research-informed technical content framing the project
- Illustrate how rapid-cycle tests of change are leading to improvement across targeted outcomes
- Identify ways in which the project provides a framework for state-level and local-level improvement in policy and practice

Presenters: **Mackrain, M.**, project director, Education Development Center; Cano, C., MD, MPM, Senior Medical Advisor, Health Resources and Services Administration; Arbour, M., MD, MPH, physician, Harvard University Medical School

## **B8 Rapid Access to Consultative Expertise**

**Room:** Hall of Cities : Anaheim

**Learning Format:** Rapid-Fire Sessions

**Track:** Improvement Capability

Rapid Access to Consultative Expertise (RACE) is an innovative model of shared care in Canada. Family physicians can call one number, choose from a selection of specialty services, and be directly connected to a specialist. Eighty percent of calls are answered within 10 minutes, 60 percent allow patients to avoid a face-to-face consult, and 32 percent allow them to avoid an ED visit. RACE has logged over 20,000 calls and encompasses 23 specialty areas. This model has spread provincially and has attracted national and international interest.

After this presentation, participants will be able to:

- Develop an understanding of how a project can evolve from a simple idea to implementation and sustainment of a successful resource
- Develop an appreciation of the challenges of spread and strategies to overcome them
- Identify successful strategies to engage physicians in QI initiatives

Presenters: **Wilson, M., MSN**, Director, Providence Healthcare; Levy, R., MD, Providence Healthcare; Thompson, D., Providence Health Care, Providence Healthcare

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## B9 Understanding Variation

**Room:** Grand Ballroom : Salon 4-6

**Learning Format:** Lecture

**Track:** Improvement Capability

Shewhart's theory distinguishes between common and special causes of variation in data. This session reviews the implications of this theory of variation and extends the application of Shewhart's control chart method to publicly available data sets from health care organizations. Any time that data is presented, we recommend asking two questions:

Is the process currently stable (are there special causes we can learn from)? And based on this knowledge, what type of action makes sense?

After this presentation, participants will be able to:

- Describe Shewhart's theory of variation
- Identify data reports that should incorporate the use of Shewhart charts
- Implement Shewhart's method of control charts to promote learning from their data reports

Presenters: **Provost, L., MS**, Statistician, Associates in Process Improvement; Perla, R., Ed.D., Director, Analytics, University of Massachusetts Memorial Medical Center

## B10 Workers and Patients: A Single Culture of Safety

**Room:** Grand Ballroom : Salon 7

**Learning Format:** Lecture

**Track:** Improvement Capability, Leadership

Kaiser Permanente is on a journey to be the safest place to give and receive care. By applying the insights of the Lucian Leape Institute white paper "Through the Eyes of the Workforce," we are learning how to create a culture in which joy and meaning in work are nourished, and safety outcomes are improved. Learn about our tools to measure safety culture, our innovations, and our leadership accountability, all of which have led to positive change.

After this presentation, participants will be able to:

- Describe the key findings of the Lucian Leape Institute white paper "Through the Eyes of the Workforce" on the role of worker safety in achieving patient safety excellence
- Describe the role of measurement in creating a safety culture
- Identify effective leadership, facility, and unit-level actions to improve safety culture outcomes

Presenters: **Archer-Duste, H., RN, MS**, Executive Director, Care Experience and Workplace Safety, Kaiser Permanente; Gerwig, K., MBA, VP Employee Safety, Health & Wellness, Kaiser Permanente; Clopp, M., RN, MS, MBATM, CPPS, Strategic Leader, Patient Safety, Kaiser Permanente

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## **B11 You Want Me to Manage My Ward AND Do Quality?**

**Room:** *Crystal Ballroom : Salon G*

**Learning Format:** *Buzz Session*

**Track:** *Improvement Capability*

Front-line leaders form a critical link in the development, implementation, and stability of QI efforts. Without them, it's hard to sustain the gains, yet they must also balance day-to-day operations and many other responsibilities. This session offers tools and skill-building for front-line leaders to successfully support quality efforts. The skills include developing capacity, collecting and using data to inform action, and using coaching to engage front-line teams testing changes.

After this presentation, participants will be able to:

- Implement tools for managing improvement work
- Identify barriers to success and develop counter-measures

Presenters: **Williams, D., Ph.D.**, Executive Director, Institute for Healthcare Improvement; Munch, D., MD, SVP Chief Clinical Officer, Healthcare Performance Partners

## **B12 A Malpractice Insurance Safety Collaborative**

**Room:** *North Tower : Key Biscayne*

**Learning Format:** *Rapid-Fire Sessions*

**Track:** *Patient Safety*

In 2011, four large academic medical centers in New York City formed a surgical safety collaborative, coordinated by their common professional liability insurance carrier. Their initiatives include a preoperative medical assessment, operating room (OR) team training, postoperative hospitalist co-management, and a care map for obese surgical patients. This presentation will discuss group development, origins of each of the initiative's elements, and their implementations.

After this presentation, participants will be able to:

- Identify how a medical malpractice insurer can provide resources and a forum for collaboration in advancing patient safety programs
- Explain how to implement a surgical safety initiative across a large multi-hospital program
- Develop tools to assess the success of a surgical safety program across multiple hospitals

Presenters: **Kischak, P.**, VP Risk Mgt & CNO, Hospitals Insurance Company; Brodman, M., Chairman, Dept. of Obstetrics, Gyn and Reproductive Sciences, Icahn School of Medicine at Mount Sinai Hospital; Leitman, M., Chief of General Surgery, Beth Israel Medical Center; Santana, C., Associate Director of Quality, Montefiore Medical Center; Kaley, R., Chief, Gastrointestinal Surgical Oncology, Maimonides Medical Center

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## **B13 Ambulatory Infection Prevention: A New Journey**

**Room:** North Tower : Sawgrass

**Learning Format:** Case Study

**Track:** Patient Safety

Infection prevention is never easy, but the ambulatory environment presents especially challenging circumstances. Marked variability in readiness for standardization, focus on productivity, and geographic diversity require significant reframing from the usual approach. This presentation will review the journey of one health care organization to explore how to prevent ambulatory infection.

After this presentation, participants will be able to:

- Identify specific actions to increase safety awareness and competency in infection prevention in ambulatory settings
- Contrast the needs of ambulatory and inpatient environments

Presenters: Kennedy, V., RN, MS, CIC, Infection Preventionist, Infection Prevention & Management Associates; Davis, K., MPH, MHA, CIC, Regional Manager of Infection Prevention - Ambulatory, Memorial Hermann; France, A., PhD, FACHE, CPHQ, MBB, Process Improvement Specialist, Houston Health Innovations, LLC; **Inurria, J., FACHE, FABC, CPHQ**, Vice President, Quality and Safety, Memorial Hermann

## **B14 Covert Dynamics of Medication Administration Error**

**Room:** North Tower : Marco Island

**Learning Format:** Lecture

**Track:** Patient Safety

Medication safety is a worldwide concern and a recognized health care priority. Medication errors are the most common kind occurring in hospitals, and 96 percent of the errors are preventable. The presenters will use their national study results to enhance the understanding of how cognitive load, interruptions, and distractions culminate in deviation from safe practice of medication administration and result in errors. Effective individual and organizational strategies for preventing medication administration errors will be discussed.

After this presentation, participants will be able to:

- Identify the covert as well as visible threats to the medication administration safety net that is ordinarily in place
- Develop strategies to reduce medication administration errors both in the immediate situation and in the long-term plan for their institutions

Presenters: **Thomas, L., Ph.D., RN**, VP System Nursing Research, Northwell Health; Donohue-Porter, P., Associate Professor & Director of the PhD Program, Adelphi University



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## **B15 HealthAlliance Medication Reconciliation**

**Room:** North Tower : Vinoy

**Learning Format:** Rapid-Fire Sessions

**Track:** Patient Safety

This session will describe our project's goal of improving the completeness and accuracy of the medication reconciliation process. Looking at every stage of the continuum of care, we aim to reduce the potential for prescribing errors and improve patient safety. The approach includes the rigor of Lean Six Sigma and strategies outlined in the Medication Reconciliation Implementation (MARQUIS) Manual. We will share the evidence-based tools we developed, including community education.

After this presentation, participants will be able to:

- Identify ways to obtain buy-in from physicians, nurses, patients and family members on the importance of the medication reconciliation process
- Determine a method for standardizing medication reconciliation processes during initial intake and at discharge
  
- Identify the components of the MARQUIS toolkit, designed to improve the process of medication reconciliation in hospitals and health systems
- Discuss the effects of a mentored quality improvement intervention on medication reconciliation errors
- Discuss barriers of implementation of the toolkit
- Discuss the broader implication in terms of Electronic Health Record design, policy, regulation, and professional education

Presenters: Schell, T., Accreditation Manager, HealthAlliance of the Hudson Valley; **Myrka, A., RPh, MAT**, Director, Drug Safety, IPRO; Coryat, L., Nurse Practitioner, HealthAlliance of the Hudson Valley; Schnipper, J., MD, MPH, Director of Clinical Research, BWH Hospitalist Service, Brigham and Women's Hospital

## **B16 High Reliability and Robust Process Improvement**

**Room:** Crystal Ballroom : Salon H

**Learning Format:** Lecture

**Track:** Patient Safety

Achieving high reliability in the complex world of health care requires robust problem-solving methods. Multiple causes of the same problem commonly exist within health care organizations; each cause requires a different improvement strategy. Robust Process Improvement (RPI) enables customized solutions to serious problems. Participants in this workshop will learn a new and more effective way to deliver results that is becoming the new standard of best practice.

After this presentation, participants will be able to:

- Distinguish between RPI and traditional approaches to health care quality improvement
- Distinguish between the kinds of problems that can be addressed with checklists and the kinds of problems for which RPI is the best approach

Presenters: **Shabot, M., MD, FACS, FCCM, FACMI**, Executive Vice President/Chief Clinical Officer, Memorial Hermann; Chassin, M., MD, FACP, MPP, MPH, President and Chief Executive Officer, The Joint Commission

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## **B17 Response to a Global Risk of Contagious Disease**

**Room:** North Tower : Key West

**Learning Format:** Lecture

**Track:** Leadership, Patient Safety

North Shore-Long Island Jewish (LIJ) launched a system-wide response to the ebola virus disease (EVD) threat. An EVD plan was developed and within a week, one of our community hospitals was chosen as a special treatment center. Within 48 hours, a self-contained point-of-care laboratory was constructed. Education on EVD was provided to more than 45,000 employees. The CDC designated North Shore-LIJ as one of 35 original US treatment centers, and we were designated a regional resource for EVD by New York State.

After this presentation, participants will be able to:

- Discuss leadership's response to EVD, aimed to protect patients, employees, and communities
- Discuss North Shore LIJ's corporate emergency management structure and how it operates to ensure emergency preparedness at all times
- Discuss the planning and key decisions that were made related to the establishment of a special treatment center

Presenters: **Jarrett, M., MD, MBA**, Senior Vice President, Associate Chief Medical Officer and Chief Quality Officer, Northwell Health; Tangney, G., Sr. Vice President Regional Director, Northwell Health; Armellino, D., RN, Vice President, Infection Prevention, Northwell Health

## **B18 Triggers to Measure Harm: Automated Review**

**Room:** Crystal Ballroom : Salon A-C

**Learning Format:** Rapid-Fire Sessions

**Track:** Patient Safety

Electronic health records (EHRs) are being used with triggers to identify and mitigate patient harm in real time, reviewing all patient records with less effort than manual review. This approach is providing hospitals with better data and opportunities to intervene to prevent harm. Hear from three hospitals how they have automated triggers in EHRs to measure and mitigate harm.

After this presentation, participants will be able to:

- Identify how EHRs can be used to automate a trigger review process
- Implement strategies to mitigate patient harm using triggers in EHRs

Presenters: **Griffin, F., RRT, MPA**, Owner, Fran Griffin & Associates LLC; Classen, D., MD, MS, Associate Professor of Medicine, Senior Partner and CMO, Pascal Metrics, Inc.; Hauck, L., MD, Chief Medical Officer, Adventist Health System; Sanders, J., M.D., Chief Quality Officer, Cook Childrens Health Care System

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## **B19 Co-Designing Solutions to Engage Patients in Care**

**Room:** *Crystal Ballroom : Salon K-M*

**Learning Format:** *Case Study*

**Track:** *Person- and Family-Centered Care*

The National Quality Forum recently convened an interdisciplinary team, including patients and families, to co-design a solution for engaging patients and families in the care relationship. During this session, members of this team, called the Patient Family Engagement Action Team, will share the strategies employed to ensure that the voices of all team members informed the design, creating a truly collaborative unit which resulted in the Patient Passport, a tool for engagement.

After this presentation, participants will be able to:

- Identify the key components required for true co-design
- Describe the challenges faced by this team and the strategies used to move the diverse group to consensus

Presenters: **Hoy, L.**, Founder/CEO, Patient & Family Centered Care Partners; Clough, M., MSN, RN, Director, University of Minnesota

## **B20 Course Correction Along the Journey**

**Room:** *North Tower : Key Largo*

**Learning Format:** *Simulation Encounter*

**Track:** *Person- and Family-Centered Care*

Changes in consumer expectations and in the structure of the health care system are reshaping the landscape of Patient and Family Experience (PFE), highlighting the interrelatedness of safety, value, and quality. Participants will observe a simulated patient encounter and draft a PFE journey map in small groups. Then they will work together as a large group to develop an ideal PFE journey map.

After this presentation, participants will be able to:

- Design an ideal PFE journey map
- Evaluate proposed interventions to meet PFE challenges
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Presenters: **Chambers, P., MD**, Attending Physician, Cincinnati Children's Hospital Medical Center; Myers, K., Coordinator of Community Outreach, Cincinnati Children's Hospital Medical Center

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## **B21 Creating Joy in Work: Your Best Day in Health Care**

**Room:** *Crystal Ballroom : Salon D*

**Learning Format:** *Buzz Session*

**Track:** *Leadership, Person- and Family-Centered Care*

Evidence shows that achieving joy in work leads to more engagement, greater satisfaction (for both patients and staff), and better outcomes. However, obtaining joy in work is often challenging, and care providers report burnout, dissatisfaction, and a loss of purpose. In this session, participants will reflect on the attributes of a care environment that promote or inhibit joy in work and the important connection with person- and family-centered care.

After this presentation, participants will be able to:

- Identify attributes of an environment that promote joy in work
- Develop strategies to increase joy in work

Presenters: **Hayes, C., MD, MSc, MEd**, Medical Director, Quality & Performance, St. Michael's Hospital; Hartung, H., Consultant Respiratory Physician, NHS Ayrshire & Arran

## **B22 Improving Care for Transgender Patients**

**Room:** *North Tower : Aruba*

**Learning Format:** *Lecture*

**Track:** *Equity, Person- and Family-Centered Care*

Recent studies reveal disparities for transgender individuals in the health care system. Many transgender people avoid or delay seeking care because of bad experiences with health care providers. This session will highlight the key issues that can make or break a health care visit for a transgender patient, and describe strategies for making your health care organization friendlier for transgender individuals. A panel of transgender individuals will discuss their experiences.

After this presentation, participants will be able to:

- Describe four key points every health care provider needs to know before caring for a transgender patient
- Implement strategies to make their organizations more welcoming to transgender patients

Presenters: **Coil, C., MD, MPH, FACEP**, Chief Quality Officer, Harbor UCLA Medical Center; Buccolo, G., M.S., IBCLC, International Board Certified Lactation Consultant, Glendale Adventist Medical Center

## **B23 Patient-Centered Care: Science, Politics, and Quality**

**Room:** *Grand Ballroom : Salon 12-14*

**Learning Format:** *Controversy Panel*

**Track:** *Person- and Family-Centered Care*

Funding for the Patient Centered Outcomes Research Institute (PCORI) and the Agency for Healthcare Research and Quality (AHRQ), including all agency-funded patient-centered care (PCC) research, have come under attack in Congress. Some have argued that PCC research is biased and unnecessary. Many researchers disagree. This panel will explore the evidence for the importance of PCC and the political, social, and ethical controversies surrounding its role in the current health care debate.

After this presentation, participants will be able to:

- Discuss data supporting investing in PCC and key areas in need of research

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- Identify the major players and forces involved in the debate over investing in PCC

Presenters: **Gilligan, T., MD, MS**, Associate Professor of Medicine, Cleveland Clinic Health System; Boissy, A., MD, MA, Chief Experience Officer, Cleveland Clinic Health System; Frankel, R., Professor of Medicine, IU School of Medicine

## **B24 Accelerating Hotspotting in Pediatrics**

**Room:** *Crystal Ballroom : Salon E-F*

**Learning Format:** *Case Study*

**Track:** *Quality Cost and Value*

We partnered with managed Medicaid insurance companies to employ community health workers (CHWs) to conduct outreach to our patients who had greater than expected health care utilization. This practice is known as "hotspotting." In this session, we will provide an overview of a hotspotting program, lessons learned, and key steps to partnering with third-party payers to improve population health.

After this presentation, participants will be able to:

- Use utilization data to identify patients with high needs
- Develop a strategy to partner with payers to address disparities that impact quality
- Define process and outcome measures of quality improvement for a hotspotting project

Presenters: **Casher, D., MD MSHQ**, Associate Medical Director, Population Health and Value, St Christopher's Hospital For Child; McPeak, K., M.D., Medical Director, The Center for the Urban Child, St Christopher's Pediatric Associates

## **B25 Quality Improvement via Appropriate Prescribing**

**Room:** *Hall of Cities : Chicago/Denver*

**Learning Format:** *Rapid-Fire Sessions*

**Track:** *Quality Cost and Value*

Fifteen health care organizations and 54 long-term care/skilled nursing facilities participated in the Canadian Foundation for Healthcare Improvement's (CFHI's) recent 16-month collaborative to reduce the inappropriate use of antipsychotic medication. These organizations have improved the health and quality of life outcomes of their residents. In this session, CFHI and team representatives will present innovative strategies used to implement, measure and spread improvements, including improvements in cost efficiency.

After this presentation, participants will be able to:

- Discuss how person-centered processes and data analysis can reduce the inappropriate use of antipsychotic medication in long-term care/skilled nursing facilities
- Identify process, outcome and system improvements that have resulted from the interventions led by the collaborative teams
- Determine mechanisms that enable and mechanisms that impede the adoption and uptake of innovative improvement strategies

Presenters: **Phillips, K., PhD**, Senior Director, Canadian Foundation for Healthcare Improvement; Coughran, J., Registered Nurse, Yorkcare Centre; Gale, R., Director, Clinical Psychology, Yukon Continuing Care; Harter, K., CEO, Yorkcare Centre; Vallee, D., Director of Care, Capilano Care

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## **B26 Three Steps to Improve Transitions: Use of a Health Information Exchange**

**Room:** Grand Ballroom : Salon 9-10

**Learning Format:** Lecture

**Track:** Quality Cost and Value

Hospitals and ambulatory practices have historically faced challenges in coordinating care for patients after a hospitalization. In our project, real-time discharge notifications were obtained and communicated by leveraging a statewide health information exchange (HIE) encounter notification system. Presenters will discuss a reproducible three-step process for managing patients in the post-discharge time frame, using real-time discharge notifications, which has shown positive outcomes on readmissions, reimbursement, and patient care.

After this presentation, participants will be able to:

- Review current challenges in hospital to ambulatory provider discharge communications
- Describe a reproducible three-step process implemented post-discharge to improve transitions in care
- Identify results achieved in readmissions, reimbursement, and patient outcomes

Presenters: **Kravet, S.**, President, Johns Hopkins Community Physicians; Bailey, J., Senior Director, Quality & Transformation, Johns Hopkins Hospital

## **B27 Thriving in a Value-Based Environment**

**Room:** Grand Ballroom : Salon 3

**Learning Format:** Buzz Session

**Track:** Quality Cost and Value

Health care systems around the world are challenged by increasing costs and variations in quality. As systems continue on their path of implementing value-based care, new challenges and opportunities arise. In this session, health system leaders, policymakers, researchers, and other stakeholders will learn from each other's experiences. Collective experiences will be synthesized as an IHI report that will be disseminated after the session.

After this presentation, participants will be able to:

- Summarize policy drivers of cost containment and quality improvement
- Discuss opportunities and challenges in implementing coordinated and person-centered population health services
- Identify approaches health systems can take to thrive as they strive to deliver high-value care

Presenters: **Shaikh, U., MD, MPH**, Director Healthcare Quality, University of California; Schilling Rn Mph, L., RN, MPH, National Vice President, Healthcare Performance Improvement, Kaiser Permanente; Roth, A., RN, MS, MPH, Chief Executive Officer, Contra Costa Health Services

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## **B28 The Role of Employers, Employees, and Unions in Improving Health and Decreasing Cost**

**Room:** North Tower : St. Thomas/West Indies

**Learning Format:** Case Study

**Track:** Triple Aim for Populations

Employers, employees, and unions all have the potential to contribute to the Triple Aim. In this session, participants will learn about IHI's system design approach to working across sectors to improve health and decrease cost. They will hear from UNITE HERE HEALTH, a health plan for unionized hospitality workers, which has successfully developed an application of Stanford's Chronic Disease Self-Management Program for its population of immigrants and the working poor.

After this presentation, participants will be able to:

- Articulate the enhanced role employers, employees, and unions can play in improving health and decreasing cost
- Discuss possible changes that can be implemented to alter the expectations of the different sectors involved
- Explain how a disease management program can drive down cost and improve health

Presenters: **Martin, L., MSPH**, Executive Director, Institute for Healthcare Improvement; Anderson, A., Research, Innov | Co-Chair, IHI Diversity/Inclusion Council, Institute for Healthcare Improvement; Krajcinovic, I., Senior Director of Healthcare Delivery, UNITE HERE HEALTH

## **B29 Maternity Care: Emerging Models to Support Health**

**Room:** Hall of Cities : Miami

**Learning Format:** Case Study

**Track:** Triple Aim for Populations

Much attention is focused on the delivery of maternity care, one of the top ten reasons for hospitalization. It is imperative that we improve health, improve the experience of birth, and focus on cost. In this session we will explore a model involving the use of laborists and midwives, learn of the challenges of a state-supported program to improve vaginal birth outcomes, and discuss potential community-based opportunities.

After this presentation, participants will be able to:

- Describe the collaborative journey of a shared laborist/midwife model in a community hospital
- Share the results of a dedicated QI effort to improve vaginal birth rates in a cohort of hospitals
- Discuss an emerging, community-based model to improve the experience, cost, and outcome of birth

Presenters: **Leavitt Gullo, S., RN, BSN, MS**, Director, Institute for Healthcare Improvement; Nijagal, M., MD, Physician, Boston Medical Center; Crowe, G., RN, EdD, Principal, Hamilton Consulting, LLC; Matteo, S., Director of Midwifery, Prima Medical Foundation

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## B30 Social Determinant Screening and Interventions

**Room:** Grand Ballroom : Salon 1-2

**Learning Format:** Lecture

**Track:** Equity, Triple Aim for Populations

Providers need to more fully understand patient populations and the role social determinants play in driving patient outcomes. To address this knowledge gap, the National Association of Community Health Centers, Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association, and Institute for Alternative Futures developed an evidence-based, consensus-driven patient risk assessment tool. This workshop will present insights gained from deployment of the tool and interventions that can influence social determinants of health.

After this presentation, participants will be able to:

- Discuss methods to collect data on the social determinants of health without undue data burden
- Identify ways to use data to create early interventions and build partnerships to address findings in real time
- Summarize ways to use data on the social determinants of health to inform population health planning

Presenters: **Proser, M.**, Director of Research, National Association of Community Health Centers (NACHC); Francis, L., Senior Director Clinical Excellence and Operation, Oregon Primary Care Association; Chaufournier, R., MHA, President and CEO, CSI Solutions, LLC; Atalla-Mei, A., Social Determinants of Health Manager, Oregon Primary Care Association

## Tuesday, December 8: Workshop C

**1:30 PM - 2:45 PM**

### CMOV Movie Matinee: End-of-life Conversations - Essential and Complex

**Room:** North Tower : Bahamas

**Learning Format:** Buzz Session

**Track:** Person- and Family-Centered Care

How can health care teams feel better-prepared for difficult conversations? This session begins with a short documentary, filmed by the daughter of a physician who sustains a fall, resulting in complete cervical spinal cord injury with ventilator dependency. When care proves difficult, and his pain worsens, he requests withdrawal of ventilator support. Following the film, a panel from The Conversation Project and the patient's daughter will review the ethical and medical concerns revealed and the importance of conversations about end-of-life wishes with families and providers.

After this presentation, participants will be able to:

- Articulate difficulties in understanding a patient's (and family members') wishes for end-of-life care
- Identify resources and materials to help clinicians have conversations with patients and families

Presenters: DeBartolo, K., National Field Manager, Institute for Healthcare Improvement; **Goel, M.**, Filmmaker "Should Tomorrow Be"/Attorney/ Advocate, [www.shouldtomorrowbe.com](http://www.shouldtomorrowbe.com); Warshaw, H., Executive Director, The Conversation Project; Sokol-Hessner, L., MD, Associate Director of Inpatient Quality, Beth Israel Deaconess Medical Center

### SW5 Storyboard Walkaround: Students Present their Improvement Projects

**Room:** Cypress Ballroom : Ballroom 1



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**Learning Format:** *Storyboard Walkaround*

**Track:** *Student*

Students can play a critical role improving quality, both during their training and in their future careers. In this session, IHI Open School faculty and academic advisors will lead a discussion with four students whose storyboards were selected as examples of high-impact student work. Learn how you can engage students and trainees in quality improvement and invest in a new generation of change agents.

Presenters: Gelmon, S., DrPH, Professor of Public Health, Portland State University; **Madigosky, W., MD, MSPH**, Director, Foundations of Doctoring Curriculum, University of Colorado Anschutz Medical Center; Hilliard, R., MD, Attending Physician, Brown University; Hull, L., Student/Trainee, Louis Stokes VA Medical Center; Miller, L., CPHQ, student, Oregon Health and Science University (OHSU); Barrett, S., Student, Brock University; Hudey, S., medical student, USF Health

## C1 Leading Innovation in Health Care Delivery

**Room:** *Cypress Ballroom : Ballroom 3*

**Learning Format:** *Lecture*

**Track:** *Improvement Capability, Leadership, Quality Cost and Value*

The Affordable Care Act (ACA) has catalyzed the spread of new contracts that reward value instead of volume. This is powerful progress, but only a first step. The rest is up to innovators on the front lines. Across the country, there are tens of thousands of opportunities for innovation leaders to build new care teams that transform the way care is delivered. This session will describe what it takes for innovation leaders and their teams to succeed.

After this presentation, participants will be able to:

- Present a model for leading, organizing, and evaluating innovation within established organizations
- Discuss how innovation resources have been allocated in the past, and how that must shift in the future

Presenters: **Trimble, C.**, Adjunct Professor of Business Administration, Dartmouth College

## C2 A CLER Aim: Leveraging Trainees to Improve Care

**Room:** *North Tower : Vinoy*

**Learning Format:** *Rapid-Fire Sessions*

**Track:** *Improvement Capability*

No single evidence-based model yet exists for training institutions to meaningfully integrate Graduate Medical Education (GME) trainees into Quality Improvement/Patient Safety (QI/PS) initiatives. This is a growing imperative, due to the Accreditation Council for Graduate Medical Education (ACGME) new initiative, Clinical Learning Environment Review (CLER). In this session, we will present an organizing framework for integration. Representatives from early adopter training sites will share examples to showcase practical application in real clinical settings.

After this presentation, participants will be able to:

- Describe the growing imperative of including GME trainees in efforts to improve patient care
- Provide hospital leaders an organizing framework for engaging GME trainees in efforts to improve quality and patient safety at the point of care

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- Share "best practice" examples of current efforts to apply the framework in real health care settings

Presenters: **Moses, J., MD, MPH**, Medical Director of Quality Improvement, Associate CQO, Boston Medical Center; Mate, K., MD, Senior Vice President, Institute for Healthcare Improvement; Weiss, K., Senior Vice President, Institutional Accreditation, ACGME

## C3 Defining Moments: Making Measures Clear

**Room:** *Crystal Ballroom : Salon N*

**Learning Format:** *Buzz Session*

**Track:** *Improvement Capability*

Clear, unambiguous measure definitions are fundamental to gathering reliable, useful data. This session provides practical guidance for selecting and defining measures for improvement. We review the attributes of useful improvement measures, using examples from a variety of improvement initiatives, Meaningful Use, National Quality Forum, and other standard measure sources. We present practical tools for documenting improvement measures, and describe a recommended process for measure creation as it is performed in typical improvement settings.

After this presentation, participants will be able to:

- Describe the key properties of useful improvement measures, and evaluate typical project measures
- Create an improvement measurement plan with input from content experts, improvement specialists, and IT personnel

Presenters: **Scoville, R., PhD**, Improvement Advisor/Consultant, Institute for Healthcare Improvement; Parry, G., PhD, Senior Scientist, Institute for Healthcare Improvement

## C4 High Five: People at the Center of Improvement

**Room:** *Crystal Ballroom : Salon G*

**Learning Format:** *Buzz Session*

**Track:** *Improvement Capability*

Person-centered health care is as much about the multi-disciplinary teams as it is about the public we serve. This interactive session will share examples of the five key essentials that drive all QI efforts, beginning with people at the center (patients, families, self, and team). It will explore the context of the work, how to make change happen (beginning with oneself), and methods, tools and techniques for getting results.

After this presentation, participants will be able to:

- Discuss and exchange ideas that build on the five key essentials that drive all QI efforts
- Make a plan to test the five key essentials in their own QI programs

Presenters: **O'Connor, P., PhD**, Director of Care Quality and Strategic Development, Scottish Ambulance Service; Lachman, P., MD, MPH, FRCPC, Deputy Medical Director for Patient Safety, Great Ormond Street Hospital for Children NHS Trust

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## C5 Maximizing Impact from the Bottom of the Totem Pole

**Room:** North Tower : Puerto Rico

**Learning Format:** Buzz Session

**Track:** Improvement Capability, Student

Students of medicine, public health, and other health care professions have become increasingly involved in QI during their graduate studies. This session will provide students and faculty mentors with skills and knowledge to efficiently complete a QI project in a short amount of time. Learn from current and former IHI Open School chapter leaders from Tulane University, where more than 50 projects have been completed in the past three years.

After this presentation, participants will be able to:

- Identify appropriate opportunities to improve systems and patient safety in a hospital or clinic setting from the perspective of a student
- Develop realistic action plans and timelines for gathering support and executing a basic improvement cycle

Presenters: **Gray, M., MD, MPH**, Resident, Icahn School of Medicine at Mount Sinai Hospital; Wickerham, A., MPH, Medical Student, Tulane University School of Medicine; Menard, G., MD, Section Chief, General Internal Medicine, Tulane University School of Medicine; Dasgupta, A., Student, Tulane University School of Medicine

## C6 Physician Leadership and Digital Age Medicine: Enhancement of the Caregiver Career

**Room:** North Tower : Harbor Beach

**Learning Format:** Lecture

**Track:** Improvement Capability, Leadership

Every year, a cohort of "twenty-somethings" apply to medical school to pursue their dream of becoming physicians. As part of the process, they write a short piece on why they want to enter the profession. These words typically exude idealism and passion to become clinicians and healers. But over the course of their careers, many experience dissatisfaction and frustration. This is happening at a time when medicine is undergoing unprecedented change as it adapts to the digital age. We will present thoughts on what this new future could look like and we anticipate a robust discussion with the session participants.

After this presentation, participants will be able to:

- Identify pathways for physicians to be more broadly accountable for the total impact of health care on patients and families
- Define the direction and potential of medicine in the digital age

Presenters: **Cochran, J., MD**, Retired Executive Director, The Permanente Federation - Kaiser Permanente; Kenney, C., Author, No Organization

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## C7 Reducing Readmissions by Thinking Outside the Box

**Room:** Grand Ballroom : Salon 3

**Learning Format:** Case Study

**Track:** Improvement Capability

A 58-year-old woman arrives at a clinic in tears after a hospital discharge. She had six prescriptions to fill, but insufficient funds to pay and unanswered questions. "Why do I need these? Which should I fill? I would rather die than go back in the hospital." To prevent readmission, the team had to understand her perspective, address health literacy, access, adherence, and other social determinants of health. This session will discuss the scenario and ideas for solutions.

After this presentation, participants will be able to:

- Identify which social determinants of health have the greatest impact on readmissions
- Identify which of these social determinants can be addressed in a cost-effective way
- Recognize that both patients and health professions students can be valuable resources when thinking outside the box

Presenters: **Hardt, N.**, Director, University of Florida; Oriol, N., Dean for Students, Harvard Medical School

## C8 The Role of Leadership in Advancing Diversity and Inclusion

**Room:** Crystal Ballroom : Salon E-F

**Learning Format:** Case Study

**Track:** Equity, Improvement Capability

In this session, through the use of interactive discussion and case studies, participants will explore the challenges that leaders face in managing an increasingly diverse workforce.

After this presentation, participants will be able to:

- Outline the benefits of a diverse workforce
- Describe demographic changes impacting the health workforce
- Increase awareness of challenges and perspectives experienced by diverse professionals in healthcare settings
- Explore approaches to many potential conflicts associated with diverse teams

Presenters: **Reede, J.**, Dean for Diversity and Community Partnership, Harvard Medical School

## C9 Whole Person Care in Chronic Disease Management

**Room:** Hall of Cities : New York/New Orleans

**Learning Format:** Lecture

**Track:** Improvement Capability

This session will discuss how to tackle the coming tsunami of need from people with multiple chronic diseases and frailty. If we continue on our current path, these conditions will bankrupt the health care systems of the industrialized world. One of the key principles is enabling people to co-manage their own conditions as much as possible. Another key principle is technological transformation of service delivery.

After this presentation, participants will be able to:

- Identify system principles to use in managing patients with multiple diseases

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- Describe the potential of technology to transform care delivery models and empower patients
- Explain how other countries are dealing with the needs of their aging populations

Presenters: **Oldham, S., MB, ChB, MBA**, Adjunct Professor Institute of Global Health Innovation, Imperial College London

## C10 Better Patient Safety with Lean in Saskatchewan

**Room:** Grand Ballroom : Salon 9-10

**Learning Format:** Case Study

**Track:** Patient Safety

In 2011, Canada's Saskatchewan health care system suffered from long wait times and an estimated 5,600 adverse events, including 495 patient deaths, annually. To improve, the province's 40,000 health care providers began a transformation to lean methodology. Four years later, their case provides crucial insights into the success factors, pitfalls, and impressive results of implementing lean in a huge health system. This session will help participants determine whether lean is right for their organizations.

After this presentation, participants will be able to:

- Explore how lean implementation helped Saskatchewan achieve zero defects in 75 of 94 clinical processes
- Describe how lean operations and processes positively affect patients, their families, and health care workers
- Identify key requirements of a successful, large-scale lean implementation

Presenters: **Black, J., MBA**, CEO/President, John Black and Associates; Thiessen, H., Patient advisor, Saskatoon health region; Davies, M., MHSA, President, Maura Davies Healthcare Consulting Inc.

## C11 Collaborative to Reduce C-section Rates in Brazil

**Room:** North Tower : Aruba

**Learning Format:** Rapid-Fire Sessions

**Track:** Patient Safety

Improvement Science can help redesign maternal care to reduce the rate of C-sections. In 2014, C-section rates reached 84 percent in the private sector in Brazil. After four pilot initiatives, the Brazilian regulatory agency, IHI, and Albert Einstein Hospital embarked on a collaborative to implement a redesign in 30 private hospitals. This session will explain the success of this Collaborative.

After this presentation, participants will be able to:

- Develop a collaborative using Improvement Science to reduce C-section rates
- Develop a methodology to engage obstetricians in reducing C-sections

Presenters: **Borem, P., MD**, IHI Faculty, Institute for Healthcare Improvement; Delgado, P., MSc, Executive Director, Institute for Healthcare Improvement; Sanchez, R., M.D., Albert Einstein Jewish Hospital; Barros, C., RN, Quality Manager, Hospital Albert Einstein

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## C12 Improving Safety During Care Transitions

**Room:** *Crystal Ballroom : Salon H*

**Learning Format:** *Case Study*

**Track:** *Patient Safety*

Poor communication among care providers is a leading factor contributing to adverse events, particularly during the transfer of responsibilities for care. A bundled intervention called I-PASS was recently introduced with the aim of improving patient safety during shift changes and transitions across care settings. We will describe an organizational approach to implementing this bundle, including the processes for consensus-building, training, policy-making, and monitoring.

After this presentation, participants will be able to:

- Describe a process for improving patient safety during handoffs and transitions in care
- Explain the hospital-wide roll out of I-PASS at Massachusetts General Hospital
- Discuss the plan for ongoing evaluation to sustain improvement

Presenters: **Rossi, L., PhD, RN**, Patient Safety Staff Specialist, Massachusetts General Hospital; Shahian, D., MD, Physician, Massachusetts General Hospital; Chisari, G., RN, Director, Massachusetts General Hospital

## C13 Making Chemotherapy Treatment Safer

**Room:** *Hall of Cities : Chicago/Denver*

**Learning Format:** *Case Study*

**Track:** *Patient Safety*

Chemotherapy treatment is known to be hazardous with narrow therapeutic range. Following a sentinel event in a hospitalized patient, a multidisciplinary team engaged in a process to identify potential failures and lead improvement efforts accordingly. Interventions included a special computerized module; a multidisciplinary time-out process between physician, nurse and pharmacist; and making chemotherapy information accessible to staff. Results revealed improvement in chemotherapy dosing and timing, improved staff satisfaction, and reduced cost through higher efficiency.

After this presentation, participants will be able to:

- Identify all potential failures in the process of chemotherapy administration
- Evaluate failure severity
- Develop interventions based on failures identified

Presenters: **Alroy-Preis, S., MD, MPH**, Director of Quality and Patient Safety Division, Carmel Medical Center; Musai, Y., RN, MHA, Risk Management and Quality Improvement Leader, Carmel Medical Center

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## C14 Measuring Whole System and Whole Person Harm

**Room:** Grand Ballroom : Salon 4-6

**Learning Format:** Lecture

**Track:** Patient Safety

The level of harm in acute care has not declined appreciably in the last ten years. This may be, in part, because we do not understand the type or level of harm in our systems. Current methods for measuring harm in most systems are disjointed and inadequate. We will discuss methods to measure and understand harm at a whole system level as well as a whole person approach.

After this presentation, participants will be able to:

- Distinguish between methods to measure whole system harm and the current method for harm measurement in their systems
- Describe the concept of measuring whole person harm
- Identify the barriers to reducing the level of patient harm

Presenters: **Haraden, C., PhD**, Vice President, Institute for Healthcare Improvement; Perla, R., Ed.D., Director, Analytics, University of Massachusetts Memorial Medical Center

## C15 The Cost of Good Enough Health Care

**Room:** North Tower : St. Thomas/West Indies

**Learning Format:** Lecture

**Track:** Patient Safety

What does a misread CT scan, an unreturned phone call, and inadequate treatment for pulmonary embolisms equal? Answer: health care that is merely "good enough," but that does not strive for excellence, often with tragic consequences. Join Shawn Mueller as she shares the story of her husband Les, who was the victim of a missed diagnosis and multiple avoidable medical errors. What are the effects of one decision, one mistake, one voice, and one choice? Who ultimately pays the price when we deliver good enough health care?

After this presentation, participants will be able to:

- Commit to no longer providing or accepting "good enough" health care
- Describe the power of one decision and how it can affect a patient's outcome
- Identify key concepts for improving patient safety

Presenters: **Mueller, S., MSN RN CIC**, Director of Infection Prevention and Control, MedStar Union Memorial Hospital

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## C16 Understanding Cognitive Errors in Medicine

**Room:** Grand Ballroom : Salon 7

**Learning Format:** Buzz Session

**Track:** Patient Safety

Understanding how clinicians make decisions is critical to patient safety. Through an entertaining and interactive session focused on cognitive bias in decision analysis, participants will gain insight into their own biases that can lead to errors in decision-making. We will explain the dual process theory of cognition, identify common cognitive errors, review key cognitive de-biasing strategies, and finally provide the audience with simple methods that can be easily assimilated into practice to improve clinical decision-making.

After this presentation, participants will be able to:

- Demonstrate understanding of dual process theory in the context of clinical decision analysis
- Detect their own cognitive distortions and biases

Presenters: **Guttman, O., MD, MBA, CHSE**, UTSW Culture of Safety Officer, University of Texas Southwestern Medical Center

## C17 Violence in Hospitals and Ambulatory Care

**Room:** North Tower : Marco Island

**Learning Format:** Lecture

**Track:** Patient Safety

Hospital workers are at high risk of workplace violence, with the rate of non-fatal assaults several times higher than the rate for all private sector industries. Nurses, aides, and all health care providers are vulnerable, especially in emergency departments, psychiatric wards, waiting rooms, and geriatric units. In this session, panelists will discuss the challenges and strategies in identifying, preventing and responding to workplace violence.

After this presentation, participants will be able to:

- Assess current research on violence in the hospital and ambulatory clinic among nurses, emergency department personnel, physicians, and other health care workers
- Define the role of a hospital victim assistance advocate for employees, patients, and visitors
- Apply environmental design, administrative control, and behavior modification training strategies to prevent and respond to workplace violence in health care settings

Presenters: **Taylor, J., MD**, Quality Improvement Officer- Dermatology-Plastic Surgery, Cleveland Clinic Health System; Burchill, C., PhD, RN, CEN, Nurse Researcher, Office of Nursing Research and Innovation, Cleveland Clinic Health System; Withrow, A., Victim Advocate / Program Manager, Police Department, Cleveland Clinic Health System; Lynch, T., Senior Director, Police and Corporate Security, Cleveland Clinic Health System



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## C18 Bias in Health Care

**Room:** North Tower : Key Largo

**Learning Format:** Buzz Session

**Track:** Equity, Person- and Family-Centered Care

Despite the remarkable gains in the number of women in academic medicine, the number of women of color has been slow to change. Women of color (African-American women, Latinas, and Native American and/or indigenous women) continue to face numerous barriers to professional success. Diversifying academic medicine, in part by adding qualified women of color at higher levels at predominantly white institutions, remains important for many reasons.

After this presentation, participants will be able to:

- Identify how bias and the processes of the unconscious mind can influence critical hiring and promotion decisions
- Apply new strategies for mitigating biases individually and organizationally
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Presenters: **Collins, D., PhD**, Associate Dean, Johns Hopkins University School of Medicine

## C19 Families as Partners in Preventing Crisis

**Room:** North Tower : Grand Cayman

**Learning Format:** Case Study

**Track:** Person- and Family-Centered Care

What would happen if local police arrived in force to defuse a family situation in your Intensive Care Unit? In this session, we will conduct an in-depth analysis of a complex, real-life scenario and our journey to ensure that it never happens again. Learn how the Model for Improvement, in conjunction with our Model for Partnership, informed the design, implementation, and evaluation of a simulation-based crisis prevention staff training and mirrored family toolkit.

After this presentation, participants will be able to:

- Identify key elements needed to create an engaging, effective crisis prevention staff training and mirrored family toolkit
- Develop strategies to integrate patients and families as partners at each stage of improvement work

Presenters: **Liaw, R.**, Director, Sala Institute Center for Child and Family Resilience, NYU Langone Medical Center; Schlucter, J., Director, Center for Child and Family Experience, NYU Langone Medical Center; Al-Qaqaa, Y., MD, Medical Director, PICU, NYU School of Medicine; Levy, F., MD, MBA, Executive Director, Sala Institute for Child and Family Centered Care, NYU Langone Medical Center; Devins, L., MSN, RN, Nurse Manager, NYU Langone Medical Center

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## C20 The Science and Art of Transforming Suffering

**Room:** North Tower : Key Biscayne

**Learning Format:** Lecture

**Track:** Person- and Family-Centered Care

There is unprecedented interest in and research on the intersection of science, technology, and the humanities (healing arts). This work reflects how psycho-social wellness and suffering contribute to illness, healing, and health. This session offers research highlighting some remarkable "best practices" that will define the cutting-edge health care institutions of the future.

After this presentation, participants will be able to:

- Identify an emerging category of clinical best practices that enhance wellness for both caregivers and patients
- Explore research models for more integrated health caregiving that address both illness and their underlying personal and social causes

Presenters: **Groves, R.**, Founding Director, Sacred Art of Living Center

## C21 The Voice of the Caregiver is Part of the Solution

**Room:** Hall of Cities : Anaheim

**Learning Format:** Case Study

**Track:** Person- and Family-Centered Care

Caregivers are often the voice of the patient, and they provide care that extends health care services. In this session, a panel of patients and caregivers will give voice to the caregivers and what matters to them. The ensuing discussion will focus on identifying the most effective ways for the health care system to support caregivers, while also addressing key challenges for health and health care.

After this presentation, participants will be able to:

- Demonstrate the role of the caregiver in the care of the patient
- Identify what matters to caregivers

Presenters: Kabcenell, A., RN, MPH, Vice President, Institute for Healthcare Improvement; **Bartel, R.**, Patient advocate, No Organization; Grant, C., MD, Health Foundation & IHI Fellow/Consultant in Critical Care, Aintree University Hospital

## C22 Understanding What Matters to Patients and Families

**Room:** Crystal Ballroom : Salon K-M

**Learning Format:** Rapid-Fire Sessions

**Track:** Person- and Family-Centered Care

Clinicians, health care staff, and community health workers worldwide seek to understand the comprehensive needs and goals of the patients they serve. What if they all routinely asked, "What matters to you?" and listened attentively at every care encounter? How would understanding "what matters" enhance partnerships with individual patients? Come to this session to learn about "what matters" in a variety of care settings and make a plan to incorporate "what matters" into daily practice.

After this presentation, participants will be able to:

- Describe the basic framework for integrating "what matters" in addition to "what's the matter" in clinical encounters
- List ways to ask this question in a variety of settings

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- Describe how different types of organizations have integrated “what matters” and addressed patient needs

Presenters: **Gunther-Murphy, C.**, Executive Director, Institute for Healthcare Improvement; Suter, P., Clinical Director, Sutter VNA and Hospice; Hennessey, B., RN, BSN, MSN, Executive Director Sutter Center for Integrated Care, Sutter VNA and Hospice; Gutnick, D., MD, Associate Professor of Medicine and Psychiatry, Bellevue Hospital Center; Marsh, G., Improvement Advisor Older People's Care, NHS Greater Glasgow and Clyde & Healthcare Improvement Scotland

## C23 Care Redesign for Bundled Payments

**Room:** Grand Ballroom : Salon 1-2

**Learning Format:** Lecture

**Track:** Quality Cost and Value

Payers across the country are moving to “value-based payments” such as bundled payments, Accountable Care Organizations (ACOs), and other schemes that call for health care providers to deliver high-quality care at lower costs. This session will focus on the relationship between better patient care and potential savings, as well as the skill sets and mindsets required of front-line teams to be ready for the changes involved.

After this presentation, participants will be able to:

- Demonstrate how to engage stakeholders in the shift from volume-based care to value-based care
- Identify methods to redesign care teams for bundled payments and other risk-based contracts

Presenters: **Luther, K., RN, MPM**, Vice President, Institute for Healthcare Improvement; Calcasola, S., MSN, RN-BC, Director of Quality and Medical Management, Baystate Medical Center; Frick, T., MS, RN, Assistant Director of Managed Care Contracting, Johns Hopkins HealthCare LLC; Benjamin, E., MD, Senior Vice President for Quality and Pop Health, Baystate Medical Center; Bogan, M., MA, Director, Institute for Healthcare Improvement

## C24 Clinical and Cost Improvement for Population Health

**Room:** Crystal Ballroom : Salon A-C

**Learning Format:** Lecture

**Track:** Quality Cost and Value

This session will discuss approaches to improving quality and safely reducing costs for population health patients, including the use of information technology and data. These population health initiatives will enable organizations to prepare for risk-based payments.

After this presentation, participants will be able to:

- Describe results from multiple organizations where information technology, clinical decision support, and data have been used to measurably improve quality and cost of care for populations of patients

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- Discuss how these initiatives enable organizations to succeed in a health care environment that will transition toward risk-based payments

Presenters: **Weingarten, S., MD, MPH**, Senior Vice President, Chief Clinical Transformation Officer, Cedars-Sinai Health System; Classen, D., MD, MS, Associate Professor of Medicine, Senior Partner and CMO, Pascal Metrics, Inc.

## C25 Solving the Value Equation in the NICU

**Room:** Hall of Cities : Miami

**Learning Format:** Rapid-Fire Sessions

**Track:** Quality Cost and Value

Neonatal intensive care units (NICUs) serve our most vulnerable patients. Although survival has increased substantially, many infants experience preventable morbidities associated with diagnostic, therapeutic, and surgical interventions. These issues also lead to distress for families, increased lengths of stay, readmissions, and costs. Multidisciplinary NICU teams around the world participating in Vermont Oxford Network quality collaboratives have developed innovative solutions to improve outcomes and reduce costs.

After this presentation, participants will be able to:

- Identify opportunities to improve outcomes of NICU care in their organizations
- Use a value toolkit to reduce waste and enhance the value of NICU care
- Use an improvement charter to engage senior leadership

Presenters: **Horbar, J., MD**, Chief Executive, Vermont Oxford Network; Buus-Frank, M., DNP, APRN-BC, FAAN, Executive Vice President and Director of QI and Education, Vermont Oxford Network; Fry, M., NICU Family Care Coordinator, Akron Children's Hospital; Kaplan, H., MD, MSCE, Assistant Professor, Cincinnati Children's Hospital Medical Center; Ho, T., Harvard Perinatal and Neonatal Fellowship Program, Boston Children's Hospital

## C26 The Next Big Thing: Transitions in Care

**Room:** Grand Ballroom : Salon 12-14

**Learning Format:** Case Study

**Track:** Quality Cost and Value

With significant focus and effort, the health care industry has witnessed reductions in readmission rates. This success has propelled deeper thinking about coordination of care and population health. Opportunities for further reduction remain. By leveraging advanced analytics, Advocate Health Care has co-created an empirical model supporting clinicians in appropriately transitioning patients to the next level of post-acute care. This work will ultimately ensure that patients are more effectively transitioned, and further reduce unnecessary readmissions.

After this presentation, participants will be able to:

- Examine one organization's data on transitions in care
- Review an empirically driven model for guiding transitions in care
- Discuss impending considerations around transitions in care

Presenters: **Esposito, T., MBA, RHIA, FACHE**, VP - Center for Health Information Services, Advocate Healthcare; Bober, M., RN MS, Vice President Acute Enterprise Care Management, Advocate Healthcare

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## C27 Achieving Large-Scale Triple Aim improvement through Collective Impact

**Room:** North Tower : Sawgrass

**Learning Format:** Case Study

**Track:** Triple Aim for Populations

This session will focus on utilizing a collective impact model to achieve large-scale, multi-stakeholder Triple Aim improvement. Presenters will describe successful statewide initiatives built on this model. The session will also reference case studies of health equity efforts at a community and state level to ensure both overall improvement and reductions in disparities. The session is designed to stimulate discussion among attendees on how to best apply the principles of collective impact in their own settings.

After this presentation, participants will be able to:

- Demonstrate how a collective impact model can be utilized for large-scale Triple Aim improvement
- Describe how to overcome the challenges in aligning diverse organizations around common Triple Aim goals
- Discuss how to ensure inclusion of health equity goals in the common agenda for health improvement

Presenters: **Foster, R., MD**, Executive Director, Catalyst for Health, South Carolina Hospital Association; Gallego L., A., MPH, Program Director, Alliance for a Healthier SC, South Carolina Hospital Association

## C28 Life in a Global Medicaid Budget One Year Later

**Room:** North Tower : Key West

**Learning Format:** Lecture

**Track:** Triple Aim for Populations

In early 2014, St. Charles Health System entered into a global budget for 50,000 Medicaid patients. In partnership with local independent providers, they have managed this population for nearly two years. Learn how their partnership works, and the challenges and opportunities alternative payment systems present within the Medicaid population. The Chief Medical Officer, Chief Financial Officer and Chief Behavioral Health Officer will share their perspectives and experiences working within the health system and with the greater community to serve some of the most vulnerable people in Central Oregon.

After this presentation, participants will be able to:

- Identify key factors to discuss when considering global budgets for any population, especially the Medicaid population
- Develop an understanding of managing a global budget with community partners
- Apply metrics to determine what is successful implementation and what is not

Presenters: **Henderson, R., PsyD**, Chief Behavioral Health Officer & VP, Strategic Integration, Saint Charles Health System; Welander, J., MBA, CPA, Chief Financial Officer, Saint Charles Health System

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## C29 Pursuing the IHI Triple Aim: the First Seven Years

**Room:** *Crystal Ballroom : Salon P-Q*

**Learning Format:** *Flipped Classroom*

**Track:** *Triple Aim for Populations*

Since 2007, IHI's Triple Aim collaboratives have engaged more than 140 organizations, coalitions, and governments seeking to fundamentally shift the way they design and manage services for the populations they serve. These sites represent nine countries and 28 US states. Fast-forward to today, and what started as a provocative idea for system change has become a part of the health care vernacular. Based on mini-cases studies, this dynamic session will explore learning from seven years of testing with innovative organizations and coalitions that have done groundbreaking work in pursuit of the Triple Aim.

After this presentation, participants will be able to:

- Articulate the three-part framework that IHI developed from working with organizations and communities on the Triple Aim
- Apply lessons from real-world Triple Aim sites to the population management efforts within their organizations or communities
- Move from the theory of the Triple Aim to actionable plans for execution

Presenters: **Whittington, J., MD**, IHI Lead Faculty, Triple Aim Initiative, Institute for Healthcare Improvement; **Lewis, N., MS**, Executive Director, Institute for Healthcare Improvement

## C30 The Journey from Fee-for-Service Star to Accountable Care

**Room:** *Crystal Ballroom : Salon D*

**Learning Format:** *Case Study*

**Track:** *Triple Aim for Populations*

Emory Healthcare thrives receiving fee-for-service for the delivery of acute care. Seeing the trends in 2011 and embracing the spirit of the Triple Aim, the Emory Healthcare Network, an accountable care platform, was created in 17 months. Using that story, this session will highlight key principles in the development of an accountable care platform.

After this presentation, participants will be able to:

- Understand payment models as a continuum for fee-for-service to value-based care
- Explore strategic drivers for transforming a successful fee-for-service healthcare system to the pursuit of value-based payment models
- Be able to identify the key structural elements of a clinically integrated network
- Explore value-based strategies that improve quality and reduce costs for attributed populations

Presenters: **Gitomer, R., MD**, President & CQO, Emory Healthcare Network

## C Free Time C Free Time

## Tuesday, December 8: Keynotes

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## 8:00 AM - 9:00 AM

### K1 Maureen Bisognano

**Room:** Cypress Ballroom : Ballroom 3

**Learning Format:** Lecture

Maureen Bisognano, President and CEO, Institute for Healthcare Improvement (IHI), previously served as IHI's Executive Vice President and COO for 15 years. She 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, a Research Associate in the Brigham and Women's Hospital Division of Social Medicine and Health Inequalities, and serves on the boards of the Commonwealth Fund, ThedaCare Center for Healthcare Value, and Mayo Clinic Health System?Eau Claire. Prior to joining IHI, she served as CEO of the Massachusetts Respiratory Hospital and Senior Vice President of The Juran Institute.

After this presentation, participants will be able to:

- Recognize habits that support quality health care

Presenters: **Bisognano, M.**, President and CEO, Institute for Healthcare Improvement

## 3:15 PM - 4:15 PM

### K2 Earvin "Magic" Johnson

**Room:** Cypress Ballroom : Ballroom 3

**Learning Format:** Lecture

**Track:** Leadership

Earvin "Magic" Johnson is an NBA two-time hall of famer, entrepreneur, motivational speaker, and philanthropist. He is currently Chairman and CEO of Magic Johnson Enterprises, which provides high quality products and services that focus primarily on ethnically diverse and underserved urban communities through strategic alliances, investments, consulting, and endorsements. Mr. Johnson parlayed his skills and tenacity on the court into the business world, propelling his company to the number one urban brand in America.

Mr. Johnson also serves as Chairman and Founder of the Magic Johnson Foundation, where he works to transform urban America through HIV/AIDS awareness and prevention programs, community empowerment centers, and the Taylor Michaels Scholarship program. Over the past 20 years, the Magic Johnson Foundation has become one of the most recognizable philanthropic organizations in the world.

Presenters: **Johnson, E.**, Chairman and CEO, Magic Johnson Foundation

## Wednesday, December 9: Special Interest Breakfasts

### 7:00 AM - 7:45 AM

#### SIB1 Getting Mouthy: An Interprofessional's Role in Oral Health Care

**Room:** Hall of Cities : Miami

#### SIB2 Integrating Maternal Health and Care: Closing the Equity Gap

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**Room:** Grand Ballroom : Salon 1-2

**SIB3 Why Going Green is a Core Improvement Strategy**

**Room:** Grand Ballroom : Salon 4-6

**SIB4 Kaiser Permanente Dental: A Collaborative Model for Oral Health in Primary Care**

**Room:** Grand Ballroom : Salon 9-10

**SIB5 Payer-Provider Collaboration: Increasing Trust, Building Infrastructure and Rethinking Partnerships to Advance the Triple Aim**

**Room:** Grand Ballroom : Salon 7

**SIB6 Spreading Innovations in Healthcare: A Canadian Experience**

**Room:** Grand Ballroom : Salon 8

**SIB7 The Conversation Project: Preparing your organization for end-of-life care conversations now that CMS will pay for it**

**Room:** Crystal Ballroom : Salon G

**SIB8 A Symphony of Life: Innovative Medical Music Therapy Interventions**

**Room:** Hall of Cities : New York/New Orleans

**SIB9 Big Data in Quality Improvement - Where Are We Really?**

**Room:** Crystal Ballroom : Salon K-M

**SIB10 Faster, Better, Stronger: Accelerating Patient-Centered Progress by Applying Improvement Science to High Leverage Change Opportunities**

**Room:** Grand Ballroom : Salon 3

**SIB11 Managing Another Deadly Outbreak – Lessons Learned from the Recent Ebola Crisis**

**Room:** Grand Ballroom : Salon 12-14

**SIB12 Creating a Quality Improvement Community in Latin America**

**Room:** Crystal Ballroom : Salon E-F

**SIB13 Seven Years of Project Fives Alive: Harvesting Key Lessons for IHI in Africa**

**Room:** Crystal Ballroom : Salon P-Q

**SIB14 Advancing Care Delivery with Transitions of Care**

**Room:** Grand Ballroom : Salon 11

**SIB15 100 Million Healthier Lives: How Can We Create Health Care Systems That Are Good at Health AND Good at Care?**

**Room:** Crystal Ballroom : Salon A-C

**Wednesday, December 9: Workshop D**



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**9:30 AM - 10:45 AM**

**SWD1 TBD**

**SWD2 TBD**

**D11 The Workforce Race Equality Standard in England**

**Room:** North Tower : Key Largo

**Learning Format:** Buzz Session

**Track:** Equity, Improvement Capability

The session will explore the reasons why the English National Health Service (NHS), the biggest health care organization in Europe, has decided to mandate race equality through the Workforce Race Equality Standard (WRES).

After this presentation, participants will be able to:

- Describe the WRES and the progress made to date
- Consider how the WRES could be applied to their organizations

Presenters: **Coghill, Y., OBE, JP, MSc, RHV, RMN, RGN,,** Director, Workforce Race Equality Standard Implementation, National Health Service - UK; Irwin, W., Equalities Lead, Royal College of Nursing; McKenzie, C., Learning and Development Facilitator, No Organization

**D1 An International Perspective on Radical Redesign: Learning from 50 Vanguards**

**Room:** Cypress Ballroom : Ballroom 3

**Learning Format:** Lecture

**Track:** Leadership

In October 2014, England's National Health Service (NHS) published the Five Year Forward View, setting out a vision for how the NHS can support improvement and address disparities. In January the NHS invited organizations and partnerships to apply to become "vanguard" sites, one of the first steps towards supporting improvement and integration of services. Since March 2015, the NHS has been working with the vanguard sites to develop dedicated support packages and build capability.

After this presentation, participants will be able to:

- Describe how the NHS is attempting to deliver change through a locally driven national transformation program
- Demonstrate how the vanguard sites are leading the transformation work
- Discuss common challenges across all sites and the eight key enablers of transformation

Presenters: **Stevens, S.,** Chief Executive, NHS England

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## D2 A Proven Approach for Improving Clinical Outcomes

**Room:** *Crystal Ballroom : Salon N*

**Learning Format:** *Lecture*

**Track:** *Improvement Capability*

Health care organizations that are using lean thinking to redesign management processes have seen dramatic improvements in quality outcomes, financial performance, and customer satisfaction. To achieve sustainable change, the adoption of lean must be anchored in a set of guiding principles for organizational systems. This session will demonstrate how to effectively transform the culture of an organization to support the adoption of lean.

After this presentation, participants will be able to:

- Examine the quality and safety results of health care organizations that have successfully adopted the lean operating system
- Identify the organizational principles and systems that drive ideal behaviors in a lean organization
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Presenters: **Karlov, M., MPH**, Education Director, ThedaCare Center for Healthcare Value; Toussaint, J., MD, CEO, ThedaCare Center for Healthcare Value

## D3 High-Impact Leadership

**Room:** *Crystal Ballroom : Salon H*

**Learning Format:** *Lecture*

**Track:** *Improvement Capability, Leadership*

In 2013, IHI published the popular white paper, "High-Impact Leadership: Improve Care, Improve the Health of Populations and Reduce Cost." Over the past two years, we have continued to learn and find new examples that reinforce the critical importance of leadership in achieving Triple Aim results. In this session, the authors of the paper will describe the elements of High-Impact Leadership and examples from across health care.

After this presentation, participants will be able to:

- Explain the key elements of the IHI High-Impact Leadership model
- Examine their own beliefs about leadership and identify potential changes in their behaviors and their organizations that would enable stronger leadership

Presenters: **Pugh, M., MPH**, President, MdP Associates, LLC; Munch, D., MD, SVP Chief Clinical Officer, Healthcare Performance Partners

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## D4 Knowledge Management for Large-Scale Improvement

**Room:** Grand Ballroom : Salon 4-6

**Learning Format:** Lecture

**Track:** Improvement Capability

Implementing effective learning strategies for large-scale improvement programs is a challenge. This session will provide theory, practical examples, and structured guidance on tested strategies for successful large-scale learning. We will include strategies on face-to-face learning as well as novel ideas about how to transmit information and best practices between dispersed participants in learning networks.

After this presentation, participants will be able to:

- Apply lessons and strategies from the IHI experience in large-scale learning events and learning platforms for dispersed participants
- Employ methods for building learning systems and knowledge management platforms

Presenters: **DeBartolo, K.**, National Field Manager, Institute for Healthcare Improvement; Lewis, N., MS, Executive Director, Institute for Healthcare Improvement

## D5 Lessons Learned: National Quality Strategy Design

**Room:** North Tower : Key West

**Learning Format:** Rapid-Fire Sessions

**Track:** Improvement Capability

What is a national quality strategy? How do you design, implement, and measure it? Learn from experts who have been intimately involved in the process of designing quality strategies for national governments in Latin America, Europe, and Africa. This session is for individuals or organizations looking for advice on large-scale initiatives, working with federal, regional or state governments, or developing a long-term design plan for their health care system.

After this presentation, participants will be able to:

- Highlight successful models of national health care quality strategies
- Identify tools and methods for best practices when designing a national or regional quality strategy
- Discuss and troubleshoot for potential challenges when designing national or regional quality strategies

Presenters: **Mobisson-Etuk, N.**, Executive Director, Institute for Healthcare Improvement; Ruelas, E., MD, MPA, MHSc, Senior Fellow, Institute for Healthcare Improvement; Feeley, D., Executive Vice President, Institute for Healthcare Improvement

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## D6 Managing Innovation in Health Care Organizations

**Room:** Grand Ballroom : Salon 11

**Learning Format:** Flipped Classroom

**Track:** Improvement Capability

Health care delivery systems are increasingly seeking to develop their own innovation function to support the generation and reliable implementation of innovative ideas. Prior to the session, participants will complete an Innovation Management Maturity assessment to identify opportunities to improve their innovation capabilities. During this interactive session, participants will begin to design and develop a reliable innovation management system within their own organization to generate novel solutions to current and future challenges.

After this presentation, participants will be able to:

- Identify opportunities to improve their organization's innovation capabilities
- Articulate the value of innovation to health care delivery systems
- Identify the key components of an innovation management system

Presenters: **Blindenbach-Driessen, F., PhD**, Founder & CEO, Organizing for Innovation LLC; Mate, K., MD, Senior Vice President, Institute for Healthcare Improvement; Laderman, M., MSPH, Senior Research Associate, Institute for Healthcare Improvement; Gauthier, J., Project Manager, Innovation, Institute for Healthcare Improvement; Trimble, C., Adjunct Professor of Business Administration, Dartmouth College

## D7 Performance Measurement to Sustain Improvement

**Room:** Grand Ballroom : Salon 8

**Learning Format:** Case Study

**Track:** Improvement Capability

Critical Care Services Ontario is responsible for policy/program development and implementation to support patient access and quality of care. It is also responsible for system integration in critical care and program areas reliant on critical care services. Key initiatives have spread to 130 hospitals serving 13 million people. Developing and implementing an information system for data capture was key to supporting a performance management framework. This framework, applied across program areas, supports evaluation and sustained improvement activity.

After this presentation, participants will be able to:

- Develop a performance measurement framework with common principles that can be applied across program areas
- Implement a reporting structure to support performance management and sustained improvement in critical care

Presenters: **Lawless, B.,** Doctor, Critical Care Services Ontario; Kostrzewa, L., RN MHSc, Director, Critical Care Services Ontario

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## D8 Public Health Aims for Quality

**Room:** *Crystal Ballroom : Salon P-Q*

**Learning Format:** *Rapid-Fire Sessions*

**Track:** *Equity, Improvement Capability*

Public health leaders are aiming to integrate health care and public health practices in order to accelerate improvements in population health. Panelists will describe their efforts to identify evidence-based community interventions and related process measures, to encourage quality measurement in mobile clinics, and to support cross-system care coordination translating into health care cost reductions.

After this presentation, participants will be able to:

- Identify the public health aims for quality
- Develop an understanding of the integration of public health quality concepts into health care

Presenters: **Honore, P., DHA**, AmeriHealth Caritas-General Russel Honore Endowed Professor, Louisiana State University Health Sciences Center; Ramaswamy, R., PhD, Associate Professor, University of North Carolina (UNC) Health System; Hill, C., MSc MA Cantab, PI: Public Health Quality & Mobile Clinics, Family Van/ Harvard Medical School; Schmidt, K., Health Navigator Faculty, Otero Junior College; Randolph, G., MD, MPH, Professor of Pediatrics and Public Health, University of North Carolina (UNC) Health System

## D9 Running Successful Collaboratives

**Room:** *Grand Ballroom : Salon 12-14*

**Learning Format:** *Lecture*

**Track:** *Improvement Capability*

The urgency of rapid and sustainable change has never been greater for health care. IHI's Breakthrough Series (BTS) Collaboratives can be a powerful tool for spreading improvements in organizations, communities, and regions -- but only if established design principles are used and common pitfalls are avoided. Using a wide range of examples, this interactive session will cover topic selection, building change packages and measurement systems, engaging teams, and running robust Learning Sessions and Action Periods.

After this presentation, participants will be able to:

- Apply established design principles for successful BTS Collaboratives
- Diagnose and address common challenges in using the BTS method

Presenters: **McCutcheon Adams, K., MSW, LICSW**, Director, Institute for Healthcare Improvement; Murray, S., MA, Improvement Advisor, CT Concepts

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## D10 The Invaluable Improvement Advisor

**Room:** *Hall of Cities : New York/New Orleans*

**Learning Format:** *Lecture*

**Track:** *Improvement Capability*

Organizations seeking to build improvement capability have found the role of the Improvement Advisor (IA) to be invaluable to strategic success. This presentation will discuss the IA as a leader devoted to helping to identify, plan, and execute improvement projects throughout an organization. Participants will learn about the core skills an IA must have, the tools needed to initiate an improvement project, and through case stories, practical applications of these skills and tools.

After this presentation, participants will be able to:

- Identify the role and core skills of an IA
- Assess capability in their own organizations for identifying, planning and executing improvement projects

Presenters: **Steinfeld, R., MA**, Improvement Advisor, Institute for Healthcare Improvement; Lloyd, R., PhD, Vice President, Institute for Healthcare Improvement; Smecher, C., MD FRCP(C), Anesthesiologist, Fraser Health Authority

## D12 Diagnosing the Diagnostic Dilemma

**Room:** *Crystal Ballroom : Salon A-C*

**Learning Format:** *Lecture*

**Track:** *Patient Safety, Student*

Have you ever based a diagnosis on a misinterpreted test result, or learned second-hand that one of your patients died from an undiagnosed condition? This session will explore more than 4,000 diagnostic-related malpractice cases that reveal the drivers of a missed or delayed diagnosis. Presenters will use an electronic response system to engage the audience and will share practical interventions to improve the diagnostic process.

After this presentation, participants will be able to:

- Describe the key drivers of diagnostic failure
- Identify key opportunities for improvement in the diagnostic process

Presenters: **Siegal, D.,** Director of Patient Safety, CRICO; Schiff, G., MD, Dir Clinical Quality Res, Brigham and Women's Hospital

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## D13 Harnessing the Power of Zero

**Room:** Grand Ballroom : Salon 3

**Learning Format:** Lecture

**Track:** Patient Safety

Zero. It seems so inconsequential. But in mathematics and physics, zero is a powerful concept. Zero has just as much power in health care. Most caregivers regard zero harm as an abstract concept, not a realistic clinical target. A few, however, have concluded that zero is attainable on a consistent basis. And they are producing extraordinary results. This session will help participants harness the power of zero for their own patients.

After this presentation, participants will be able to:

- Demonstrate the power of zero as a tool in conversations about patient safety
- Develop a strategy for adopting at least one "zero harm" goal in their own organizations

Presenters: **Kirby, T., JD, FACHE**, President & CEO, South Carolina Hospital Association; Gibbons, L., RN, Vice President, Quality and Safety, South Carolina Hospital Association

## D14 Identifying Adverse Events in Nursing Homes

**Room:** Hall of Cities : Anaheim

**Learning Format:** Lecture

**Track:** Patient Safety

Presenters will review a methodology developed to identify adverse events in a major site of post-acute care: skilled nursing facilities (SNFs). The harm rates in SNFs are similar to those in acute care hospitals, but the setting presents unique challenges. The session will include interactive case studies in which participants will analyze examples of adverse events in SNFs.

After this presentation, participants will be able to:

- Implement a methodology to identify adverse events in the SNF setting
- Contrast SNF harm with hospital harm to better understand the unique nature of SNF harm

Presenters: **Adler, L., DO**, Senior Advisor Safety, Quality & Innovation, adventist health system; Federico, F., RPh, Vice President, Senior Expert Patient Safety, Institute for Healthcare Improvement; Dorrill, R., Deputy Regional Inspector General, Office of the Inspector General

## D15 Improve Tracking and Follow-up of Patient Results

**Room:** North Tower : Sawgrass

**Learning Format:** Case Study

**Track:** Patient Safety

This session will demonstrate how to launch an organization-wide results verification program. It will focus on closed-loop communication between the ordering provider and reading provider on all critical, urgent, and incidental results. Participants will learn ways to ensure appropriate patient follow-up and to create accountability metrics. Key areas of focus will include improved patient follow-up on select results (radiology, pathology and lab).

After this presentation, participants will be able to:

- Identify issues related to results routing, communication, and patient follow-up

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- Develop and implement solutions to address these issues

Presenters: **Kissell, C., RN, BSN, MBA**, Director of Clinical Quality Programs, University of Minnesota Medical Center; Overton, V., VP Quality and Innovation, Fairview Health Services; Kuehn-Hajder, J., MD, Assistant Professor, University of Minnesota Medical Center; Mascotti, K., Medical Quality Officer, Long Beach Memorial Medical Center

## **D16 Insults to Dignity: a Neglected Preventable Harm**

**Room:** *Crystal Ballroom : Salon K-M*

**Learning Format:** *Case Study*

**Track:** *Patient Safety*

Existing preventable harm frameworks only address physical harms, yet emotional harms from disrespect and insults to dignity may be equally important to patients. Learn how to conceptualize these harms and develop systems to capture, assess, categorize, and frame them for decision-makers, thereby motivating and informing improvement initiatives to prevent future harms.

After this presentation, participants will be able to:

- Identify a framework for categorizing emotional harms from disrespect and insults to dignity
- Identify a system for evaluating the severity of these harms

Presenters: **Sokol-Hessner, L., MD**, Associate Director of Inpatient Quality, Beth Israel Deaconess Medical Center; Folcarelli, P., RN, PhD, Director of Patient Safety, Beth Israel Deaconess Medical Center; Sands, K., MD, Senior Vice President, Health Care Quality, Beth Israel Deaconess Medical Center

## **D17 Making Enhanced Recovery After Surgery a Reality**

**Room:** *North Tower : Harbor Beach*

**Learning Format:** *Lecture*

**Track:** *Patient Safety*

Enhanced Recovery After Surgery (ERAS) is an emerging paradigm for re-engineering peri-operative care to improve patient recovery and outcomes. Kaiser Permanente Northern California's journey to implement ERAS challenges many age-old paradigms around pain management, optimal nutrition, and early ambulation. We will discuss how we designed the right infrastructure to scale significant change rapidly across 21 hospitals and several hundred clinicians and staff. Initial results show significant trends toward improved patient recovery.

After this presentation, participants will be able to:

- Explain the principles of ERAS and how they improve patient care
- Describe an implementation strategy for testing, spreading, and measuring change across a region

Presenters: **Parodi, S.**, Associate Executive Director, The Permanente Medical Group; Mason-Herr, A., RN, Chief Nursing Officer, Kaiser Permanente Roseville Medical Center; Huang, M., Senior Managerial Consultant, Kaiser Permanente



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## D18 Safety in Maternity Care: Global Examples

**Room:** North Tower : St. Thomas/West Indies

**Learning Format:** Buzz Session

**Track:** Patient Safety

Making maternity care safe is a global priority. IHI is working with teams in a diverse range of countries to reduce maternal and infant mortality rates, stillbirths, and sepsis, a major cause of death in maternity care. This interactive session will showcase examples of the work, including successes and challenges from a variety of contexts. Key QI interventions and tools will be shared and discussed.

After this presentation, participants will be able to:

- Identify the key interventions, tools, and techniques that are currently showing results in maternity care
- Discuss the adoption of these interventions in a local context
- Build the IHI maternity QI community

Presenters: **Leavitt Gullo, S., RN, BSN, MS**, Director, Institute for Healthcare Improvement; Lynch, P., MBChB, CONSULTANT OB/GYN, NHS Tayside; O'Connor, P., PhD, Director of Care Quality and Strategic Development, Scottish Ambulance Service

## D19 Simplifying Sepsis: Saving Lives, Time, and Money

**Room:** Crystal Ballroom : Salon G

**Learning Format:** Lecture

**Track:** Patient Safety

Recent studies could not validate the efficacy of early goal-directed therapy's six-hour bundle. What if a simplified protocol could demonstrate these lost mortality benefits, along with significant reductions in costs and utilization, without relying on physiologic endpoints? A look at the impact of provider compliance with this basic three-hour bundle, focused on early identification and intervention, suggests powerful improvements. What are the bundle's drawbacks and how can it be implemented to greatest effect?

After this presentation, participants will be able to:

- Define the three-hour bundle, identify its strengths and limitations, evaluate its clinical and financial impact
- Illustrate the subtle difference between compliance and improvement metrics in driving improved sepsis patient care
- Develop strategies for successful implementation and performance evaluation in various settings

Presenters: **Leisman, D.**, Academic Associate, Northwell Health; Ward, M., RN, MS, ANP, Senior Research Director, Emergency Medicine, NorthShore University Hospital; D'Angelo, J., MD FACEP, Senior Vice President, Emergency Medicine, Northwell Health

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## D20 Cultural Competency: A Formalized Strategy

**Room:** North Tower : Aruba

**Learning Format:** Buzz Session

**Track:** Equity, Person- and Family-Centered Care

The North Shore-Long Island Jewish (LIJ) Health System spans an extensive and diverse service area, encompassing 8 million people speaking over 175 languages. This diversity has propelled the health system to identify diversity, inclusion, health literacy, and cultural competency as core characteristics of the organization, and key components of its mission to engage patients and families in shared decision-making and to develop partnerships to provide exceptional care to its diverse population.

After this presentation, participants will be able to:

- Discuss the application of the U.S. National Prevention Strategy to foster a patient partnership for overall health and wellness
- Identify initiatives with an expanded cross-cultural approach to the delivery of health care to multicultural communities

Presenters: **McCulloch, E., PhD**, Director, Language Access Services & Performance Improvement, Northwell Health; Mieres, J., MD, SVP, Community & Public Health , Physician, Northwell Health

## D21 Is Patient- and Family-Centered Care a Luxury?

**Room:** Hall of Cities : Chicago/Denver

**Learning Format:** Controversy Panel

**Track:** Equity, Person- and Family-Centered Care

Join leaders from around the world to discuss the place of patient- and family-centered care (PFCC) in low-resource settings. From Ghana to California, Baltimore to Alaska, we will share experiences, challenges and transformations that come with engaging people in their care and health. Panelists will debate whether PFCC is icing on the cake or the essential ingredient.

After this presentation, participants will be able to:

- Engage in conversation about the role PFCC in all settings
- Identify challenges and advantages in low-resource settings

Presenters: **Sodzi-Tettey, F., MD, MPH**, Director of Ghana Operations, Institute for Healthcare Improvement; White, K., RN, BSN, MBA, Co-Founder, Aefina Partners; Roth, A., RN, MS, MPH, Chief Executive Officer, Contra Costa Health Services

## D22 Less Burnout, More Engagement: High Quality Care

**Room:** Crystal Ballroom : Salon D

**Learning Format:** Lecture

**Track:** Leadership, Person- and Family-Centered Care, Student

With 55 percent of physicians reporting symptoms of burnout, health care delivery is at risk. A disengaged physician raises the chances of poor quality and even harm to the patient. Evidence shows that system attributes that increase physician engagement and satisfaction are the same ones that reduce burnout. In this session, we will highlight those system attributes and create an action plan for leaders and managers to ensure that physicians can contribute their best.

After this presentation, participants will be able to:

- Identify three factors that decrease burnout and raise engagement

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- Describe the actions of leaders that engage physicians in quality and safety
- Plan next steps for their organizations in reducing burnout and raising performance

Presenters: **Kabcenell, A., RN, MPH**, Vice President, Institute for Healthcare Improvement; Swensen, S., MD, MMM, FACR, Medical Director, Leadership & Organization Development, Mayo Clinic; Barker, P., MBChB, MD, Senior Vice President, Institute for Healthcare Improvement

## D23 Patient-Centered Care: What's in it for You?

**Room:** North Tower : Grand Cayman/Puerto Rico

**Learning Format:** Simulation Encounter

**Track:** Person- and Family-Centered Care

In Sweden, a patient advocate co-designs hospital "Learning Cafes" with patients and families to support patient health-care competence; in Texas, a physician designs patient-empowered dialysis; in Massachusetts, a simple tool helps patients identify and communicate their needs. In this session, interprofessional practice staff from all of these places will discuss and demonstrate methods of implementing patient-empowering collaborative care practices.

After this presentation, participants will be able to:

- Identify methods to engage patients and staff in patient-centered collaborative care approaches
- Perform a role play involving a patient-centered Learning Cafe model
- Demonstrate interprofessional collaboration and emphasis on patient sovereignty

Presenters: **Sarfaty, C., MSW, LICSW**, Patient-Centered Collaborative Care Coach for Health Professions, Patient-Centered Collaborative Care Coaching for Health Professionals; Blomqvist, P., Patientsupporter, County Hospital Ryhov; Gibney, R., MD, MD, Central Texas Nephrology Associates; Banck, B., RN, Deputy Chief Nurse, County Hospital Ryhov

## D24 Patient- and Family-Centered Care: Is it All-In or In-All?

**Room:** North Tower : Vinoy

**Learning Format:** Controversy Panel

**Track:** Person- and Family-Centered Care

Join an interactive dialogue on the implications of Patient- and Family-Centered Care (PFCC) in your organization. Who owns it? Who does it? Where does it live? Engage with national thought leaders on the topic. Bring your ideas, opinions, perspectives and questions.

After this presentation, participants will be able to:

- Demonstrate different models for achieving PFCC care
- Integrate patients and families at every level of their organization

Presenters: Carter, R., Senior Vice President, Planetree; Wolf, J., PhD, President, The Beryl Institute; Gottlieb, K., MBA, DPS(hc), President and CEO, Southcentral Foundation; Hayward, M., Lead, Patient and Family Engagement, Institute for Healthcare Improvement; **Johnson, B.**, President/CEO, Institute for Patient- and Family-Centered Care

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## D25 Attacking C. Difficile Infections: Align the Team

**Room:** *Crystal Ballroom : Salon E-F*

**Learning Format:** *Rapid-Fire Sessions*

**Track:** *Quality Cost and Value*

Dynamic changes to a hospital's performance ratings and reimbursement arrangements create challenges for hospital quality and safety programs. This session will explain how hospital-acquired infections affect revenue, publicly reported safety measures, and your organization's reputation. It will review how to bring stakeholders to the table and align goals to prevent hospital-acquired infections such as C. difficile.

After this presentation, participants will be able to:

- Engage stakeholders by helping them understand the impact of C. difficile infections on their area of responsibility
- Identify elements of an effective plan (metrics, behaviors, and communication) and explain how to apply it

Presenters: **Kruedelbach, G.**, Director Infection Prevention, Naples Community Hospital; Golden, T., MSN, RN, NE-BC, System Director Quality, NCH Healthcare System; Robinson, D., Director of Environmental Service, Naples Community Hospital; Lee, D., RN, BSN IP, NCH Healthcare System

## D26 Bringin' it to the Bedside: Staff-Driven Savings

**Room:** *North Tower : Marco Island*

**Learning Format:** *Rapid-Fire Sessions*

**Track:** *Quality Cost and Value*

The engagement of front-line staff in non-labor expense reduction is largely underutilized. The Children's Hospital of Philadelphia highlights a framework for leveraging the Nursing Shared Governance model and a structured improvement methodology for staff to lead cost reduction efforts at the bedside. Using project charters, Key Driver Diagrams, process mapping, Plan-Do-Study-Act cycles, and spread plans, this presentation will highlight real-life improvement examples and a toolkit for participants to bring back to their home institutions.

After this presentation, participants will be able to:

- Identify organizational strategies to engage bedside staff in expense reduction
- Develop and implement a strategy for sharing best practices across units

Presenters: **Waxler, M., BSN, RN, CCRN, CPN**, Clinical Nurse Expert, The Children's Hospital of Philadelphia; Noll, J., MSN, RN, CEN, Senior Director of Nursing, The Children's Hospital of Philadelphia; Gallagher, A., M.S., PharmD, Senior Director of Home Care Children's Hosp of Philadelphia, The Children's Hospital of Philadelphia; Gebeline-Myers, C., Principal Improvement Advisor, The Children's Hospital of Philadelphia; Phillips, J., RN, BSN, CPN, Registered Nurse, The Children's Hospital of Philadelphia

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## D27 Environmental Sustainability and the Triple Aim

**Room:** Hall of Cities : Miami

**Learning Format:** Rapid-Fire Sessions

**Track:** Quality Cost and Value

Through the Healthier Hospitals Initiative, pioneering health systems are using environmental sustainability as part of QI to help achieve the Triple Aim. They are improving environmental performance, reducing costs, and engaging staff and communities by conserving energy, reducing waste, and purchasing environmentally preferable supplies and healthier foods. More than 1400 organizations have enrolled in at least one of the initiative's six challenges. Learn practical, cost-effective steps you can take to achieve breakthrough results.

After this presentation, participants will be able to:

- Describe how environmental sustainability will transform efforts to achieve the Triple Aim
- Integrate environmental sustainability into QI initiatives

Presenters: **Sadler, B., JD**, Senior Fellow, IHI, Institute for Healthcare Improvement; Berwick, D., MD, MPP, President Emeritus and Senior Fellow, IHI, Institute for Healthcare Improvement; Guenther, R., FAIA, LEED Fellow, MArch, DipIAA, Principal, Perkins+Will; Thompson, J., MD, Executive Advisor, Chief Executive Officer Emeritus, Gundersen Health System; Gerwig, K., MBA, VP Employee Safety, Health & Wellness, Kaiser Permanente

## D28 Caring for the five percent: Triple Aim in Canada

**Room:** Grand Ballroom : Salon 1-2

**Learning Format:** Case Study

**Track:** Triple Aim for Populations

A small proportion of patients with complex needs often accounts for as much as two-thirds of health care use and costs. What if we could reduce per capita spending by focusing on the highest-risk and highest-need patients, providing more appropriate care and yielding better patient and population outcomes? Hear how three organizations in Canada are taking this approach to make progress toward the Triple Aim, through in-depth examples.

After this presentation, participants will be able to:

- Share creative ideas for designing care that keeps people out of the hospital and relies on person-centered services in the home or community
- Identify existing assets in their own organizations and communities that can help jumpstart Triple Aim efforts

Presenters: **Verma, J., MSc, BJH**, Senior Director, Canadian Foundation for Healthcare Improvement; Mukerji, G., Assistant Professor, Physician in Quality and Innovation, Women's college hospital; Turnbull, J., Chief of Staff, Ottawa Hospital; Sheedy, P., Manager, Primary Care, Alberta Health Services

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## D29 Ambulance Drivers Can Do All That?

**Room:** North Tower : Key Biscayne

**Learning Format:** Case Study

**Track:** Triple Aim for Populations

Emergency Medical Services (EMS) has evolved to be a sub-specialty of emergency medicine. Paramedics are now the house call providers of our time, delivering safety-net care, clinical advice, case management, and post-discharge support to patients in the community. Also, EMS data and communications systems provide robust knowledge centers and enable opportunities for unique health care integration. This session will demonstrate how today's EMS systems are essential partners in pursuit of the Triple Aim.

After this presentation, participants will be able to:

- Discuss how EMS systems are integrating with health systems, insurance providers, and other partners to support patients
- Describe how 911 communications systems and data offer robust information for identifying and proactively serving patients in the community

Presenters: **Williams, D., Ph.D.**, Executive Director, Institute for Healthcare Improvement; Washko, J., MBA, NREMT-P, AEMD, Assistant Vice President, Northwell Health; Taigman, M., MS, IA, General Manager, American Medical Response

## D30 Are You Using the Key Drivers to Manage Population Health?

**Room:** Grand Ballroom : Salon 7

**Learning Format:** Lecture

**Track:** Triple Aim for Populations

Seven key drivers have been identified to successfully manage population health. Drawing on field experience, an international group of delivery systems, peer-reviewed literature, and emergent practices, participants will see practical applications of the seven drivers. While the contexts many vary across countries, the strategic leverage points are common. Specific examples will be provided along with an opportunity to identify applications in your setting — regional, community, and/or organizational.

After this presentation, participants will be able to:

- Develop a working knowledge of differences in population management with respect to linkages across social welfare, public health, and care delivery
- Identify the cost drivers that enable a risk-based and/or population management perspective
- Apply the levers to identified opportunities in their home regions/communities/delivery systems

Presenters: **Luther, K., RN, MPM**, Vice President, Institute for Healthcare Improvement; Savitz, L., Ph.D., MBA, AVP, Delivery System Science, Intermountain Healthcare

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## D31 Patient-Centered Medical Homes: Four Key Elements

**Room:** Grand Ballroom : Salon 9-10

**Learning Format:** Rapid-Fire Sessions

**Track:** Triple Aim for Populations

This session describes four key elements of Blue Cross Blue Shield of Michigan's award-winning patient-centered medical home (PCMH) model. The PCMH model improves the quality of patient care and transforms medical practices to be more efficient and effective. There are nearly 6,000 primary care physicians improving the quality of patient care in Michigan, making our program one of the largest in the country. Program design, the provider perspective, national coordination, and cost and quality results will be discussed.

After this presentation, participants will be able to:

- Identify key elements for implementing a PCMH model focused on delivering high-quality care while reducing inefficiencies
- Develop understanding of design elements that allow for successful replication and national coordination
  
- Apply methods of evaluating outcomes and measuring results

Presenters: **Rajt, L., MSW**, Manager, Blue Cross Blue Shield of Michigan; Malouin, J., Medical Director, Blue Cross Blue Shield of Michigan; Paustian, M., Health Care Manager, Blue Cross Blue Shield of Michigan

## Wednesday, December 9: Exhibit Hall Events

### 10:45 AM - 11:15 AM

**vs6 Vendor Presentation: Medisolv, Inc.-How to Meet the New 2016 Requirement: Mandatory eCQM Reporting**

**Learning Format:** None

CMS continues to move beyond eCQM attestation in Meaningful Use to submission of patient level data electronically as QRDA 1 files.

In the 2016 IPPS final rule CMS has mandated electronic reporting of 4 inpatient electronic quality measures (eCQMs).

In this session you will learn how best to comply with this ruling integrating it with electronic reporting options from The Joint commission and other quality reporting mandates from CMS.

## Wednesday, December 9: Receptions and Meals

### 6:00 AM - 8:30 AM

**CB1 General Conference Attendee Continental Breakfast Day 2**

**Room:** Foyers: Hall of Cities, Grand, Crystal

### 9:00 AM - 9:30 AM

**GCBREAK3 General Conference Morning Break**

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**Room:** Hall of Cities, Palms, Crystal, Grand & North Tower

## 10:45 AM - 11:15 AM

**GCBreak4 General Conference Morning Break**

**Room:** Hall of Cities, Palms, Crystal, Grand & North Tower

## 12:30 PM - 1:30 PM

**GCL2 General Conference Attendee Lunch Day 2**

**Room:** Hall of Cities, Palms, Crystal, Grand & North Tower

## 12:40 PM - 1:20 PM

**ebola Systems Preparedness for Infectious Disease Emergencies: Learnings from the Recent Ebola Outbreak**

## Wednesday, December 9: Workshop E

### 11:15 AM - 12:30 PM

**SWE TBD**

**E11 The Workforce Race Equality Standard in England**

**Room:** North Tower : Key Largo

**Learning Format:** Buzz Session

**Track:** Equity, Improvement Capability

The session will explore the reasons why the English National Health Service (NHS), the biggest health care organization in Europe, has decided to mandate race equality through the Workforce Race Equality Standard (WRES).

After this presentation, participants will be able to:

- Describe the WRES and the progress made to date
- Consider how the WRES could be applied to their organizations

Presenters: **Coghill, Y., OBE, JP, MSc, RHV, RMN, RGN,,** Director, Workforce Race Equality Standard Implementation, National Health Service - UK; Irwin, W., Equalities Lead, Royal College of Nursing; McKenzie, C., Learning and Development Facilitator, No Organization



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## E1 Improving Service in Cancer Care: A Pecha Kucha-Style Workshop

**Room:** Cypress Ballroom : Ballroom 3

**Learning Format:** Rapid-Fire Sessions

**Track:** Person- and Family-Centered Care

This workshop is led by IHI Senior Fellow and Texas A&M University professor, Leonard Berry, who recently completed an extensive field study on how to improve the overall service experience of adult cancer patients and their families. Berry will briefly review key findings such as the emotions of cancer (from patient and clinician perspectives), informed/shared decision-making, cancer care coordination, survivorship service, advanced illness care, managing the cancer patient experience, and lessons learned in creating and operating a new cancer center.

After this presentation, participants will be able to:

- Relate to cancer care as a high-emotion service that heightens the service sensitivities and expectations of patients and family members
- Consider a variety of actionable ideas for improving service quality in cancer care
- Better appreciate the complex, holistic nature of cancer patients' and family members' needs
- Experience the unique Pecha Kucha presentation style where each speaker has 20 slides, with each slide automatically progressing every 20 seconds

Presenters: **Berry, L., PhD**, Distinguished Professor of Marketing, Texas A & M University; Holcomb, J., MBA, Director, Oncology Wellness, INTEGRIS Health; Crain, J., Patient Advocate, Kaiser Permanente; Mayer, D., PhD, RN, Professor, University of North Carolina (UNC) at Chapel Hill; Wilmet, J., RN, MS, Vice President, Bellin Heart and Vascular Center, Bellin Health; Carbone, L., CEO, Experience Engineering; Stuart, B., MD, Dr, Coalition to Transform Advanced Care; Chapman, R., M.D., Director, Josephine Ford Cancer Institute, Henry Ford Health System

## E2 A Proven Approach for Improving Clinical Outcomes

**Room:** Crystal Ballroom : Salon N

**Learning Format:** Lecture

**Track:** Improvement Capability

Health care organizations that are using lean thinking to redesign management processes have seen dramatic improvements in quality outcomes, financial performance, and customer satisfaction. To achieve sustainable change, the adoption of lean must be anchored in a set of guiding principles for organizational systems. This session will demonstrate how to effectively transform the culture of an organization to support the adoption of lean.

After this presentation, participants will be able to:

- Examine the quality and safety results of health care organizations that have successfully adopted the lean operating system
- Identify the organizational principles and systems that drive ideal behaviors in a lean organization
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Presenters: **Karlov, M., MPH**, Education Director, ThedaCare Center for Healthcare Value; Toussaint, J., MD, CEO, ThedaCare Center for Healthcare Value

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## E3 High-Impact Leadership

**Room:** *Crystal Ballroom : Salon H*

**Learning Format:** *Lecture*

**Track:** *Improvement Capability, Leadership*

In 2013, IHI published the popular white paper, "High-Impact Leadership: Improve Care, Improve the Health of Populations and Reduce Cost." Over the past two years, we have continued to learn and find new examples that reinforce the critical importance of leadership in achieving Triple Aim results. In this session, the authors of the paper will describe the elements of High-Impact Leadership and examples from across health care.

After this presentation, participants will be able to:

- Explain the key elements of the IHI High-Impact Leadership model
- Examine their own beliefs about leadership and identify potential changes in their behaviors and their organizations that would enable stronger leadership

Presenters: **Pugh, M., MPH**, President, MdP Associates, LLC; Munch, D., MD, SVP Chief Clinical Officer, Healthcare Performance Partners

## E4 Knowledge Management for Large-Scale Improvement

**Room:** *Grand Ballroom : Salon 4-6*

**Learning Format:** *Lecture*

**Track:** *Improvement Capability*

Implementing effective learning strategies for large-scale improvement programs is a challenge. This session will provide theory, practical examples, and structured guidance on tested strategies for successful large-scale learning. We will include strategies on face-to-face learning as well as novel ideas about how to transmit information and best practices between dispersed participants in learning networks.

After this presentation, participants will be able to:

- Apply lessons and strategies from the IHI experience in large-scale learning events and learning platforms for dispersed participants
- Employ methods for building learning systems and knowledge management platforms

Presenters: **DeBartolo, K.**, National Field Manager, Institute for Healthcare Improvement; Lewis, N., MS, Executive Director, Institute for Healthcare Improvement

## E5 Lessons Learned: National Quality Strategy Design

**Room:** *North Tower : Key West*

**Learning Format:** *Rapid-Fire Sessions*

**Track:** *Improvement Capability*

What is a national quality strategy? How do you design, implement, and measure it? Learn from experts who have been intimately involved in the process of designing quality strategies for national governments in Latin America, Europe, and Africa. This session is for individuals or organizations looking for advice on large-scale initiatives, working with federal, regional or state governments, or developing a long-term design plan for their health care system.

After this presentation, participants will be able to:

- Highlight successful models of national health care quality strategies
- Identify tools and methods for best practices when designing a national or regional quality strategy

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- Discuss and troubleshoot for potential challenges when designing national or regional quality strategies

Presenters: **Mobisson-Etuk, N.**, Executive Director, Institute for Healthcare Improvement; Ruelas, E., MD, MPA, MHSc, Senior Fellow, Institute for Healthcare Improvement; Feeley, D., Executive Vice President, Institute for Healthcare Improvement

## E6 Managing Innovation in Health Care Organizations

**Room:** Grand Ballroom : Salon 11

**Learning Format:** Flipped Classroom

**Track:** Improvement Capability

Health care delivery systems are increasingly seeking to develop their own innovation function to support the generation and reliable implementation of innovative ideas. Prior to the session, participants will complete an Innovation Management Maturity assessment to identify opportunities to improve their innovation capabilities. During this interactive session, participants will begin to design and develop a reliable innovation management system within their own organization to generate novel solutions to current and future challenges.

After this presentation, participants will be able to:

- Identify opportunities to improve their organization's innovation capabilities
- Articulate the value of innovation to health care delivery systems
- Identify the key components of an innovation management system

Presenters: **Blindenbach-Driessen, F., PhD**, Founder & CEO, Organizing for Innovation LLC; Mate, K., MD, Senior Vice President, Institute for Healthcare Improvement; Laderman, M., MSPH, Senior Research Associate, Institute for Healthcare Improvement; Gauthier, J., Project Manager, Innovation, Institute for Healthcare Improvement; Trimble, C., Adjunct Professor of Business Administration, Dartmouth College

## E7 Performance Measurement to Sustain Improvement

**Room:** Grand Ballroom : Salon 8

**Learning Format:** Case Study

**Track:** Improvement Capability

Critical Care Services Ontario is responsible for policy/program development and implementation to support patient access and quality of care. It is also responsible for system integration in critical care and program areas reliant on critical care services. Key initiatives have spread to 130 hospitals serving 13 million people. Developing and implementing an information system for data capture was key to supporting a performance management framework. This framework, applied across program areas, supports evaluation and sustained improvement activity.

After this presentation, participants will be able to:

- Develop a performance measurement framework with common principles that can be applied across program areas

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- Implement a reporting structure to support performance management and sustained improvement in critical care

Presenters: **Lawless, B.**, Doctor, Critical Care Services Ontario; Kostrzewa, L., RN MHS, Director, Critical Care Services Ontario

## E8 Public Health Aims for Quality

**Room:** *Crystal Ballroom : Salon P-Q*

**Learning Format:** *Rapid-Fire Sessions*

**Track:** *Equity, Improvement Capability*

Public health leaders are aiming to integrate health care and public health practices in order to accelerate improvements in population health. Panelists will describe their efforts to identify evidence-based community interventions and related process measures, to encourage quality measurement in mobile clinics, and to support cross-system care coordination translating into health care cost reductions.

After this presentation, participants will be able to:

- Identify the public health aims for quality
- Develop an understanding of the integration of public health quality concepts into health care

Presenters: **Honore, P., DHA**, AmeriHealth Caritas-General Russel Honore Endowed Professor, Louisiana State University Health Sciences Center; Ramaswamy, R., PhD, Associate Professor, University of North Carolina (UNC) Health System; Hill, C., MSc MA Cantab, PI: Public Health Quality & Mobile Clinics, Family Van/ Harvard Medical School; Schmidt, K., Health Navigator Faculty, Otero Junior College; Randolph, G., MD, MPH, Professor of Pediatrics and Public Health, University of North Carolina (UNC) Health System

## E9 Running Successful Collaboratives

**Room:** *Grand Ballroom : Salon 12-14*

**Learning Format:** *Lecture*

**Track:** *Improvement Capability*

The urgency of rapid and sustainable change has never been greater for health care. IHI's Breakthrough Series (BTS) Collaboratives can be a powerful tool for spreading improvements in organizations, communities, and regions -- but only if established design principles are used and common pitfalls are avoided. Using a wide range of examples, this interactive session will cover topic selection, building change packages and measurement systems, engaging teams, and running robust Learning Sessions and Action Periods.

After this presentation, participants will be able to:

- Apply established design principles for successful BTS Collaboratives
- Diagnose and address common challenges in using the BTS method

Presenters: **McCutcheon Adams, K., MSW, LICSW**, Director, Institute for Healthcare Improvement; Murray, S., MA, Improvement Advisor, CT Concepts

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## E10 The Invaluable Improvement Advisor

**Room:** *Hall of Cities : New York/New Orleans*

**Learning Format:** *Lecture*

**Track:** *Improvement Capability*

Organizations seeking to build improvement capability have found the role of the Improvement Advisor (IA) to be invaluable to strategic success. This presentation will discuss the IA as a leader devoted to helping to identify, plan, and execute improvement projects throughout an organization. Participants will learn about the core skills an IA must have, the tools needed to initiate an improvement project, and through case stories, practical applications of these skills and tools.

After this presentation, participants will be able to:

- Identify the role and core skills of an IA
- Assess capability in their own organizations for identifying, planning and executing improvement projects

Presenters: **Steinfeld, R., MA**, Improvement Advisor, Institute for Healthcare Improvement; Lloyd, R., PhD, Vice President, Institute for Healthcare Improvement; Smecher, C., MD FRCP(C), Anesthesiologist, Fraser Health Authority

## E12 Diagnosing the Diagnostic Dilemma

**Room:** *Crystal Ballroom : Salon A-C*

**Learning Format:** *Lecture*

**Track:** *Patient Safety, Student*

Have you ever based a diagnosis on a misinterpreted test result, or learned second-hand that one of your patients died from an undiagnosed condition? This session will explore more than 4,000 diagnostic-related malpractice cases that reveal the drivers of a missed or delayed diagnosis. Presenters will use an electronic response system to engage the audience and will share practical interventions to improve the diagnostic process.

After this presentation, participants will be able to:

- Describe the key drivers of diagnostic failure
- Identify key opportunities for improvement in the diagnostic process

Presenters: **Siegal, D.,** Director of Patient Safety, CRICO; Schiff, G., MD, Dir Clinical Quality Res, Brigham and Women's Hospital

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## E13 Harnessing the Power of Zero

**Room:** Grand Ballroom : Salon 3

**Learning Format:** Lecture

**Track:** Patient Safety

Zero. It seems so inconsequential. But in mathematics and physics, zero is a powerful concept. Zero has just as much power in health care. Most caregivers regard zero harm as an abstract concept, not a realistic clinical target. A few, however, have concluded that zero is attainable on a consistent basis. And they are producing extraordinary results. This session will help participants harness the power of zero for their own patients.

After this presentation, participants will be able to:

- Demonstrate the power of zero as a tool in conversations about patient safety
- Develop a strategy for adopting at least one "zero harm" goal in their own organizations

Presenters: **Kirby, T., JD, FACHE**, President & CEO, South Carolina Hospital Association; Gibbons, L., RN, Vice President, Quality and Safety, South Carolina Hospital Association

## E14 Identifying Adverse Events in Nursing Homes

**Room:** Hall of Cities : Anaheim

**Learning Format:** Lecture

**Track:** Patient Safety

Presenters will review a methodology developed to identify adverse events in a major site of post-acute care: skilled nursing facilities (SNFs). The harm rates in SNFs are similar to those in acute care hospitals, but the setting presents unique challenges. The session will include interactive case studies in which participants will analyze examples of adverse events in SNFs.

After this presentation, participants will be able to:

- Implement a methodology to identify adverse events in the SNF setting
- Contrast SNF harm with hospital harm to better understand the unique nature of SNF harm

Presenters: **Adler, L., DO**, Senior Advisor Safety, Quality & Innovation, adventist health system; Federico, F., RPh, Vice President, Senior Expert Patient Safety, Institute for Healthcare Improvement; Dorrill, R., Deputy Regional Inspector General, Office of the Inspector General

## E15 Improve Tracking and Follow-up of Patient Results

**Room:** North Tower : Sawgrass

**Learning Format:** Case Study

**Track:** Patient Safety

This session will demonstrate how to launch an organization-wide results verification program. It will focus on closed-loop communication between the ordering provider and reading provider on all critical, urgent, and incidental results. Participants will learn ways to ensure appropriate patient follow-up and to create accountability metrics. Key areas of focus will include improved patient follow-up on select results (radiology, pathology and lab).

After this presentation, participants will be able to:

- Identify issues related to results routing, communication, and patient follow-up

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- Develop and implement solutions to address these issues

Presenters: **Kissell, C., RN, BSN, MBA**, Director of Clinical Quality Programs, University of Minnesota Medical Center; Overton, V., VP Quality and Innovation, Fairview Health Services; Kuehn-Hajder, J., MD, Assistant Professor, University of Minnesota Medical Center; Mascotti, K., Medical Quality Officer, Long Beach Memorial Medical Center

## E16 Insults to Dignity: a Neglected Preventable Harm

**Room:** *Crystal Ballroom : Salon K-M*

**Learning Format:** *Case Study*

**Track:** *Patient Safety*

Existing preventable harm frameworks only address physical harms, yet emotional harms from disrespect and insults to dignity may be equally important to patients. Learn how to conceptualize these harms and develop systems to capture, assess, categorize, and frame them for decision-makers, thereby motivating and informing improvement initiatives to prevent future harms.

After this presentation, participants will be able to:

- Identify a framework for categorizing emotional harms from disrespect and insults to dignity
- Identify a system for evaluating the severity of these harms

Presenters: **Sokol-Hessner, L., MD**, Associate Director of Inpatient Quality, Beth Israel Deaconess Medical Center; Folcarelli, P., RN, PhD, Director of Patient Safety, Beth Israel Deaconess Medical Center; Sands, K., MD, Senior Vice President, Health Care Quality, Beth Israel Deaconess Medical Center

## E17 Making Enhanced Recovery After Surgery a Reality

**Room:** *North Tower : Harbor Beach*

**Learning Format:** *Lecture*

**Track:** *Patient Safety*

Enhanced Recovery After Surgery (ERAS) is an emerging paradigm for re-engineering peri-operative care to improve patient recovery and outcomes. Kaiser Permanente Northern California's journey to implement ERAS challenges many age-old paradigms around pain management, optimal nutrition, and early ambulation. We will discuss how we designed the right infrastructure to scale significant change rapidly across 21 hospitals and several hundred clinicians and staff. Initial results show significant trends toward improved patient recovery.

After this presentation, participants will be able to:

- Explain the principles of ERAS and how they improve patient care
- Describe an implementation strategy for testing, spreading, and measuring change across a region

Presenters: **Parodi, S.**, Associate Executive Director, The Permanente Medical Group; Mason-Herr, A., RN, Chief Nursing Officer, Kaiser Permanente Roseville Medical Center; Huang, M., Senior Managerial Consultant, Kaiser Permanente

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## E18 Safety in Maternity Care: Global Examples

**Room:** North Tower : St. Thomas/West Indies

**Learning Format:** Buzz Session

**Track:** Patient Safety

Making maternity care safe is a global priority. IHI is working with teams in a diverse range of countries to reduce maternal and infant mortality rates, stillbirths, and sepsis, a major cause of death in maternity care. This interactive session will showcase examples of the work, including successes and challenges from a variety of contexts. Key QI interventions and tools will be shared and discussed.

After this presentation, participants will be able to:

- Identify the key interventions, tools, and techniques that are currently showing results in maternity care
- Discuss the adoption of these interventions in a local context
- Build the IHI maternity QI community

Presenters: **Leavitt Gullo, S., RN, BSN, MS**, Director, Institute for Healthcare Improvement; Lynch, P., MBChB, CONSULTANT OB/GYN, NHS Tayside; O'Connor, P., PhD, Director of Care Quality and Strategic Development, Scottish Ambulance Service

## E19 Simplifying Sepsis: Saving Lives, Time, and Money

**Room:** Crystal Ballroom : Salon G

**Learning Format:** Lecture

**Track:** Patient Safety

Recent studies could not validate the efficacy of early goal-directed therapy's six-hour bundle. What if a simplified protocol could demonstrate these lost mortality benefits, along with significant reductions in costs and utilization, without relying on physiologic endpoints? A look at the impact of provider compliance with this basic three-hour bundle, focused on early identification and intervention, suggests powerful improvements. What are the bundle's drawbacks and how can it be implemented to greatest effect?

After this presentation, participants will be able to:

- Define the three-hour bundle, identify its strengths and limitations, evaluate its clinical and financial impact
- Illustrate the subtle difference between compliance and improvement metrics in driving improved sepsis patient care
- Develop strategies for successful implementation and performance evaluation in various settings

Presenters: **Leisman, D.**, Academic Associate, Northwell Health; Ward, M., RN, MS, ANP, Senior Research Director, Emergency Medicine, NorthShore University Hospital; D'Angelo, J., MD FACEP, Senior Vice President, Emergency Medicine, Northwell Health



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## **E20 Cultural Competency: A Formalized Strategy**

**Room:** North Tower : Aruba

**Learning Format:** Buzz Session

**Track:** Equity, Person- and Family-Centered Care

The North Shore-Long Island Jewish (LIJ) Health System spans an extensive and diverse service area, encompassing 8 million people speaking over 175 languages. This diversity has propelled the health system to identify diversity, inclusion, health literacy, and cultural competency as core characteristics of the organization, and key components of its mission to engage patients and families in shared decision-making and to develop partnerships to provide exceptional care to its diverse population.

After this presentation, participants will be able to:

- Discuss the application of the U.S. National Prevention Strategy to foster a patient partnership for overall health and wellness
- Identify initiatives with an expanded cross-cultural approach to the delivery of health care to multicultural communities

Presenters: **McCulloch, E., PhD**, Director, Language Access Services & Performance Improvement, Northwell Health; Mieres, J., MD, SVP, Community & Public Health , Physician, Northwell Health

## **E21 Is Patient- and Family-Centered Care a Luxury?**

**Room:** Hall of Cities : Chicago/Denver

**Learning Format:** Controversy Panel

**Track:** Equity, Person- and Family-Centered Care

Join leaders from around the world to discuss the place of patient- and family-centered care (PFCC) in low-resource settings. From Ghana to California, Baltimore to Alaska, we will share experiences, challenges and transformations that come with engaging people in their care and health. Panelists will debate whether PFCC is icing on the cake or the essential ingredient.

After this presentation, participants will be able to:

- Engage in conversation about the role PFCC in all settings
- Identify challenges and advantages in low-resource settings

Presenters: **Sodzi-Tettey, F., MD, MPH**, Director of Ghana Operations, Institute for Healthcare Improvement; White, K., RN, BSN, MBA, Co-Founder, Aefina Partners; Roth, A., RN, MS, MPH, Chief Executive Officer, Contra Costa Health Services

## **E22 Less Burnout, More Engagement: High Quality Care**

**Room:** Crystal Ballroom : Salon D

**Learning Format:** Lecture

**Track:** Leadership, Person- and Family-Centered Care, Student

With 55 percent of physicians reporting symptoms of burnout, health care delivery is at risk. A disengaged physician raises the chances of poor quality and even harm to the patient. Evidence shows that system attributes that increase physician engagement and satisfaction are the same ones that reduce burnout. In this session, we will highlight those system attributes and create an action plan for leaders and managers to ensure that physicians can contribute their best.

After this presentation, participants will be able to:

- Identify three factors that decrease burnout and raise engagement

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- Describe the actions of leaders that engage physicians in quality and safety
- Plan next steps for their organizations in reducing burnout and raising performance

Presenters: **Kabcenell, A., RN, MPH**, Vice President, Institute for Healthcare Improvement; Swensen, S., MD, MMM, FACR, Medical Director, Leadership & Organization Development, Mayo Clinic; Barker, P., MBChB, MD, Senior Vice President, Institute for Healthcare Improvement

## E23 Patient-Centered Care: What's in it for You?

**Room:** North Tower : Grand Cayman/Puerto Rico

**Learning Format:** Simulation Encounter

**Track:** Person- and Family-Centered Care

In Sweden, a patient advocate co-designs hospital "Learning Cafes" with patients and families to support patient health-care competence; in Texas, a physician designs patient-empowered dialysis; in Massachusetts, a simple tool helps patients identify and communicate their needs. In this session, interprofessional practice staff from all of these places will discuss and demonstrate methods of implementing patient-empowering collaborative care practices.

After this presentation, participants will be able to:

- Identify methods to engage patients and staff in patient-centered collaborative care approaches
- Perform a role play involving a patient-centered Learning Cafe model
- Demonstrate interprofessional collaboration and emphasis on patient sovereignty

Presenters: **Sarfaty, C., MSW, LICSW**, Patient-Centered Collaborative Care Coach for Health Professions, Patient-Centered Collaborative Care Coaching for Health Professionals; Blomqvist, P., Patientsupporter, County Hospital Ryhov; Gibney, R., MD, MD, Central Texas Nephrology Associates; Banck, B., RN, Deputy Chief Nurse, County Hospital Ryhov

## E24 Patient- and Family-Centered Care: Is it All-In or In-All?

**Room:** North Tower : Vinoy

**Learning Format:** Controversy Panel

**Track:** Person- and Family-Centered Care

Join an interactive dialogue on the implications of Patient- and Family-Centered Care (PFCC) in your organization. Who owns it? Who does it? Where does it live? Engage with national thought leaders on the topic. Bring your ideas, opinions, perspectives and questions.

After this presentation, participants will be able to:

- Demonstrate different models for achieving PFCC care
- Integrate patients and families at every level of their organization

Presenters: Carter, R., Senior Vice President, Planetree; Wolf, J., PhD, President, The Beryl Institute; Gottlieb, K., MBA, DPS(hc), President and CEO, Southcentral Foundation; Hayward, M., Lead, Patient and Family Engagement, Institute for Healthcare Improvement; **Johnson, B.**, President/CEO, Institute for Patient- and Family-Centered Care

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## E25 Attacking C. Difficile Infections: Align the Team

**Room:** *Crystal Ballroom : Salon E-F*

**Learning Format:** *Rapid-Fire Sessions*

**Track:** *Quality Cost and Value*

Dynamic changes to a hospital's performance ratings and reimbursement arrangements create challenges for hospital quality and safety programs. This session will explain how hospital-acquired infections affect revenue, publicly reported safety measures, and your organization's reputation. It will review how to bring stakeholders to the table and align goals to prevent hospital-acquired infections such as C. difficile.

After this presentation, participants will be able to:

- Engage stakeholders by helping them understand the impact of C. difficile infections on their area of responsibility
- Identify elements of an effective plan (metrics, behaviors, and communication) and explain how to apply it

Presenters: **Kruedelbach, G.**, Director Infection Prevention, Naples Community Hospital; Golden, T., MSN, RN, NE-BC, System Director Quality, NCH Healthcare System; Robinson, D., Director of Environmental Service, Naples Community Hospital; Lee, D., RN, BSN IP, NCH Healthcare System

## E26 Bringin' it to the Bedside: Staff-Driven Savings

**Room:** *North Tower : Marco Island*

**Learning Format:** *Rapid-Fire Sessions*

**Track:** *Quality Cost and Value*

The engagement of front-line staff in non-labor expense reduction is largely underutilized. The Children's Hospital of Philadelphia highlights a framework for leveraging the Nursing Shared Governance model and a structured improvement methodology for staff to lead cost reduction efforts at the bedside. Using project charters, Key Driver Diagrams, process mapping, Plan-Do-Study-Act cycles, and spread plans, this presentation will highlight real-life improvement examples and a toolkit for participants to bring back to their home institutions.

After this presentation, participants will be able to:

- Identify organizational strategies to engage bedside staff in expense reduction
- Develop and implement a strategy for sharing best practices across units

Presenters: **Waxler, M., BSN, RN, CCRN, CPN**, Clinical Nurse Expert, The Children's Hospital of Philadelphia; Noll, J., MSN, RN, CEN, Senior Director of Nursing, The Children's Hospital of Philadelphia; Gallagher, A., M.S., PharmD, Senior Director of Home Care Children's Hosp of Philadelphia, The Children's Hospital of Philadelphia; Gebeline-Myers, C., Principal Improvement Advisor, The Children's Hospital of Philadelphia; Phillips, J., RN, BSN, CPN, Registered Nurse, The Children's Hospital of Philadelphia

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## E27 Environmental Sustainability and the Triple Aim

**Room:** *Hall of Cities : Miami*

**Learning Format:** *Rapid-Fire Sessions*

**Track:** *Quality Cost and Value*

Through the Healthier Hospitals Initiative, pioneering health systems are using environmental sustainability as part of QI to help achieve the Triple Aim. They are improving environmental performance, reducing costs, and engaging staff and communities by conserving energy, reducing waste, and purchasing environmentally preferable supplies and healthier foods. More than 1400 organizations have enrolled in at least one of the initiative's six challenges. Learn practical, cost-effective steps you can take to achieve breakthrough results.

After this presentation, participants will be able to:

- Describe how environmental sustainability will transform efforts to achieve the Triple Aim
- Integrate environmental sustainability into QI initiatives

Presenters: **Sadler, B., JD**, Senior Fellow, IHI, Institute for Healthcare Improvement; Berwick, D., MD, MPP, President Emeritus and Senior Fellow, IHI, Institute for Healthcare Improvement; Guenther, R., FAIA, LEED Fellow, MArch, DipIAA, Principal, Perkins+Will; Thompson, J., MD, Executive Advisor, Chief Executive Officer Emeritus, Gundersen Health System; Gerwig, K., MBA, VP Employee Safety, Health & Wellness, Kaiser Permanente

## E28 Caring for the five percent: Triple Aim in Canada

**Room:** *Grand Ballroom : Salon 1-2*

**Learning Format:** *Case Study*

**Track:** *Triple Aim for Populations*

A small proportion of patients with complex needs often accounts for as much as two-thirds of health care use and costs. What if we could reduce per capita spending by focusing on the highest-risk and highest-need patients, providing more appropriate care and yielding better patient and population outcomes? Hear how three organizations in Canada are taking this approach to make progress toward the Triple Aim, through in-depth examples.

After this presentation, participants will be able to:

- Share creative ideas for designing care that keeps people out of the hospital and relies on person-centered services in the home or community
- Identify existing assets in their own organizations and communities that can help jumpstart Triple Aim efforts

Presenters: **Verma, J., MSc, BJH**, Senior Director, Canadian Foundation for Healthcare Improvement; Mukerji, G., Assistant Professor, Physician in Quality and Innovation, Women's college hospital; Turnbull, J., Chief of Staff, Ottawa Hospital; Sheedy, P., Manager, Primary Care, Alberta Health Services

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## E29 Ambulance Drivers Can Do All That?

**Room:** North Tower : Key Biscayne

**Learning Format:** Case Study

**Track:** Triple Aim for Populations

Emergency Medical Services (EMS) has evolved to be a sub-specialty of emergency medicine. Paramedics are now the house call providers of our time, delivering safety-net care, clinical advice, case management, and post-discharge support to patients in the community. Also, EMS data and communications systems provide robust knowledge centers and enable opportunities for unique health care integration. This session will demonstrate how today's EMS systems are essential partners in pursuit of the Triple Aim.

After this presentation, participants will be able to:

- Discuss how EMS systems are integrating with health systems, insurance providers, and other partners to support patients
- Describe how 911 communications systems and data offer robust information for identifying and proactively serving patients in the community

Presenters: **Williams, D., Ph.D.**, Executive Director, Institute for Healthcare Improvement; Washko, J., MBA, NREMT-P, AEMD, Assistant Vice President, Northwell Health; Taigman, M., MS, IA, General Manager, American Medical Response

## E30 Are You Using the Key Drivers to Manage Population Health?

**Room:** Grand Ballroom : Salon 7

**Learning Format:** Lecture

**Track:** Triple Aim for Populations

Seven key drivers have been identified to successfully manage population health. Drawing on field experience, an international group of delivery systems, peer-reviewed literature, and emergent practices, participants will see practical applications of the seven drivers. While the contexts many vary across countries, the strategic leverage points are common. Specific examples will be provided along with an opportunity to identify applications in your setting — regional, community, and/or organizational.

After this presentation, participants will be able to:

- Develop a working knowledge of differences in population management with respect to linkages across social welfare, public health, and care delivery
- Identify the cost drivers that enable a risk-based and/or population management perspective
- Apply the levers to identified opportunities in their home regions/communities/delivery systems

Presenters: **Luther, K., RN, MPM**, Vice President, Institute for Healthcare Improvement; Savitz, L., Ph.D., MBA, AVP, Delivery System Science, Intermountain Healthcare

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## E31 Patient-Centered Medical Homes: Four Key Elements

**Room:** Grand Ballroom : Salon 9-10

**Learning Format:** Rapid-Fire Sessions

**Track:** Triple Aim for Populations

This session describes four key elements of Blue Cross Blue Shield of Michigan's award-winning patient-centered medical home (PCMH) model. The PCMH model improves the quality of patient care and transforms medical practices to be more efficient and effective. There are nearly 6,000 primary care physicians improving the quality of patient care in Michigan, making our program one of the largest in the country. Program design, the provider perspective, national coordination, and cost and quality results will be discussed.

After this presentation, participants will be able to:

- Identify key elements for implementing a PCMH model focused on delivering high-quality care while reducing inefficiencies
- Develop understanding of design elements that allow for successful replication and national coordination
  
- Apply methods of evaluating outcomes and measuring results

Presenters: **Rajt, L., MSW**, Manager, Blue Cross Blue Shield of Michigan; Malouin, J., Medical Director, Blue Cross Blue Shield of Michigan; Paustian, M., Health Care Manager, Blue Cross Blue Shield of Michigan

## E Free Time E Free Time

## Wednesday, December 9: General

### 6:30 AM - 5:00 PM

shut4 Shuttles from Marriott to Orlando Airport

**Room:** Foyer : Convention Center Entrance - Shuttle Portico

### 7:30 AM - 1:30 PM

Book3 Bookstore Open

### 12:40 PM - 1:20 PM

MAL3 Meet the Author Lunch: Patricia Gabow

**Room:** Palms Ballroom : Palms Ballroom (Exhibit Hall)

## Wednesday, December 9: Keynotes

### 8:00 AM - 9:00 AM

K3 Robert Wachter and Craig Kielberger

**Room:** Cypress Ballroom : Ballroom 3

**Learning Format:** Lecture

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Presenters: **Kielburger, C.**, Social Entrepreneur and Author, Free the Children; Wachter, R., MD, Professor & Associate Chairman, Dept of Medicine, University of California San Francisco

**1:30 PM - 2:30 PM**

**K4 Donald Berwick, MD, MPP**

**Room:** Cypress Ballroom : Ballroom 3

**Learning Format:** Lecture

Donald M. Berwick, MD, MPP, FRCP, President Emeritus and Senior Fellow, Institute for Healthcare Improvement, is also former Administrator of the Centers for Medicare & Medicaid Services. A pediatrician by background, Dr. Berwick has served on the faculty of the Harvard Medical School and Harvard School of Public Health, and on the staffs of Boston's Children's Hospital Medical Center, Massachusetts General Hospital, and the Brigham and Women's Hospital. He has also served as Vice Chair of the US Preventive Services Task Force, the first "Independent Member" of the American Hospital Association Board of Trustees, and Chair of the National Advisory Council of the Agency for Healthcare Research and Quality. He served two terms on the Institute of Medicine's (IOM's) Governing Council, was a member of the IOM's Global Health Board, and served on President Clinton's Advisory Commission on Consumer Protection and Quality in the Healthcare Industry. Recognized as a leading authority on health care quality and improvement, Dr. Berwick has received numerous awards for his contributions. In 2005, he was appointed "Honorary Knight Commander of the British Empire" by the Queen of England in recognition of his work with the British National Health Service. Dr. Berwick is the author or co-author of over 160 scientific articles and five books. He also serves as Lecturer in the Department of Health Care Policy at Harvard Medical School.??

Presenters: **Berwick, D., MD, MPP**, President Emeritus and Senior Fellow, IHI, Institute for Healthcare Improvement