# General Conference Agenda

## Sunday, December 9, 2012

**Learning Labs**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:00 AM - 6:00 PM</td>
<td>Registration open</td>
</tr>
<tr>
<td>11:00 AM - 12:00 PM</td>
<td>National Forum Orientation (optional)</td>
</tr>
<tr>
<td>1:00 PM - 4:30 PM</td>
<td>Learning Labs</td>
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## Monday, December 10, 2012

**Minicourses, Scientific Symposium, Virtual Site Visits, and Forum Excursions**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:00 AM - 8:00 AM</td>
<td>National Forum Orientation (optional) and Continental Breakfast (Minicourse and Excursion Attendees)</td>
</tr>
<tr>
<td>7:00 AM - 6:00 PM</td>
<td>Registration open</td>
</tr>
<tr>
<td>8:30 AM - 4:30 PM</td>
<td>Minicourses or Virtual Site Visits (lunch provided)</td>
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<tr>
<td>8:30 AM - 4:30 PM</td>
<td>Scientific Symposium (lunch provided) at the Gaylord Palms: Presented in Partnership with <a href="#">AHI Academy for Healthcare Improvement</a></td>
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<tr>
<td>8:30 AM - 5:00 PM</td>
<td>Forum Excursions (lunch provided), meet at the Gaylord Palms</td>
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<tr>
<td>3:30 PM - 6:30 PM</td>
<td>Welcome Reception in Exhibit Hall</td>
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## Tuesday, December 11, 2012

**General Conference Day One**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:00 AM - 8:00 AM</td>
<td>Registration, Continental Breakfast, National Forum Orientation (optional)</td>
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<tr>
<td>8:00 AM - 9:00 AM</td>
<td>Keynote One: Maureen Bisognano</td>
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<tr>
<td>9:30 AM - 10:45 AM</td>
<td>Workshop A</td>
</tr>
<tr>
<td>11:15 AM - 12:30 PM</td>
<td>Workshop B (repeat of A workshops)</td>
</tr>
</tbody>
</table>
12:30 PM – 1:30 PM Lunch
1:30 PM – 2:45 PM Workshop C

3:15 PM – 4:15 PM Keynote Two: Anna Deavere Smith

4:30 PM – 6:30 PM Storyboard Reception in Exhibit Hall

**Wednesday, December 12, 2012**

*General Conference Day Two*

7:00 AM – 8:00 AM Continental Breakfast
7:00 AM – 7:45 AM Special Interest Breakfasts
8:00 AM – 9:00 AM Keynote Three: Dr. Devi Shetty
9:30 AM – 10:45 AM Workshop D

11:15 AM – 12:30 PM Workshop E (repeat of D workshops)
12:30 PM – 1:30 PM Lunch
1:30 PM – 2:30 PM Keynote Four: Donald Berwick, MD, MPP

**Satellite Broadcast:**
IHI will be transmitting a live satellite broadcast of the National Forum keynotes and special interest keynotes on December 10 and 11. This option is best suited for large groups of people watching in a conference room or auditorium. For more information, please visit [www.IHI.org/IHIForum](http://www.IHI.org/IHIForum).

*Special thanks to the Veterans Health Administration’s Employee Education System for making this broadcast available*

**Sunday, December 9: Learning Labs**

1:00 PM – 4:30 PM $415

**L1: Beacon Breakthroughs: Using Technology as a Driver of Innovation**

This session will provide participants with a toolkit that can help optimize technology when used as part of initiatives focused on transforming the health care system. Lessons from the Beacon will be presented including workflow tools and guiding documents. The journey of a patient’s flow through the health care system will be explored focusing on the key tools and resources necessary to enable technology to support emerging new care models.

At the end of this session, attendees will be able to:
• Describe how technology enhancements can lead to better patient-centered primary care models
• Apply technology-based tools and resources to smooth the patient's journey through the health care system

Brammer, C., Senior Research Associate, University of Cincinnati; Kirtane, J., Director of Clinical Transformation, Beacon Community, Office of the National Coordinator; Chaufournier, R., President and CEO, CSI Solutions, LLC; Beasley, C., Executive Director, Strategic Projects, IHI

L2: Home Health Care: An Essential Component of the Health Care System
This interactive session will focus on the connections needed between the hospital and home health care to support the smooth transition of patients and reduce unnecessary readmissions. Participants will learn about process changes used in successful transitions into home health care and will leave with practical steps they can test.

After this session, participants will be able to:
• List process changes that support a smooth transition from the hospital to home health care
• Describe characteristics of successful hospital and home health care partnerships
• Identify three tests of change to improve transitions from the hospital

Sevin, C., RN, Director, IHI; Sobolewski, S., RN, Director of Practice Improvement, Visiting Nurse Service of New York; Evdokimoff, M., RN, PhD, Consultant, M & J Associates

L3: Unleashed, Unlocked, and Uninhibited: Connecting and Creating 101
Why is connecting so important? How do we loosen the built-in constraints of our expert minds? And what the heck is liberating about improv? This Learning Lab will focus on the award-winning techniques of the Innovation Learning Network and Kaiser Permanente’s Innovation Consultancy. Come play!

After this session, participants will be able to:
• Identify key elements of smart networking and creativity
• Explore several innovation techniques to increase the creativity of improvement projects

McCarthy, C., Director, Innovation Learning Network, Kaiser Permanente

L4: SCF Nuka System of Care: Improved Overall Outcomes
Find out why many national and international medical systems are now looking to the Southcentral Foundation (SCF) Nuka System as a way to transform a whole system of care. A foundation of long-term personal relationships backed by full open access, integration of the mind and body, commitment to measurement and quality, and a transfer of power and control to the patient and family has resulted in sustained, dramatic, documented improvements over 12 years. As a result, use of ER and specialty care have dropped in half, hospital days dropped by over 40 percent, and health outcomes as well as customer and staff satisfaction have dramatically improved. This Learning Lab will describe the SCF Nuka System of Care, present the continuing story of whole system transformation at Alaska Native Medical Center using the model, and address the applicability of the model to other settings.

After this session, participants will be able to:
• Describe the SCF Nuka System of Care and key elements needed to transform a whole system of care
• Articulate what a mature improvement infrastructure looks like after 12 years of continual creation
• Consider how the SCF Nuka System of care might be applied in their setting

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

L5: The Role of Multi-Specialty Maintenance of Certification (MOC) in Physician Quality Improvement Involvement
The MOC Portfolio Program is a pathway by which Board-Certified physicians can get MOC Part IV credit for quality improvement (QI) efforts they are leading or participating in under the supervision of an approved organization. This workshop will explore the process of engaging physicians in QI through the experience of several portfolio sponsors and describe the application process for organizations that may be interested in participating in this program.

After this session, participants will be able to:
• Provide an overview of the Multi-Specialty Maintenance of Certification Portfolio Approval Program
• Describe the impact of the program on quality of care, satisfaction, and safety in a hospital setting
• Recount the experiences of several organizations participating in the program and their improvements

Graves, K., Program Manager, American Board of Family Medicine; Siemons, D., RN, Director, Quality Improvement and Clinical Outcomes, Advocate Health Care; Rao, S., MD, Associate Medical Director for Quality Improvement, Massachusetts General Hospital (MGH); Kowalenko, T., MD, Physician and Director of Continuous Professional Development, University of Michigan Health System; Price, D., MD, Director, Medical Education, The Permanente Federation; Harrison, R., PhD, Professor, University of Michigan Medical School; Bardfield, J., Program Communications Manager, New York State Department of Health; Turner, S., Sr. Program Manager, Physician Leadership & Professional Development, MGH; Brilli, R., MD, Chief Medical Officer, Nationwide Children’s Hospital; Elward, K., MD, Medical Director, Quality Initiatives, Medical Society of Virginia Foundation; Nowicki, K., Administrator, Mayo Clinic

L6: Conversations That Promote Transformation
What types of conversations promote transformational change? This question will be explored in a case study of CareSouth, which achieved significant improvements in quality, financial, workforce, and patient experience measures after integrating leading, managing, and coaching conversations into day-to-day work. This Learning Lab will also explore how these conversations relate to components of a transformational leadership model.

Participants will think through barriers and challenges to application in their organizations.

After this session, participants will be able to:
• Explain the CareSouth definitions of leading, managing and coaching conversations
• Compare CareSouth conversations to components of a transformational leadership model.
• Practice selected tools which facilitate use of the conversations
Lewis, A., CEO, CareSouth Carolina, Inc.; Baker, N., MD, Principal, Neil Baker Coaching and Consulting, LLC; Crowe, G., RN, Principal, Hamilton Consulting, LLC  

**L7: Learning from Patient Stories to Improve Care**  
Stories have the power to teach, convey culture, and create a connection. This session presents an international project on collecting patient stories – specifically, errors that lead to preventable harm – from the perspectives of the patient and family. Faculty will discuss patient case studies and view supplemental videos of the patient and family story. Faculty will guide the participant through a structured analysis of selected events, eliciting lessons learned and strategies for preventing similar events in the future.  
After this session, participants will be able to:  
• Identify strategies to engage patients and families in creating solutions to address medical harm  
• Practice an approach to analyzing a patient safety event, building on the patient and families viewpoints  
• Disseminate several patient empowerment tools related to improving safety and quality of health care  

Johnson, J., PhD, Associate Professor and Deputy Director, University of New South Wales; Barach, P., MD, Professor (Level II), University of Stavanger; Haskell, H., President, Mothers Against Medical Error  

**L8: The EBANexperience Equitable Health Collaborative**  
Together, ethnic community members and health professionals in teams improved outcomes for preventive services in a year-long quality improvement collaborative. 100 participants in nine teams learned QI, explored the influence of culture on health, and redesigned care according to cultural preferences. Three screenplays were commissioned from ethnic screenwriters, filmed by public television, and used to stimulate intercultural discussion and understanding. Outcomes from this collaboration included improved experience and health for patients of color and new relationships with communities.  
After this session, participants will be able to:  
• Develop a basic structure for a collaborative that engages community members in addressing health disparities  
• Discuss the importance of using stories to stimulate discussion and understanding of cultural preferences in health care  
• Identify challenges and opportunities to better address issues of health disparities when partnering with community members and organizations  

Patow, C., MD, Executive Director, HealthPartners; Bryan, D., Director, Collaborative Learning Programs, HealthPartners  

**L9: Innovation via Partnering with Patients**  
The journey to the Triple Aim requires innovative approaches beyond a single organization's boundaries. The successful journey requires new levels of partnership among community members, patients, and clinicians. This collaborative learning session will explore powerful examples of innovative partnerships including patient innovators, the Conversation Project, and a Triple Aim site. In addition, it will provide creative tools; link people committed to person-centered care, and equip participants with actions to achieve results through partnerships.  
After this session, participants will be able to:  
• Describe three examples of innovative, person-centered partnerships
• Identify two tools to understand and partner with people across health care
• Apply concrete actions for community-wide partnerships beyond organizational boundaries

Balik, B., RN, Senior Faculty, IHI and Consultant, Common Fire Healthcare Consulting; Hayward, M., Lead, Public and Patient Engagement, IHI; Webster, P., Improvement Advisor and Faculty, IHI

L10: Back to Basics: Building Essential QI Skills
So, you can explain what the letters PDSA mean. Great! But, are you able to successfully run multiple PDSA tests in one day, know when a change concept is ready for implementation, and then sustain the improvements? This workshop will provide a refresher for those who are stalled and a jump start for those who are new to the quality improvement journey. This session is built around the Model for Improvement (MFI) and will demonstrate how to link the three questions related to aim, measurement, and change concepts to the sequence for success.

After this session, participants will be able to:
• Provide an overview of the Model for Improvement
• Specify the differences between testing, implementing, and spreading
• Identify key concepts and tools that should be part of your QI toolkit

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

L11: Dutch Health Care: Successful Integration Nationwide
In the Netherlands, relevant stakeholders including professionals, patients, hospitals, insurers, and the health care inspectorate have joined forces towards an integrated approach to improving health care. As a result, clinical auditing has become the cornerstone for robust, valid, and widely-accepted quality information. Combined with consumer quality indices, patient related outcome measurements, and financial information, these audits provide essential information for organizational strategies and transparency. In this Learning Lab, successes and struggles will be presented and instruments will be shared to start things moving on a nation-wide scale.

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

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

L12: Improvement as an Everyday Leadership Philosophy
W.E Deming’s teachings weren’t about statistics but leadership. Key to these teachings is the understanding of variation to create work cultures dedicated to continual improvement and the universal major waste of inappropriate data use. This Learning Lab will teach an elegantly simple approach to everyday data along with the cultural psychology needed to lead effectively.

After this session, participants will be able to:
• Identify process-oriented thinking as the key to overall organizational improvement
• Describe two key data tools that could save 50 percent of executive time in meetings and at least one hour a day of middle management time
• Explain several leadership mantras and simple tools for increased effectiveness in motivating and applying this leadership philosophy

Balestracci, D., Statistician and Quality Improvement Specialist, Harmony Consulting, LLC

L13: Preparing Your Improvement Work for Publication
This session sharpens skills to advance health care improvement reports toward scholarly publication. Working from real studies, participants employ the SQUIRE 1.0 publication guidelines in hands-on writing exercises to communicate key items such as improvement and study aims, context, results, and limitations. Faculty will offer timely updates on health care improvement science, IRB review strategies, and the rigorous use of qualitative methods in improvement work. Input from participants will aid development of a revised SQUIRE 2.0.

After this session, participants will be able to:
• Employ writing techniques that are particularly applicable to scholarly improvement reports
• Use the SQUIRE guidelines to achieve greater success in publication
• Sharpen their writing skills

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

L14: The Behavioral Health Side of Health Improvement
The US Surgeon General’s report on mental health states that “we cannot be healthy without mental health”. According to a 2010 national survey, only 37.9 percent of adults with mental illness received care. The majority of people with mental illness seek care with primary care providers, and mental illness and substance use disorders drive avoidable health care cost increases. True health improvement requires integrating mental health and substance use into primary health.

After this session, participants will be able to:
• Identify why integration of mental health and substance use is crucial to the success of health care improvement
• Access pharmaco-practice algorithms to help educate both primary health and mental health clinicians on how to effectively manage patients with co-morbid conditions
• Develop different ways to improve health quality and outcomes through integrated care practice models

Okafor, M., PhD, Director, Division of Behavioral Health and Project Director, Satcher Health Leadership Institute; Wrenn, G., MD, Associate Project Director, Morehouse School of Medicine; Satcher, D., MD, PhD, Director, Leadership Institute, Morehouse School of Medicine

L15: Top-Down vs. Bottom-Up Leadership
James, B., MD, Chief Quality Officer, Intermountain Healthcare

L16: Understanding Patient Medication Adherence
Lack of medication adherence is a contributor to ineffective treatments, admission and readmissions, and increased costs. Although there are many approaches to improving adherence, the problem continues. In this Learning Lab, participants will learn about recent research and different techniques to motivate patients to adhere to medication regimens.

After this session, participants will be able to:
• List reasons why patients do not adhere to medication regimens
• Describe methods to motivate patients to adhere to medication regimens
• Discuss morbidity and costs associated with poor adherence to medication treatment plans

Federico, F., RPh, Executive Director, Strategic Partners, IHI; Oyekan, E., PharmD, Pharmacy Quality and Medication Safety Leader, Kaiser Permanente National Offices

L17: Using Diagnostic Tools for Patient Safety
Many organizations have invested in efforts to improve safety and quality, yet patients regularly continue to experience harm. Might it be that we do not fully understand the problem we are trying to fix? Improvement requires the correct diagnosis of the problem and the development of related aims. During this session, participants will learn how to use several tools that will help them diagnose quality and safety in their respective organizations and set aims for improvement.

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

Haraden, C., PhD, Vice President, IHI

L18: Surfacing Resident Projects for Boards
This session will detail the Mayo Clinic’s experience in using frontline defect analysis to identify, scope, and validate resident projects in an academic training institution.

After this session, participants will be able to:
• Practice a methodology that surfaces, scopes and validates projects for residents in academic training centers
• Engage both the leadership and frontline in a ground up improvement project
• Use minimal data (easily collected at the front-line) to access the success of resident run improvement projects

Resar, R., MD, Senior Fellow, IHI; Majka, A., MD, Consultant, General Internal Medicine, Mayo Clinic; Kautz, J., MD, Fellow, Mayo Clinic

L19: Evaluation Design Methods for Leaders of QI Programming
Health system leaders and researchers who use the science of improvement to achieve better results need to learn from their work and share those lessons with others. Historically quality improvement has lagged behind other medical scientific methods in the rigor of its evaluation. There are a broad range of opportunities to effectively evaluate of our work to assess the effectiveness of our QI interventions and to share lessons externally. It is crucial that we inform ourselves whether our work has been successful, learn what works and
what does not work, and to credibly share our findings with the outside world. The session will explore methods and approaches to improving the quality of evaluations using a mix of presentations and participatory case studies. Please bring ideas about your own work that you would consider in this workshop as well.

At the end of this session, attendees will be able to:
- Describe two evaluation methods that can be applied to improvement work
- Test the effectiveness of an intervention with and without inclusion of comparison groups.
- Explore approaches to collecting sound data
- List the elements of an effective evaluation that has a better chance of publication

Barker, P., MD, MB ChB, Senior Vice President, IHI; Miles, P., MD, Vice President Director of Quality Improvement, American Board of Pediatrics; Mate, K., MD, Faculty, IHI; Parry, G., PhD, Research Scientist, IHI

L20: Improving Transitions from the Hospital to Community Settings
The transition from the hospital to post-acute care settings has emerged as an important priority in reducing avoidable rehospitalizations. Hospitals have an important role in designing and reliably implementing effective discharge processes to improve the transition from hospital to home or to the next care setting. Four research and improvement initiatives that aim to improve discharge processes in hospitals and reduce rehospitalizations will be highlighted — IHI’s STAAR Initiative, SHM’s Project BOOST, AHRQ’s Project RED and ACC/IHI’s Hospital to Home (H2H) initiative.

After this session, participants will be able to:
- Identify promising approaches for clinicians and staff in hospitals to improve the transition from the hospital to post-acute care settings
- Compare and contrast the strategies and specific changes used in STAAR, BOOST, RED, and H2H initiatives
- Identify common elements and characteristics promoted in these four initiatives

Rutherford, P., RN, Vice President, IHI; Williams, M., MD, Director, Hospital Medicine, Emory Healthcare; Krumholz, H., MD, Professor of Medicine, Yale University; Nielsen, G., Director of Learning and Innovation, Iowa Health System; Jack, B., MD, Professor and Vice Chair, Department of Family Medicine, Boston University School of Medicine

L21: Managing by Prediction
This Learning Lab builds on our previous teachings about the principles of high reliability, situational awareness, and risk mitigation, moving into a discussion around how to embed these learnings into the system as a whole. High-reliable care requires not only reliable processes, but also a system for mitigation and process management. This can be accomplished through daily huddles and other process interventions, as well as through implementation of models that use timely data and collective knowledge of the patient and the system to predict risk. In this Learning Lab, participants will learn how theory of management by mitigation can be applied to support organizational evolution toward high reliability and align improvement in patient flow, patient safety, and patient experience.

After this session, participants will be able to:
- Summarize the principles of managing by prediction
- Apply prediction to accelerate transformation in safety and flow
- Define infrastructural and operational requirements to manage by prediction
Kotagal, U., Senior Vice President, Quality/Transformation and Director, Health Policy and Clinical Effectiveness, Cincinnati Children's Hospital Medical Center; Muething, S., MD, Assistant Vice President of Patient Safety, Cincinnati Children's Hospital Medical Center; Ryckman, F., MD, Senior Vice President for Medical Operations and Professor of Surgery, Cincinnati Children's Hospital Medical Center

L22: The Right Start: Eliminate OB Adverse Events
The current system of obstetrical care delivery is perfectly designed to achieve the results it gets. It should not be a surprise to anyone that a system that accepts deviation from the best known medicine is, therefore, achieving an outcome of a 33% cesarean section rate nationally. The system is designed to achieve exactly those results — inaccurate gestational dating, support of early term scheduled delivery, and unreliable use of a high alert medication. This Learning Lab will discuss how to revamp the current system with strategies shared from organizations making positive changes.

After this session, participants will be able to:
• Discuss the definition of an OB adverse event
• Define the current evidence to support an obstetrical care delivery system that focuses on getting it right – starting with the determination of gestational dating
• Describe solutions that support collaborative care with all stakeholders having a voice

Gullo, S., RN, Managing Director, IHI; Cherouny, P., MD, Emeritus Professor, Obstetrics, Gynecology, and Reproduction, University of Vermont; Johnson, C., RN, Director of Obstetrics, Woman's Hospital

L23: One Year of ACOs: Incentive Realignment and Health Improvement
Orlikoff, J., President, Orlikoff & Associates, Inc; Nichols, L., PhD, Director, Health Policy Program, New America Foundation

L24: Integration of Research and Quality Improvement
This interactive workshop will illustrate how to combine qualitative and quantitative research methods in quality improvement. Participants should come prepared to work in small groups on a case study (an actual project that integrates research and improvement). Faculty will frame research questions and approaches and then ask each group to apply them to the case study. In addition, in this Learning Lab, faculty will address issues and challenges raised by this series of exercises.

After this session, participants will be able to:
• Combine qualitative and quantitative research methods to increase the rigor of QI projects
• Make judgments about when to use different research methods in quality improvement

Provost, L., Statistician and Senior Improvement Advisor, Associates in Process Improvement; Power, M., PhD, Director, NHS Northwest; Dixon-Woods, M., Professor of Medical Sociology, University Of Leicester

L25: Building the Health Care Commons in Oregon
Responding to critical cuts in Oregon’s Medicaid budget, Portland metro health system leaders formed the Tri County Medicaid Collaborative to develop a regional Coordinated
Care Organization, the legislatively mandated accountable care structure integrating physical, behavioral, and dental Medicaid health care. This session will describe how traditional payer and provider competitors are co-creating new regional governance structures, economic and payment models, and an integrated delivery system to produce better patient and population outcomes at significantly lower cost.

After this session, participants will be able to:

- Demonstrate knowledge of the types of enabling governance structures critical for a community collaborative initiative focused on producing optimal Triple Aim outcomes in a region
- Determine three to six health care service segments in their region that need to be redesigned to lower cost and improve care
- Develop an appreciation of how non-traditional “engagement specialist” health care workers can enhance and provide integration within the health care delivery system

Labby, D., MD, Interim Chief Medical Officer, Tri County Medicaid Collaborative; Ramsay, R., Director of Community Care Program, CareOregon

L26: The Cost and Quality Imperative: Setting Up Your Organization for Success
Reducing costs while improving quality are critical in today’s health care environment. This session will focus on tools and methods to set up your organization to continually take costs out of your system. Topics include measures and metrics, critical success factors, partnering financial analysts with clinicians to design projects, and assuring sustainable efforts.

After this session, participants will be able to:

- Define four keys to setting your organization up for long term success in reducing costs and improving value
- Develop a and prioritize a portfolio of projects
- Define three methods to develop financial models and set quality metrics

Luther, K., RN, Vice President, IHI; Jedlinsky, M., Principal Consultant, Kaiser Permanente; Schilling, L., RN, National Vice President, Healthcare Performance Improvement, Kaiser Permanente; Vitolins, S., RN, Director of Patient Safety and Quality Improvement, St. Peter’s Health Partners – Troy Division; Dascher, N., CEO, Northeast Health

L27: Developing Safety and Value in Health Care
Health services redesign is vital to meet increased demand and low cost. Providers must better use resources while improving safety and quality. This session will introduce the concepts of managing operations as essential ways to align safety with patient flow by decreasing variability. Case studies will demonstrate that the solution to balancing cost and quality of care result in improved patient safety and multimillion cost reduction.

After this session, participants will be able to:

- Develop an understanding of managing operations
- Describe how flow and safety are linked
- Decrease variation in health care

Leitch, J., Clinical Director, Quality Unit, Scottish Government Health Department; Lachman, P., MD, Associate Medical Director and Consultant in Service Redesign and Transformation, Great Ormond Street Hospital for Children NHS Trust; Litvak, E., PhD, President and CEO, Institute for Healthcare Optimization

L28: Maximizing the Potential to Sustain Your Improvements
Health care teams around the globe have achieved a massive amount of change. However, there is evidence that over a third of these improvements are not sustained and this significantly reduces the ability to achieve the level of improvement needed and wastes precious resources. Learn how to maximize the potential for sustainability of your improvement efforts.

After this session, participants will be able to:

• Identify the key factors that affect sustainability of improvement
• Assess their own improvement project identifying the areas which are most in need of action to increase the likelihood of sustainability
• Implement sustainable change within their organization

Maher, L., PhD, Director for Innovation and Design, NHS Institute for Innovation and Improvement; Gustafson, D., PhD, Director, Center for Health Enhancement Systems Studies, University of Wisconsin

L29: When Lightning Strikes: Responding to Adverse Events
An organization’s worst nightmare: An adverse event so serious and visible that it threatens the reputation of the entire enterprise. If this happens, are you prepared? Learn from faculty who have been involved in managing crises in their own organizations and hear best practices from health care and beyond. Learn how to plan, set priorities and act swiftly and transparently while engaging all internal and external stakeholders.

After this session, participants will be able to:

• Assess how prepared your organization is to handle a serious crisis
• Articulate the key elements necessary to create and test an effective crisis management plan
• Identify the key people they should involve in planning and executing an effective plan

Federico, F., RPh, Executive Director, Strategic Partners, IHI; Sadler, B., Senior Fellow, IHI; Stewart, K., Clinical Director, Clinical Effectiveness Unit, Royal College of Physicians; Nevins, S., RN, Staff Nurse, North Shore Medical Center

L30: Research Done Differently: PCORI’s Approach to Patient-Centered Outcomes Research
The Patient-Centered Outcomes Research Institute (PCORI) was authorized by Congress in 2010 to fund research designed to give patients, caregivers and clinicians the information they need to make better-informed health care decisions, improving patient outcomes and health quality. Learn how PCORI is pursuing that ambitious challenge and how you can get involved.

After this session, participants will be able to:

• Describe PCORI’s origin, mission, priorities and research agenda.
• Learn about Patient-Centered Outcomes Research; definition and methodology
• Discover what opportunities exist for quality improvement professionals to get involved with PCORI and patient-centered outcomes research.

Selby, J., MD, Executive Director, Patient-Centered Outcomes Research Institute

Monday, December 10: Minicourses
8:30 AM – 4:00 PM
$615
**M1: IHI’s Approach to Reducing Avoidable Rehospitalizations in the STAAR Initiative**

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

After this session, participants will be able to:

- Describe common problems that contribute to rehospitalizations and identify promising approaches to reducing them
- Describe the STAAR initiative’s two concurrent strategies to reduce avoidable rehospitalizations
- Compare and contrast case studies documenting implemented improvements to dramatically reduce avoidable readmissions

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

**M2: Leading the Journey to High Reliability**

This Minicourse will discuss how Chief Medical Officers and Chief Quality Officers, together with other key leaders, can move their organizations towards high reliability, focusing on the importance of organizational culture, process improvement methods, and leadership commitment. Faculty will discuss their experiences and will facilitate a rich discussion.

After this session, participants will be able to:

- Understand the key characteristics of high reliability organizations
- Examine methods to measure these characteristics
- Reflect on their own organization’s performance in these areas
- Identify effective methods for engaging key leadership groups

**Chassin, M., MD,** President, The Joint Commission; **Pryor, D., MD,** Chief Medical Officer, Ascension Health; **Weissberg, J., MD,** Senior Vice President, Quality and Care Delivery Excellence, Kaiser Permanente; **Yates, G., MD,** Senior Vice President and Chief Medical Officer, Sentara Healthcare; **Hunt, G., MD,** Senior Vice President and Chief Medical Officer, Sutter Health; **Berwick, D., MD,** Former President and CEO, IHI; **James, B., MD,** Chief Quality Officer, Intermountain Healthcare; **Daley, J., MD,** Executive Vice President and COO, University of Massachusetts Memorial Medical Center; **Shabot, M., MD,** Senior Vice President and System Chief Medical Officer, Memorial Hermann

**M3: Courage in Health Care: Leading From Within**

Change calls for personal and communal courage. This Minicourse introduces current and emerging health care leaders and patient advocates to the Center for Courage & Renewal’s principles and practices for leading from within. The Courage & Renewal® approach supports professional renewal and leadership integrity. Attendees will learn Parker Palmer’s “Habits of the Heart,” which help leaders and groups hold tension in generative ways, support building relational trust, and promote responsible decision-making.

After this session, participants will be able to:

- Identify three ways to foster engaged listening and attention
- Implement protocols for reflection and connection in groups
• Name the Habits of the Heart that support relational trust in effecting positive change

**Sherman, H., MD**, Program Director, Health Care, Center for Courage & Renewal; **Meyer, R., MD**, Pediatrician and Medical Director, Cambridge Health Alliance; **Schlosser, J., MD**, Director, VISN Improvement Resource Office, VA New England Healthcare System

**M4: See, Solve, Share, and Lead: Achieving Breakthroughs**
This Minicourse will introduce the capabilities leading to the sustained competitive advantage of high velocity organizations. Participants will learn to see flagging systems and identify process deviations before reaching failure points. Faculty will describe how failure can be addressed, rectified, and converted into sources of superiority. In addition, presenters will share the internal dynamics of a high-velocity organization that ensures knowledge spread for relentless improvement.

After this session, participants will be able to:
- Applying "see, solve, and share" methods to performance improvement
- Differentiate complicated from complex systems

**McIlwain, T., MD**, Vice President, Quality and Chief Medical Officer, St. Luke's Episcopal Hospital; **Downes, T.,** Consultant Geriatrician, Sheffield Teaching Hospitals; **Spear, S.,** Senior Fellow, Massachusetts Institute of Technology

**M5: Health Care Innovation: Meaning, Strategy, Practice**
Will "innovation" become simply another buzz word that comes and goes without making an enduring impact? Organizations that will succeed in their innovation activities are ones who know what innovation truly means, are deliberative in their strategies, and take efforts to a practical level that goes beyond exhortation. This theory-grounded, example-filled, interactive session is designed for those involved in creating new organizational structures for innovation in health care.

After this session, participants will be able to:
- Define the meaning of innovation as it applies to health care delivery
- Explore various strategic directions that an innovation effort might take in a health care delivery organization
- Describe how leading-edge health care organizations in the US and UK are approaching innovation

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

**M6: Real World Systems Innovation: Strategies of Six CMMI Health Care Innovation Challenge Grantees**
In the spring of 2012, The Center for Medicare & Medicaid Innovation awarded nearly $1 billion in Health Care Innovation Challenge grants to 107 projects. This interactive session will explore the work and strategies of six diverse Innovation Challenge grantees, including the distinctive issues and opportunities for clinical transformation, rapid workforce development and deployment, savings calculations, and scale and sustainability.

After this session, participants will be able to:
- Draw lessons and strategies for system transformation through the Triple Aim that can be applied to their own organization or community
- Review governance and collaboration structures that will help drive new care designs
- Assess, compare, and contrast models for calculating savings

**Lewis, N.,** Director, IHI; **Beasley, C.,** Executive Director, Strategic Projects, IHI
M7: Patient Safety: Continuing the Journey
Improving patient safety requires an acknowledgment that there is a safety problem, developing a structure and process to address the gaps in care, using a methodology to improve, and selecting appropriate process and outcome measures. At the end of this session, participants will be able to describe the structure components needed, articulate the role of human factors, team work and system design, apply improvement methods, and build a just culture.

After this session, participants will be able to:
- Discuss the components of a patient safety plan
- Develop a safety plan for their organization
- Describe the role of measurement in determining patient safety

Federico, F., RPh, Executive Director, Strategic Partners, IHI; Peden, C., MD, MB ChB, Associate Medical Director for Quality Improvement and Consultant in Anaesthesia and Intensive Care, Royal United Hospital, Bath; Staines, A., PhD, Associate Professor, University of Lyon; Inada-Kim, M., Harkness and IHI Fellow, The Commonwealth Fund

M8: Tools for Radical Transformation
Health care leaders face unprecedented pressure during radical change. This Minicourse will explore reforming personal language and habits that constrain change, and will use narrative practice to uncover earlier more generative organizational purposes to create future options. Participants will practice tools designed to recognize and transcend personal and organizational constraints while enhancing their capacity to see and act in new ways.

After this session, participants will be able to:
- Share a framework based in adult developmental and learning theory to help understand key barriers to personal and organizational change
- Use tools designed to help promote transformation
- Leverage individual and collective knowledge, hopes, and wishes to create organizations that can face upcoming challenges

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

M9: Engaging Physicians to Transform Care
Embedding improvement into an organization’s culture requires the active engagement of physicians. A comprehensive model for successful physician engagement, including physician compacts – reciprocal expectations between doctors and their organization – and how organizations can actualize this model will be described. Relevant perspectives from 18 of Virginia Mason’s ongoing efforts to improve care and efficiency through implementation of the Virginia Mason Production System and the critical role of physicians in this work will be shared.

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

Kaplan, G., MD, CEO, Virginia Mason Medical Center; Silversin, J., President, Amicus, Inc.
M10: From the Top: The Role of the Board in Quality and Safety
This session will describe the role of governance, executive, and clinical leadership in overseeing quality and safety through an IHI framework. Emphasis is placed on effective integration of aims and outcomes (quality, cost, service, satisfaction) and enhancing value to achieve savings in annual operation costs. Through the use of “mock board meetings,” participants will have the opportunity to wrestle with some of the most difficult problems faced by boards and learn about best practices to overcome them.

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

Orlikoff, J., President, Orlikoff & Associates, Inc;

M11: Building a Clinician Peer Support Program
When a serious adverse event takes place, clinicians involved in the event are deeply affected. Developing a support program for these individuals is a key component of managing the crisis. During this interactive session, participants will learn the tell-tale signs, review the recovery stages, and will get started developing a support program.

After this session, participants will be able to:
- Describe the history of second victims
- Set the context for second victim support
- Develop a work plan

Kenney, L., President and Founder, MITSS; Scott, S., RN, Coordinator, Patient Safety, University Missouri Health Care; Deen, J., RN, Patient Safety Officer, Catholic Healthcare Partners; Wu, A., MD, Professor and Director, Johns Hopkins Bloomberg School of Public Health; Vanhaecht, K., RN, PhD, Health Services Research Group, School of Public Health, University of Leuven

M12: Rallying Your Community to Improve Transitions
Improving care transitions works best in a community that can align medical, nursing, and social services providers. In this Minicourse, participants will get a comprehensive overview of care transitions work, insights from both successful and stalled projects, an understanding of measurement challenges, and incentives available through government initiatives.

After this session, participants will be able to:
- Explore the strategies and experience of major recent initiatives to improve care transitions
- Position themselves to improve care transitions locally
- Connect goals of comprehensive care plans, community standard processes, and patient activation

Lynn, J., MD, Director, Center for Elder Care and Advanced Illness, Altarum Institute; Brock, J., MD, Medical Officer, Colorado Foundation for Medical Care; Goroski, A., Senior Project Director, Care Transitions QIOSC, Colorado Foundation for Medical Care; Schall, M., Senior Director, IHI; Fusco, S., Director of Business Results and Innovation, Council on Again of Southwestern Ohio; Anim, D., Assistant Vice President, Greater Cincinnati Health Council
**M13: One-Day School for Organizational Radicals**
Big change only happens in health care organizations because of heretics and radicals; those passionate people who are willing to take responsibility for change, who support their organization in its patient-centered mission, but who also challenge the status quo. It’s tough being an organizational radical, so we invite you to spend an inspiring day with people of like minds. This session will explore how to apply the thinking and practice of other radical leaders to achieve a "revolution in health care quality" in our own organizations.

After this session, participants will be able to:
- Increase their effectiveness as a leader of change
- Build a toolkit of alternative/additional approaches to supporting change
- Ignite a movement of organizational radicals in their organization

Bevan, H., PhD, Chief of Service Transformation, NHS Institute for Innovation and Improvement; Fenton, K., RN, Chief Nurse, University College London Hospital

**M14: Accelerating the Pace and Scale of Improvement**
The frustration with the pace and scale health care improvement is widespread. Building will, developing and testing ideas, and achieving results for populations are constant challenges. This session presents case studies and experiences from organizations that have been leading resources and driving forces for system-wide, transformative health care improvement in a system or region. Learn about their journeys, including recent efforts to work together towards accelerating the pace and scale of improvement locally, and globally.

After this session, participants will be able to:
- Identify key characteristics for becoming a leading resource in a system or region
- Develop an understanding for key activities to build will, develop ideas, and execute towards the achievement of breakthrough health care improvement results

Delgado, P., Executive Director, IHI; Henriks, G., Chief Executive of Learning and Innovation, The County Council of Jönköping; Kotagal, U., Senior Vice President, Quality/Transformation and Director, Health Policy and Clinical Effectiveness, Cincinnati Children's Hospital Medical Center; Schilling, L., RN, National Vice President, Healthcare Performance Improvement, Kaiser Permanente; Chase, A., Senior Vice President, Medicare Clinical Operations and Population Care, Kaiser Permanente

**M15: From Bolt-on to Built-in: Improvement as Cultural DNA**
Most improvement efforts are driven by key projects whose logical results are “bolted on” to work cultures...that will fiercely resist. Any change disturbs a puzzlingly obsessive desire to stay vested in current practices. Using a basic cognitive therapy framework, participants will review this phenomenon and transform it to drive “built in” improvement – every day. Work teams are encouraged.

After this session, participants will be able to:
- Apply the concept of “belief systems” to audit a culture and deal with inevitable resistance
- Identify the need to depersonalize cultural resistance and obtain skills to change that will drive desired organizational results
- Apply the wisdom of a high-level executive who is currently struggling daily with these very same issues
Balestracci, D., Statistician and Quality Improvement Specialist, Harmony Consulting, LLC; Easton, J., Chief Executive, Quality Improvement & Innovation Partnership

M16: Is There a Perfect Health Care System?
No one system has solved all of the health care challenges facing the world. However, some have fixed elements of them. This Minicourse brings together three such systems to try and learn how to combine them into one perfect system. Faculty will present lessons and challenges from the quality journeys in Scotland, Alaska, and Sweden. Participants will consider applying these learnings to their own system.

After this session, participants will be able to:
- Assess the work of three high performing health care systems
- Critically and interactively discuss the work of health care transformation using the presented systems as a catalyst
- Apply the lessons and challenges of transforming care for patients and families to their context

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

M17: Strategies for Facilitating Change in Primary Care
Primary care practices face daunting challenges for transformation. Regardless of the technical nature of the challenge (e.g. use of electronic medical records or patient-centered medical home), effective facilitation of change depends on diagnosis of gaps. Methods and tools for such diagnosis will be presented along with effective intervention strategies that can be used whether or not the facilitator has formal authority.

After this session, participants will be able to:
- Explain how to map a change project to diagnose effectiveness of current change management roles and alignment
- Identify strategies for responding to gaps in roles and alignment including advocacy
- Identify strategies for skillful response to reactivity and resistance

Baker, N., MD, Principal, Neil Baker Coaching and Consulting, LLC, Lefebvre, A., MSW, Associate Director, UNC at Chapel Hill; Sevin, C., RN, Director, IHI

M18: ThedaCare’s Business Performance System
Organizations that focus on lean improvement strategies face a critical question: How do you sustain transformational work for the long term? ThedaCare’s lean journey started more than eight years ago and resulted in a lean management system known as the Business Performance System. It’s designed to help managers understand their performance and meet their targets while developing people and building effective teams. This presentation will focus on the point in the lean journey when a systematic management system is needed to sustain value stream results and create momentum around daily continuous improvement.

After this session, participants will be able to:
- Experiment with the core components of the management system
- Explain the standard work and cascades of information required to create and sustain a system of continuous improvement
• Experiment with the integration of lean tools such as A3 thinking with leadership standard work to move and organization beyond value streams

**Barnas, K.**, Senior Vice President, ThedaCare; **Schaffmeyer, M.**, COO, Care Transitions and Homecare Division, ThedaCare

**M19: Better Quality through Better Measurement**

Good decision making is based on data that are collected and analyzed in a systematic way. This session will provide a framework and practical recommendations for avoiding roadblocks during your quality measurement journey. How to link measurement to improvement strategies will also be discussed. Case studies and exercises will demonstrate the application of measurement principles to health care topics.

After this session, participants will be able to:

• Distinguish between data for research, judgment, and improvement
• Decide which control chart is most appropriate for your data
• Link measurement efforts to improvement strategies

**Lloyd, R., PhD**, Executive Director for Performance Improvement, IHI; **Scoville, R., PhD**, Improvement Advisor and Consultant, IHI; **Little, K., PhD**, Principal, Informing Ecological Design, LLC

**M20: Beyond Basics: Using Advanced SPC Charts**

What should we do when our control charts have such narrow limits all of the data are outside them? What about seasonal factors or rare events? Explore more advanced uses for statistical process control (SPC) charts for health care. In this session, presenters will address T and G charts for rare events data, Prime charts, adjustments for auto-correlation and for seasonality, the use of the CUSUM control charts and more. Laptops recommended for this Minicourse to use in data analysis.

After this session, participants will be able to:

• Select the appropriate SPC chart for rare events data
• Identify when it is most appropriate to use a CUSUM control chart
• Create a variety of advanced SPC charts using excel templates provided

**Murray, S.**, Improvement Advisor, CT Concepts; **Provost, L.**, Statistician and Senior Improvement Advisor, Associates in Process Improvement

**M21: Designing and Executing Large Scale Interventions for Improving Perinatal and Infant Outcomes**

The US has higher levels of maternal and infant mortality and morbidity than most high income countries. There is a groundswell of energy in the US to try to impact on this situation. What are the underlying drivers of maternal and infant mortality and morbidity, and what are the interventions that are most likely to succeed in driving down those high rates? The improvement community has been working on this issue for many years in the US, other high income countries, as well as in low and middle income countries. What can we learn from these experiences that will help us to design and execute successful large scale interventions for improving perinatal and infant outcomes. This Minicourse will combine high level content from national and global experts on the topic with creative opportunities for those who are involved in the planning and execution of large scale interventions to reduce perinatal mortality. Although NICU care is a crucial part of this problem, focus will be on non-NICU solutions to perinatal morbidity and mortality.

At the end of this session, attendees will be able to:
• Explain the different epidemiology and causes of perinatal mortality and mortality in the US and other parts of the world
• Describe how driver diagrams can be used to explore the causes, measures and ideas for improving perinatal care
• Explore the different levels of the system (community, patient, providers, health facilities, states, nations) that we can target to improve outcomes
• Explore possible designs (collaboratives, campaigns, policy change, leadership intervention) for an effective large scale intervention.

Barker, P., MD, MB ChB, Senior Vice President, IHI; Bisognano, M., President and CEO, IHI; Gullo, S., RN, Managing Director, IHI; Homer, C., MD, CEO, National Initiative for Children's Healthcare Quality (NICHQ)

M22: Zero Events of Harm: Leading for High Reliability
To achieve and sustain significant improvement in patient safety (e.g., zero events of harm), health care can employ proven strategies of high reliability and safety from other industries. Reliability experts and executives from organizations who have used these strategies will share their experiences and lessons learned implementing reliability principles. Other topics to be discussed include learning from the science of safety, implementing a defined leadership method, and approaches for a more robust culture of safety.

Yates, G., MD, Senior Vice President and Chief Medical Officer, Sentara Healthcare; Johnson, K., Senior Partner and Chief Innovations Officer, HPI; Muething, S., MD, Assistant Vice President of Patient Safety, Cincinnati Children’s Hospital Medical Center

M23: Baldrige: Achieving Excellence and Reliability
This interactive session delves into the power of the Baldrige framework to enable organizations achieve sustained clinical, service, and operational excellence redefined at the highest possible levels. Leaders from The Henry Ford Health System and the Studer Group, recent recipients of the US highest honor for excellence, will share how they used Baldrige to secure industry role model performance. Health care Performance Improvement (HPI) will address how deployment of the framework helps make high reliability patient safety a sustainable reality. This session also provides insight into how the framework serves as a unique roadmap for achievement of the Triple Aim.

After this session, participants will be able to:
• Assess, compare, and contrast their organization’s performance against that of Baldrige role models and the Criteria for Performance Excellence
• Identify how the Baldrige framework can be used to create inspired cultures and immediately improve performance
• Act on the Baldrige excellence road map

Ettinger, J., President and CEO, Category One Inc, and Alumni Member of the Board of Examiners, Malcolm Baldrige National Quality Award; Hawkins, S., Senior Vice President, Performance Excellence, Henry Ford Health System; Deao, C., Research & Development Leader, Studer Group; Yates, G., MD, Senior Vice President and Chief Medical Officer, Sentara Healthcare

M24: Enhancing Primary Care Value at Lower Cost to the Community
In this Minicourse, participants will design community centers of health that honor, enhance, and produce value through primary care relationships. Building upon Intermountain Health’s successful and sustained redesign of primary care through Mental
Health Integration (MHI) and IHI’s Triple Aim, this session will create a framework that defines value by incorporating an understanding of what really matters to individuals, their families, and the communities in which they live, describes the leadership needed to deliver this value, and approaches practical measurement of success in meeting those values. Participants will engage in a collective social network activity that will create “out of their box” designs for sustainable, local, social centers of health.

After this session, participants will be able to:

- Build a framework for enhancing the quality of primary care through relational networks
- Define the delivery system and societal costs that will measure the value of enhanced quality
- Create a set of values and outcomes that make the most difference in the lives of individuals and communities

Reiss-Brennan, B., Mental Health Integration Director, Intermountain Healthcare; Boudreau, K., MD, Chief Medical Officer, Boston Medical Center HealthNet Plan; Leckman, Linda, MD, CEO, Intermountain Medical Group

M25: Global Perspectives on the Journey to Accountable Care
This minicourse will explore what might be learned about the provision of accountable care from organizations with a tradition of primary care and collective accountability for health, quality and total per capita costs for a population of patients. Is it possible to design new care systems to support improvement and to provide confidence that savings are achieved through improvements in care and better population health? Participants will be invited to try.

Crisp, N., Strategic Advisor to the CEO and Senior Fellow, IHI; Feeley, D., Chief Executive, Scottish Government Health Department; Ruelas, E., Vice President of the National Academy of Medicine, Mexico and Senior Fellow, IHI; Dowling, M., President and CEO, Long Island Jewish Health System

Special ½ Day Session
Monday, December 10
1:00 PM – 4:30 PM
Picker Institute Special Session on Advancing Patient-Centered Care
Join Don Berwick, former CEO and President of IHI, Lucile Hanscom, Executive Director of the Picker Institute, Jeff Selberg, COO of IHI, Dale Shaller, Principal of Shaller Consulting, and Madge Kaplan, Director of Communications at IHI, to celebrate the Picker Institute’s quarter century of leadership in advancing patient-centered care. Six Picker grantees will inspire participants to address vexing healthcare challenges using Always Events®, an innovative improvement strategy that helps providers focus on consistently delivering excellent patient-centered care, to all patients all the time. Don Berwick will lead a provocative discussion with several distinguished Picker Awards recipients about the current and future state of patient-centered care. Don’t miss the session that is sure to be the talk of the 2012 Forum!

- Always Events Grantee Panelists: Huntington, J., MD, PhD, Dartmouth-Hitchcock Medical Center; Parkosewich, J., RN, DNSc, FAHA, Nurse Researcher, Co-director Women's Heart Health, Yale-New Haven Hospital; Rieke, C.C., DNP, RN, University of Minnesota Amplatz; Rockey, W., RN, MBA, Exempla; Shatz, R., DO, Director of Behavioral Neurology, Henry Ford Health System; Perkins, S., PhD, RN, Chief Nurse Executive, Anne Arundel Health System.
• **Picker Awards Recipients Panelists:** Cleary, P., PhD, Dean, Yale School of Public Health; Chin Hansen, J., RN, MS, FAAN, CEO, American Geriatrics Society, O’Kane, P., President, National Committee for Quality Assurance; Wagner, E., MD, Director, MacColl Institute for Healthcare Innovation at Group Health.

**Monday, December 10: Virtual Site Visits**
*8:30 AM – 4:30 PM*  
*$615*

**NEW IN 2012!** Virtual Site Visits will allow attendees to gain an in-depth understanding of how improvement work is accomplished within a best practice organization via virtual videos and streaming. Attendees will choose from two organizations to visit virtually, getting to know the culture and the people, and actively learning about impressive improvement work happening on a daily basis, without leaving Orlando.

**Morning Site Visits**
*8:30 AM – 12:00 PM*
- Bellin Health System, Green Bay, WI
- Geisinger Health System, Danville, PA
- Henry Ford Health System, Detroit, MI
- Jönköping Medical Center, Jönköping, Sweden
- North Shore Long Island Jewish Health System, Lake Success, NY

**Afternoon Site Visits**
*1:00 PM – 4:30 PM*
- Schneck Medical Center, Seymour, IN
- Southcentral Foundation, Anchorage, AK
- Virginia Mason Medical Center, Seattle, WA
- Kaiser Permanente, CA

**Monday, December 10: Forum Excursions**
*8:30 AM – 5:00 PM*  
*$615*

**FE1: Marriott World Center: Managing Large-Scale Operations**  
Learn how the Marriott handles the processes for large volumes of visitors, yet still manages to offer superb customer service in the front office; adhere to tight schedules in the banquet kitchen; run a golf club; tend to every detail of event and convention services; and manage daily housekeeping operations.

**FE2: Universal Orlando®: Safety and Reliability**  
Discover how Universal's Creative Team produces impressive stunts and spectacles while ensuring the protection of staff and visitors, operating as a culture of safety first.

**FE3: Central Florida Zoo: Patient Care and Operations**  
Take a behind-the-scenes tour to learn how animal experts care for over 400 of their patients: wild animals!
FE4: Seaworld®: Managing Complex Systems
See for yourself how this popular destination creates and reliably executes complex processes to care for thousands of animals, support staff, and manage animal rescue operations.

FE5: EA SPORTS - Tiburon: Innovation and Creativity
Join the leaders in the video game industry as they describe how they foster an environment of continuous innovation and creativity. Participate in EA SPORTS – Tiburon’s new product design processes, learn about their methods for keeping pace with customer preferences, and explore their approach of team engagement.

FE6: Gaylord Palms: Joy in Work and Customer Satisfaction
Learn how this large hotel and convention center improved operating margin, increased customer satisfaction, enhanced workforce morale and reduced employee attrition by incorporating joy in work.

General Conference Day One
Tuesday, December 11

8:00 AM – 9:00 AM Keynote One:
Maureen Bisognano, President and CEO, IHI

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

A1: The Wisconsin Story

B1: Ensuring Diversity in the Health Care Workforce
Smedley, B., MD, Vice President and Director, Health Policy Institute of the Joint Center for Political and Economic Studies
Rapid Fire Workshops
10 Minutes, 10 Slides
RFA: Innovations in Health Care
Moderated by: Martin, L., Executive Director, IHI

RFB: Pioneer ACOs: After the Ink has Dried
Moderated by: Beasley, C., Executive Director, Strategic Projects, IHI

A2/B2: Integrating Palliative Care in the Emergency Department (ED)
Integrating palliative care services within the ED is a natural evolution that meets patient care needs as well as hospital imperatives to improve quality, reduce readmissions, and better link hospital and community resources. This session will explore current models of ED-palliative care integration, based on the CAPC’s IPAL initiative. The session will incorporate data and case studies illustrating innovative, successful ED-palliative care integrative models designed by hospitals.

After this session, participants will be able to:
• Identify the key characteristics of the four predominant models of ED-palliative care integration observed in the US
• Define common elements for successful adoption of each ED-palliative care model
• Develop an action plan for enhancing current models of ED-palliative care delivery

Quest, T., MD, Associate Professor, Emory University

A3/B3: Transforming Care through the Power of Social Media
It’s time to join the social media revolution that is exploding around the. This session will inspire your participation and grow your knowledge to harness the power of social media. Get your hands dirty testing common social media tools, and imagine the transformative change we can achieve together through the enhanced connections and shared learning these tools provide.

After this session, participants will be able to:
• Become part of the web 2.0 revolution and understand the value of social media in driving social change
• Identify the key components of effective and innovative social media campaigns that have changed the world
• Use the POSTE method to understand how this can be applied to health care improvement

Krause, C., Executive Director, BC Patient Safety and Quality Council (BCPSQC); Puri, A., Quality Leader, Communications and Engagement, BCPSQC

A4/B4: Clinical Improvement for Accountable Care
Clinical decision support integrated into health care information technology systems can improve cost and quality outcomes. In addition, under the health care reform law, evidence-based health care is considered to be an important characteristic for developing accountable care organizations (ACOs) and patient-centered medical homes. This workshop will discuss how evidence-based clinical decision support can help organizations improve quality and
cost outcomes across the continuum of care and build the clinical infrastructure for ACOs and medical homes.

After this session, participants will be able to:

- Identify the potential of evidence-based clinical decision support for improving cost and quality outcomes across the continuum of care
- Describe the potential role of clinical decision support in the creation of ACOs and medical homes

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

**A5/B5: The VHA Medical Home Model: Patient-Aligned Care Teams**

In 2009, the Veterans Health Administration (VHA) embarked on a multi-year plan to transform the primary care system into a medical home model. VHA has branded the new model as Patient Aligned Care Teams (PACT). PACT is an interdisciplinary team-based model organized to increase access and clinical effectiveness by redesigning existing systems. Implementation focuses on readiness assessment, building infrastructure to support implementation, training, measuring progress, and promoting innovation. Achievements thus far include reduced admissions, urgent care visits, and face-to-face visits while increasing the use of virtual care delivery modalities.

After this session, participants will be able to:

- Describe key components of VHA’s implementation plan
- Assess the importance of measurement in driving organizational change

**Davies, M., MD, Chief of Staff, VA Black Hills Health Care System; Pauley, G., RN, Executive Assistant to the Director, VHA Systems Redesign Office, Veteran's Administration; Shear, J., National Primary Care Clinical Program Manager, Department of Veterans Affairs; Stark, R., MD, Director of Primary Care Operations, Department of Veterans Affairs; Schectman, G., MD, Deputy Chief Consultant, Primary Care, Department of Veterans Affairs**

**A6/B6: A Human Factors Approach to Root Cause Analysis**

This workshop will provide a detailed description of the research, development, and deployment of an alternative root cause analysis investigation methodology based on the Human Factors Analysis Classification System (HFACS) often used in military and commercial aviation and other high reliability industries. Presenters will detail methodology, its acceptance into the organization’s culture, and the data used to identify performance improvement opportunities based on human behaviors.

After this session, participants will be able to:

- Describe the development and implementation of the HFACS approach to root cause analysis
- Identify ways that HFACS can be used to find opportunities for system improvement based on human factors and behavior

**Cox, S., RN, Director of Quality Management, Greenville Hospital System; Dunning, S., RN, Risk Manager, Greenville Hospital System; Helmrich, G., MD, Vice Chair, Quality and IP Operations, Greenville Hospital System; Diller, T., MD, Vice President, Quality and Patient Safety, Greenville Hospital System; Shappell, S., PhD, Professor, Clemson University**

**A7/B7: Designing and Supporting a Learning Health Care System**
How can we better support experimentation of ongoing innovation at a localized, small-scale level? A learning health care system requires care teams that think like "designers" and can take new approaches to piloting ideas without assessing too early. Faculty will share lessons learned from working with eight primary care practices to facilitate evidence-based, patient-centric conversations between providers and patients about colon cancer screening.

After this session, participants will be able to:
- Identify four lessons learned about becoming a learning health care system
- Describe two tests of change that could support increased experimentation in their setting

Sevin, C., RN, Director, IHI; Schwartz, A., PhD, Health Care Lead, IDEO; Taylor, J., Improvement Advisor, IHI

A8/B8: Better Health at Any Weight: Care Delivery Strategies
In the US, obesity poses the greatest threat and challenge to the health care system. Kaiser Permanente’s comprehensive multi-sectoral public health approach the epidemic includes treatments like bariatric surgery. This evidence-based program integrates prevention and treatment to provide the most effective program to patients. Interventions contributing to success include adult weight management programs, community engagement, sustainment strategies for prevention, and end-to-end care for bariatric surgery. Learn how successfully practices were spread to 13 hospitals.

After this session, participants will be able to:
- Explain the risks and implications of the obesity epidemic
- Identify prevention and treatment strategies to reduce obesity
- Develop a plan to reliably implement high quality services and programs for obesity prevention and treatment

Dorman, J., Director, Center for Health Care Delivery, Kaiser Permanente; Watson, H., Senior Consultant, Kaiser Permanente Regional Quality and Risk Management; Histon, T., PhD, Senior Manager, Obesity Prevention and Treatment, Kaiser Permanente

A9/B9: Creative Breakthroughs: Collaboration for Innovation and Improvement
Collaboration for Innovation and Improvement is a program designed to help partners work together in a specially tailored learning process focused on improving health care for Canadians. Working collaboratively, health care organizations improve their ability to analyze the issues they face and develop the processes, tools, learning systems, and leadership they need to create and implement evidence-driven solutions. This interactive session features case studies illustrating team-based approaches to driving systems improvement, with robust evaluation built in.

After this session, participants will be able to:
- Explore how health care leaders are collaborating to inform patient involvement and chronic disease management approaches in the Canadian context
- Identify inter-professional, team-based strategies that aim to develop local capacity for improvement
- Discuss how health care leaders are working together to develop and sustain evidence-informed and systems solutions

Verma, J., Director, Collaboration for Innovation and Improvement, Canadian Health Services Research Foundation; O’Connor, P., RN, Director of Nursing and Chief Nursing Officer, McGill University Health Centre; Donna, A., RN, Director, Territorial Health
A10/B10: Workforce Development, Key to Improved Outcomes
Southcentral Foundation (SCF) in Alaska is known for its relationship-based system of care that has resulted in increased health outcomes, decreased costs, and improved customer and employee satisfaction. Through its innovative approach to workforce development (WFD), SCF aligns individual employee performance to organizational goals and objectives in support of SCF's mission and vision. Its comprehensive WFD system integrates human resources with the learning and development function, supporting employees from initial recruitment, on-boarding, and management, to job progressions and career tracks.

After this session, participants will be able to:
- Explore SCF's innovative approach to comprehensive WFD
- Identify how SCF aligns individual employee performance to organizational goals and objectives
- Examine a variety of WFD methodologies and evaluate how they can synthesize these approaches into their organization

Brenock-Leduc, K., Director of Learning and Development, Southcentral Foundation; Sappah, B., Improvement Specialist, Southcentral Foundation

A11/B11: Spur Your Safety Efforts
Methods for improving care should reflect the complexity of what occurs within health care organizations as well as patients' perceptions. New skills are needed to uncover hidden factors that shape an organization's culture so leaders gain an understanding of why things happen the way they do in their organization. In this session, learn how to instill a systemic and inter-disciplinary patient-safety approach throughout all points of the clinical environment that can result in more cohesive, patient-centered care.

After this session, participants will be able to:
- Discuss how large scale improvement efforts focused on safety support the Triple Aim
- Describe patient experience and cultural issues that impact safety performance
- Adapt techniques to facilitate rapid adoption of leading practices

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

A12/B12: Developing and Maintaining a High-Performance Workforce
A Malcolm Baldrige winner describes their approach to workforce selection, development, and management that led them to become a high-performing workplace. The presenters will demonstrate how employee engagement dramatically improved and share a number of successful approaches including wellness programs, reduced employee harm, implementing a just culture, leadership development, engagement coaching, and talent selection.

After this session, participants will be able to:
- Identify fundamental elements of HR processes contributing to a high performing culture
- Recognize correlations between employee engagement data and quality outcomes
- Use the just culture approach to managing employee behaviors

Oswald, K., Chief Human Resources Officer, Henry Ford Health System; Jensen, L., RN, Director, Organizational and HR Development, Henry Ford Health System
A13/B13: Personal Mastery for Transformational Leadership
A key limiting factor in transformational change is how fast and far people can shift habits and patterns of roles, ways of relating, and techniques of thinking. Emotional tension and resistance are human and ubiquitous. With such tumult, leaders are faced with the difficult task of simultaneously standing firm on decisions while engaging others with individual consideration. Concepts and methods will be presented to enhance “personal mastery,” defined as sustaining continuous personal learning to create desired results.

After this session, participants will be able to:
• Define the nature of adaptive change challenges and their human dynamics
• Identify the key elements for facilitating change of habits and patterns
• Identify ways to exercise authority that also help to preserve positive engagement

Baker, N., MD, Principal, Neil Baker Coaching and Consulting, LLC

A14/B14: Engaging Physicians: Insights and Actions for Results
Gaining medical staff engagement in improving care is a central challenge in most settings. When physicians fail to lead or participate actively, staff typically resort to workarounds or spend time and energy convincing each physician that the new way will be better for their patients. This session describes what it takes to move physicians from the periphery to the center in establishing leadership for safety and quality improvement.

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

Silversin, J., President, Amicus, Inc

A15/B15: Mastering Change in Health Care Organizations: Strategic Intelligence and Profound Knowledge
Leaders have followers. If you have no followers, you are not a leader. This workshop will overview three key ideas for enlisting followers to help you accomplish the transformation of your health care organization.

After this session, participants will be able to:
• List the four key concepts behind strategic intelligence
• Describe the elements of profound knowledge
• Integrate improvement into the plans of their organization

Norman, C., Improvement Advisor and Consultant, API; MacCoby, M., PhD, President, The Maccoby Group

A16/B16: Implementing Strategies to Address Disparities
The Disparities Leadership Program (DLP) is a year-long executive education program designed to assist leaders from health care organizations with a strategic plan or a project to eliminate racial and ethnic disparities in health care. Three DLP participants will discuss the barriers and challenges to implementing and advancing strategies that address
disparities, the role of the DLP framework in translating research findings into implementation, and their successes in their approaches.

After this session, participants will be able to:

- Recognize the root causes for disparities in quality of care
- Describe the approaches taken by a hospital, a health plan, and a health center to identify and address racial and ethnic disparities
- Discuss the challenges, successes, and next steps in addressing health care disparities

**Betancourt, J., MD**, Director, The Disparities Solutions Center, Massachusetts General Hospital

**A17/B17: The IHI Open School: Engaging Learners across Health Professions in Improving Care Together**

Quality improvement (QI) is an organization-wide effort, involving professionals in every department and at every level, clinical and non-clinical. Partnering with multiple disciplines and professions is central to any successful QI effort. For faculty who are teaching QI, facilitating inter-professional collaboration on QI projects can be daunting. In this interactive session, participants will learn from faculty who are successfully teaching students and/or residents across health professions to improve clinical care together, and who have tested methods for involving multiple disciplines in their work.

After this session, participants will be able to:

- Explain key strategies needed to engage multi-professional learners in QI
- Describe at least one specific activity that they can use to get learners from across health professions to join together to improve care
- Give examples of IHI Open School resources to support multi-professional learner quality improvement projects

**Madigosky, W., MD**, Director, Foundations of Doctoring Curriculum, University of Colorado; **Moses, J., MD**, Director of Safety and Quality, Department of Pediatrics, Boston Medical Center

**A18/B18: Customized Emergency Room (ER) Operational Strategies for Low Acuity**

There is an ER flow principle that states “patients who need few or no resources should not routinely wait behind patients needing multiple resources - no matter how heavy the ER patient volume.” This workshop will present operational strategies to address problems that result in low acuity patients waiting in some ERs on average of 2 hours or more. ER designs and staffing models will be outlined customized to patient volume and patient mix.

After this session, participants will be able to:

- Describe strategies based on ER volume that can be implemented in their ER to efficiently treat low acuity patient (levels 4, 5 and 3)
- Identify specific strategies that could and should be applied in your ER

**Nolan, K.,** Statistician, Associates in Process Improvement; **Jensen, K., MD**, Chief Medical Officer, BestPractices, Inc.; **Crane, J., MD**, Faculty, IHI

**A19/B19: Parents and Patients as Partners in QI Work**

Everyone benefits when health care professionals and families work together to improve care. Effective and lasting change comes from the collaborative efforts of those who use and know the system and the processes best: Providers, patients, and their families. Using NICHQ’s Improving Hearing Screening and Intervention Services (IHSIS) project as a case
study, this session will present successful strategies for involving family members as driving forces for improving services and programs on quality improvement teams.

After this session, participants will be able to:

- Identify opportunities to include parents and patients as meaningful partners in quality improvement work
- Deploy strategies to strengthen parent-provider partnerships
- Develop a plan to include family members on their improvement teams

Homer, C., MD, CEO, National Initiative for Children’s Healthcare Quality (NICHQ); Guinnee, M., PhD, Project Director, NICHQ; DesGeorges, J., Executive Director, Hands & Voices

A20/B20: Leadership Lessons from the Soccer Field
Your job in leading change in health care is remarkably similar to that of a coach in a sports setting. Using humorous and engaging anecdotes from coaching girls’ soccer, the presenter will draw lessons for leaders in health care. This session is recommended for soccer moms and dads, but applicable to all.

After this session, participants will be able to:

- Articulate the principles of servant leadership and how to apply those principles to build high-performance teams
- Encourage front-line driven process improvement in an organization
- Productively use mistakes to inform process improvement

Levy, P., Author and Blogger

A21/B21: Using Global Trigger Analytics: Adventist Health System Collaboratives
Adventist Health System (AHS) has gathered data from 25 of its hospitals using a modified version of the IHI Global Trigger Tool methodology (used to help identify and track adverse events). The results indicated that hypo- and hyperglycemia are major causes of harm across the AHS health system. In response, AHS designed an inter-hospital collaborative to address these issues. The Glycemic Collaborative began June 2010, and has yielded results demonstrating significantly improved patient glucose levels.

After this session, participants will be able to:

- Identify frequent hospital-acquired adverse events through the use of the IHI Global Trigger Tool
- Use global trigger data to establish priorities, develop action plans, and target interventions
- Implement inter-hospital collaboratives to target specific harms and track improvement data at the physician and unit level

Frankel, A., MD, Principal, Pascal Metrics Inc.; Bechard, D., MD, Chief Quality and Patient Safety Officer, Adventist Health System; Sammer, C., RN, Director, Quality and Patient Safety, Adventist Health System; Tonkel, J., Vice President, Pascal Metrics, Inc.

A22/B22: Combating Surgical Site Infections (SSIs) in Hip and Knee Arthroplasty
Three evidence-based practices have been shown to reduce SSIs following hip and knee arthroplasty surgery: Screening patients for staphylococcus aureus and decolonizing carriers with nasal mupirocin, bathing with chlorhexidine soap, and use of an alcohol-containing preoperative skin disinfectant. Participants will learn from the work of the IHI initiative Project JOINTS (Joining Organizations In Tackling SSIs), and will learn how to test and implement these interventions in their facilities.

After this session, participants will be able to:
• Describe the rationale behind the three new elements of the enhanced surgical bundle
• Define the elements of the enhanced surgical bundle and identify ways to assess current practices for each of the elements
• Examine how other hospitals have implemented the bundle elements in their facilities and identify ideas that can be applied at their organization

Duncan, K., RN, Faculty, IHI; Di Gioia, A., MD, Medical Director and Surgeon, UPMC; Hamlin, B., MD, Orthopaedic Surgeon, Magee-Womens Hospital, UPMC; Yokoe, D., MD, Hospital Epidemiologist, Brigham and Women’s Hospital

A23/B23: Closing the Health Disparity Gap by Delivering Equitable Care in Diverse Settings
Blending evidence-based clinical practice guidelines with discrete culturally-tailored actions have led to a reduction in health care disparities among a diverse set of patients in various geographic and clinical environments. The use of toolkits that integrate patient education through video, group visits, and on-site demonstration paired with provider education will lead to quality improvement and better care for patients. Participants will leave the workshop with the tools to develop, implement and replicate similar tool kits within their health system.

After this session, participants will be able to:
• Develop cultural and patient-centered toolkits to improve hypertension control and cancer screening in minority populations
• Describe and use strategies to increase trust with patients through culturally competent interactions and care

Wong, W., MD, Clinical Director, Kaiser Permanente; Gould, B., RN, Senior Director, Quality and Hospital Oversight, Kaiser Permanente

A24/B24: Running Collaboratives: The Basics and Beyond
If you are planning to run a collaborative, you want to make sure you do it right. Learn from the collective experience of hundreds of organizations that have used IHI’s Breakthrough Series Collaborative model. In this interactive session, participants will explore the key design features of the traditional collaborative model, consider when and how to adapt the model to their setting, and gather tips about what to do – and what not do – to achieve their collaborative goals.

After this session, participants will be able to:
• Apply the key design features of the Breakthrough Series Collaborative model
• Identify successful adaptive methods from national and international collaboratives
• Anticipate challenges and incorporate strategies for maximizing results

Schall, M., Senior Director, IHI; Murray, S., Improvement Advisor, CT Concepts; Delgado, P., Executive Director, IHI; Barker, P., MD, MB ChB, Senior Vice President, IHI

A25/B25: Taking the Triple Aim to the Next Level
HealthPartners has long been an innovative leader with a large portfolio of Triple Aim projects. We use our NQF-endorsed Total Cost of Care methodology to inform our priorities about which projects best impact better health for our patients and yield cost savings. Then, we customize our projects to our patients by applying an experience lens as that’s how patients view our care.

After this session, participants will be able to:
• Implement the Triple Aim in a strategic way to get results efficiently
• Develop methods within your organization to prioritize and customize your
Triple Aim projects around operational goals.

McClure, N., Senior Vice President, HealthPartners; Waterman, B., RN, Chief
Improvement Officer, HealthPartners; Knudson, S., Vice President, Health Informatics,
HealthPartners

A26/B26: Progress Across the Sepsis Spectrum
This session will provide an update on the progress of the North Shore Long Island Jewish
Health System (NSLIJ) program focused on improving the recognition and treatment of
sepsis and severe sepsis in the Emergency Department, Intensive Care unit, and other
floors. The results and learnings of the NSLIJ-IHI collaborative focused on accelerating
sepsis mortality reduction will be discussed

After this session, participants will be able to:
• Discuss the learnings and challenges in accelerating the reduction of sepsis
mortality across a large hospital system
• Describe key strategies used to impact sepsis recognition

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

A27/B27: Identifying Waste in the Acute Care Setting
Waste, or unexplained variation, is to consume, spend, or employ without adequate return. With health care reform’s pending reimbursement cuts, hospitals must identify waste across
the full spectrum of operational and clinical practices within the acute care setting. This
workshop will explore how metrics such as staffing, throughput, hospital-acquired
complications, overutilization, pharmacy utilization, length of stay, readmissions, and non-
standardization of high-value supply items can contribute to waste.

After this session, participants will be able to:
• Define key waste components and how those may impact their own
organizations
• Determine focus areas to remove excess waste from operations
• Prioritize how to remove waste to positively impact bottom lines

Miller, D., Director, Operations Support, Premier, Inc.; Martin, J., Senior Director,
Research Operations, Premier, Inc.

C Workshops
Tuesday, December 11
1:30 PM – 2:45 PM
C Workshops do not repeat

C1: Minimally Disruptive Medicine

Montori, V., MD, Professor of Medicine, Mayo Clinic
Rapid Fire Workshops  
10 Minutes, 10 Slides  
**RFC: Partnership for Patients Best Practices**  
**Moderator: Joshi, M.,** President, Health Research & Educational Trust (HRET)

**C2: Innovations in Elder Care**  
In 2012, IHI — with the support of the Hartford Foundation — convened experts from health care and the community to articulate the needed system features and strategy to achieve better experience, better health, and lower cost per capita among older adults with complex needs. This workshop will report on the results, including the care model and next steps. Workshop participants will discuss the findings, and will offer real world tests.

After this session, participants will be able to:
- Provide perspective on a shared and actionable vision for older adults with complex needs
- Plan activities within their own work environments

**Wong, W.,** Strategic Advisor, National Medicare Strategy Team and Geriatrician, Kaiser Permanente; **Hansen, J., RN,** CEO, American Geriatrics Society

**C3: (Re)Imagining the Care Experience**  
(Re)imagining empowers us to enhance patient care experiences as well as increase joy at work for those providing care. In this workshop, presenters from Kaiser Permanente (KP) will share a successful strategic framework for improvement, which incorporates evidence-based practices and a model for innovation and reliable implementation. Learn how ongoing efforts to increase KP’s focus on patient- and family-centered care and to improve the care experience through the use of evidence-based practices have led to improvements in HCAHPS scores.

After this session, participants will be able to:
- Describe key elements of innovation that can lead to profound changes in care delivery and staff satisfaction.
- Apply evidence-based concepts, such as nurse knowledge exchange plus and hourly rounding, to enhance patient-centered care

**Chow, M., RN,** Vice President, National Patient Care Services, Kaiser Permanente; **Romer, D.,** Vice President, Kaiser Permanente; **Burlingame, E.,** Senior Director, Service Performance and Strategy, Kaiser Permanente; **McCarthy, C.,** Director, Innovation Learning Network, Kaiser Permanente

**C4: Health 2.0: Patients as Health Care Team Members**  
In 2009, two medical specialists from the Netherlands founded MijnZorgnet. MijnZorgnet combines personal health record information and communication tools by means of online health communities (OHCs). OHCs support participation, coordination and communication between patients, their caregivers, and their health care professionals. First evaluations show positively altered care experiences. Learn about how care is organized from the patient’s perspective. Patients become active partners in the health care team, opportunities are created to address medical and psychosocial needs.

After this session, participants will be able to:
- Identify tools that can be integrated to stimulate patient self-management
• Develop an implementation strategy for OHCs in clinical practice from the perspective of health care organizations and patients

Faber, M., PhD, Senior Research Fellow, Radboud University Nijmegen Medical Centre; Kremer, J., MD, PhD, Gynecologist, Radboud University Nijmegen Medical Centre

C5: Pediatric Care Plans for Medical Neighborhoods
Traditional care plans and care coordination have focused on medical care. In this session, faculty will present care plans and care coordination developed and used by teams in the Massachusetts CHIPRA Medical Home Demonstration Learning Collaborative that include the physical, mental, oral, and community resources that support children with complex conditions. Hear how these care plans integrate medical with other elements of care and move from the medical home to the medical neighborhood.

After this session, participants will be able to:
• Identify the key elements of comprehensive care plans that include medical and other elements of care for children with complex physical and mental health conditions
• Specify the roles of this type of care plan from the provider, family, and community perspective
• Develop a comprehensive care plan template for use in their own communities

Anand, S., MD, Physician Champion, National Initiative for Children's Healthcare Quality (NICHQ); Taylor, J., Improvement Advisor, IHI; Homer, C., MD, CEO, NICHQ; Lind, C., Family Leader and CHIPRA Project Associate, Massachusetts Family Voices

C6: SAFER: Safety Assurance Factors for Electronic Health Record (EHR) Resilience
As part of the ongoing commitment to patient safety in EHR-enabled health care settings, the Office of the National Coordinator for Health Information Technology (ONC) sponsored the 2011 Institute of Medicine report, Health IT and Patient Safety: Building Safer Systems for Better Care, an expert panel on negative unintended consequences that may result from rapid EHR adoption, and a new project to develop a series of checklist-type instruments and best-practice guidance for both the inpatient and ambulatory settings. A new project entitled SAFER (Safety Assurance Factors for EHR Resilience) will address several areas of risk related to the computerized ordering process, correct patient identification, clinical decision support, system to system interfaces, communication across transitions of care, laboratory results review, downtime events, and EHR safety-related human skills.

After this session, participants will be able to:
• Explain the rationale for a multi-faceted, socio-technical approach for safe EHR use
• Describe the changing landscape of safety in EHR-enabled work systems
• Discuss an ONC-funded project to develop tools to improve safety in an EHR-enabled work system: The SAFER project

Sittig, D., PhD, Professor, University of Texas Health Science Center at Houston; Singh, H., Researcher, Baylor College of Medicine

C7: Person-Centered Health IT – The Next Level
Many high-performing health care organizations are focusing on patient-centered care and finding that this raises the ambition for quality across the globe. Organizations are increasingly exploiting health IT to support their efforts. Are you wondering how health IT
might improve the services you offer to patients? Expert faculty in this session will help you consider what is generalizable from the early adopters of health IT to support patient-centered care. We will work together to consider how your organization might adapt or adopt from leaders in the field.

After this session, participants will be able to:

- Summarize the role that health IT can play in patient-centered care
- Recount the international experience of patient-centered health IT
- Identify the key elements comprising patient-centered health IT and consider their organization’s progress against these elements

Adams, L., President and CEO, Rhode Island Quality Institute; Robson, B., MB ChB, Medical Director, NHS Scotland; Hunt, J., PharmD, Chief Quality and Information Officer, Bellin Health

C8: Motivating Health System Re-Design: Using Public Data to Identify Local Opportunities for Improvement

This workshop will discuss using publically-available health system performance data to identify opportunities for local health system improvement. The Commonwealth Fund’s 2012 Scorecard on local health system performance and its accompanying suite of online data tools will provide a framework for the discussion. Faculty will present grounded examples of real world improvement experiences that build on Scorecard and other public data to demonstrate the power in identifying potential improvement opportunities at the a system level, and then zeroing in on specific processes that will benefit most from targeted improvement efforts and interventions.

After this session, participants will be able to:

- Identify new sources of publically available data that may help identify opportunities for improvement in their community or health system
- Explain how to use publically available health system and population health data to develop improvement plans
- Think critically about data source strengths and weaknesses

Radley, D., PhD, Senior Health Policy Analyst, IHI

C9: Local Collaboratives for Engagement and Success

Achieving staff engagement across many disciplines – from housekeepers to physicians – can be challenging. This session will describe how faculty adapted the Breakthrough Series Collaborative model for use on a smaller scale, within a single hospital, and with only two hour meetings, and yet achieved significant success both with results and with individual staff development.

After this session, participants will be able to:

- Run a successful "mini-collaborative" series to achieve success with limited time and resources
- Promote staff engagement at all levels and provide opportunity for individual development
- Innovate using ideas from front-line clinical and non-clinical staff

Peden, C., MD, MB ChB, Associate Medical Director for Quality Improvement, Consultant in Anaesthesia and Intensive Care, Royal United Hospital, Bath; Miller, J., RN, Assistant Director of Nursing, Royal United Hospital NHS Trust

C10: The Human Perspective: Essential in Self-Dialysis
This workshop will present a unique learning model for self-dialysis patients. Patient involvement and cooperation offers understanding and knowledge in the self-dialysis setting. Self-dialysis allows the patient to run the dialysis instead of letting the dialysis run their life, and can result in healthier patients, a higher quality of life for dialysis patients, fewer readmissions, and reduced infections. Learn more about this win-win situation for patients and the professionals.

After this session, participants will be able to:

• Create patient-provider partnerships
• Tailor chronic care to individual needs in dialysis

Farman, C., Registered Nurse; Banck, B., RN, Deputy Chief Nurse, County Hospital Ryhov

C11: Developing Physician Leaders Internally
Physicians often step into leadership roles without formal background in hospital operations or leadership skills. In this workshop, faculty will share learnings from an internally-managed leadership development program designed to increase the pipeline of mid-career physicians prepared to lead change in rapidly-evolving health systems. Hear how competitively-selected emerging physician leaders brought real-time problems to project instructors, certified coaches, and physician mentors to find solutions that work in the organizational culture, and strengthen the physician leader’s developing skill set.

After this session, participants will be able to:

• Identify key components of a program to develop physician leaders
• Develop practical strategies for internally identifying future physician leaders and help them to achieve success.

Sands, K., MD, Senior Vice President, Health Care Quality, Beth Israel Deaconess Medical Center; Wasserman, A., Leadership Development Program Manager, Beth Israel Deaconess Medical Center; Ayoub, J., Director of Organizational Development, Beth Israel Deaconess Medical Center

C12: Measuring Improvement
How will you know that a change is an improvement? Many teams struggle to select an effective set of measures to track improvement, without missing important trends or getting lost in a host of irrelevant data. This session presents a structured approach to answering the ‘measurement question’, beginning with an explicit theory of improvement, priorities for interventions, and identification of key outcome and process indicators. We also review the relationship between outcomes, project measures, and PDSA measures.

After this session, participants will be able to:

• Differentiate measurement for improvement from measurement for research
• Use a driver diagram to identify key interventions for improvement
• Discuss the relationship between process and outcome measures
• Identify critical measures needed to track improvement

Scoville, R., PhD, Improvement Advisor, IHI

C13: Want to Engage Patients? Let's Talk!
A panel of experienced consumer patient safety advocates will discuss how they’ve helped move the patient safety bar forward by working with multiple stakeholders and offer valuable suggestions about how to engage patients and families. Participants will leave this interactive session empowered to give patients and families what they want most: To be at the center of how care is designed and delivered.

After this session, participants will be able to:
• Recognize the value of patient and family perspectives on the design, delivery, and outcome of care
• Identify effective strategies to engage patients and families on a variety of patient safety issues
• Develop strategies to use patient engagement to help improve their organization’s patient safety culture

Haskell, H., President, Mothers Against Medical Error; Rexford, J., Executive Director, CT Center for Patient Safety; Nerbonne, L., RN, Group Leader, NH Patient Voices

C14: Acting as One for One Million: Hoshin Kanri in Saskatchewan, Canada
Determining goals, establishing improvement plans and measures, and engaging people throughout an organization can be challenging. Try doing all that for an entire provincial health system! Given an unrelenting ambition for better health, better care, better value, and better teams, Saskatchewan health care providers, leaders, and governors are thinking and acting differently. This session describes Saskatchewan’s emerging efforts with Hoshin Planning — a key chapter in our continuing story of whole system transformation.

After this session, participants will be able to:
• Describe the key attributes of a strategic planning process that embraces continuous improvement principles and puts those who use the health system first
• Identify how Hoshin Planning can be used to build a shared narrative, create inspired cultures, and facilitate health system transformation
• Apply these tools and learnings in other health systems

Brossart, B., CEO, Health Quality Council; Laurent, S., RN, President and CEO, Sunrise Health Region

C15: Centers for Disease Control and Prevention (CDC) and IHI Antibiotic Stewardship Pilot Testing
This session will describe the results of pilot testing the practicality and ease of implementation of a framework for improving patient outcomes by optimizing antimicrobial use developed in partnership by the CDC and IHI. The progress and results of the initial eight pilot hospitals in testing recommendations designed to support hospitals across the country (regardless of size, acuity, and location) in their efforts to improve patient care, reduce adverse events (CDI) and decrease costs related to antibiotic utilization will be shared. Efforts to develop effective models where antibiotic stewardship interventions are led by specialists in hospital medicine will also be discussed.

After this session, participants will be able to:
• Discuss the results of pilot testing the CDC/IHI framework for reducing inappropriate antibiotic utilization
• Discuss progress toward developing effective models of hospitalist-led antimicrobial stewardship initiatives

Jacobsen, D., CPHQ, Director, IHI; Septimus, E., MD, Medical Director Infection Prevention and Epidemiology, HCA; Srinivasan, A., Medical Epidemiologist, CDC; Flanders, S., MD, Professor of Medicine, University of Michigan Hospital and Health System

C16: Transformational Leadership: A New Mindset
The key to all improvement is senior leadership’s ability to be focused, intentional, transparent and available in real-time to front-line leaders and staff. Catholic Health Partners’ Mercy Lorain collaborated with IHI’s Safety Across the System initiative to
incorporate its principals of tests of change and spreading success into its already robust quality operating system and executive safety walkrounds. The result has been a culture changing approach to daily problem solving that has demonstrated continuous improvements in quality, patient safety, experience and throughput.

After this session, participants will be able to:

- Develop an accountability process for leadership rounding and staff participation
- Identify a quality operating system that integrates leadership and staff in a system of learning and improvement.
- Summarize clinical and leadership successes that can result from a new mindset

Oley, E., RPh., President and CEO, Mercy; White, E., Vice President of Operations and Systems Effectiveness, CHP Regional Medical Center; Stephens, J., RN, Vice President, Quality and Post Acute Services, CHP Regional Medical Center

C17: Contra Costa Health: Getting Lean - Designing an Engaged Ambulatory Care Delivery System
This session will describe key lessons learned by Contra Costa Regional Medical Center and Health Centers in our effort to transform and reinvent our ambulatory delivery system. Topics will center on empowering patient participation, using lean principles, and engaging leadership in ambulatory care redesign including: Transitions in care, improved patient access, and creating a patient-centered medical home.

After this session, participants will be able to:

- Describe mechanisms for engaging patients and staff as frontline leaders in transforming the ambulatory care delivery system
- Identify barriers and challenges in an environment of change
- Discuss strategies to overcome these barriers in pursuit of developing a replicable, model clinic

Tzvieli, O., MD, Staff Physician, Contra Costa Regional Medical Center; Palmer, N., MD, Antioch/Brentwood Division Head, Department of Family Medicine, Contra Costa Regional Medical Center; Kotchevar, M., RN, Process Improvement Specialist, Contra Costa Regional Medical Center; Toledo, C., Population Health Specialist, Contra Costa Regional Medical Center

C18: Achieving High-Reliability in Health Care
Health care organizations are adopting high-reliability methods used to ensure safety in other industries such as commercial aviation and applying them to clinical safety and quality issues. Called Robust Process Improvement™ (RPI), these methods offer a systematic approach to dissecting complex safety problems and subsequent deployment of focused, highly effective solutions. At this workshop, attendees will learn how RPI has been used successfully to reduce health care acquired infections, readmissions, and the risk of wrong site surgery.

After this session, participants will be able to:

- Articulate the difference between best practices, one-size-fits-all solutions, and the targeted solutions developed through RPI
- Replicate results achieved by other organizations using RPI methods
- Develop an approach to involve physicians as leaders in RPI
Vandiver, A., Director and Master Black Belt, The Joint Commission; Benedicto, A., Executive Vice President, Support Operations and Chief of Staff, The Joint Commission; Pujols Mckee, A., MD, Executive Vice President and Chief Medical Officer, The Joint Commission

C19: Applying Lean in a Skilled Nursing Facility
Virginia Mason Medical Center uses Lean — also known as the Toyota Production System—in managing and fund raising for Bailey-Boushay House, a skilled nursing facility. Bailey-Boushay House is a national model of care for people with HIV/AIDS and other end-of-life issues. The Toyota Production system tools have been deployed to create visibility, standardization, and eliminate defects in processes including: Medication administration, supply ordering, food tray delivery, special events, and major gift work.

After this session, participants will be able to:
- Describe how Lean principles can improve clinical and administrative functions in long-term care
- Identify how Lean principles can enhance fund development and relationship building with major donors

Vanderhoef, M., President, Virginia Mason Foundation, Virginia Mason Medical Center; Knowles, B., Executive Director, Bailey-Boushay House, Virginia Mason Medical Center

C20: How to Succeed with a Comprehensive Harm Reduction Initiative
Come and learn the secret sauce involved in achieving national best practice in reducing patient and employee harm. Success factors will be shared from three different perspectives. First, you’ll learn how Henry Ford Health System achieved a 31 percent reduction in all cause harm events and 40 percent reduction in hospital mortality system-wide. Next, you’ll hear best practices from high performing Hospital Engagement Networks (HENs) in the CMII demonstration. Finally, we’ll discuss Michigan Keystone’s critical access hospitals.

After this session, participants will be able to:
- Share implementation process for a successful large-scale harm-reduction campaign
- Identify opportunities for smaller, critical access hospitals

Conway, W., MD, Senior Vice President and Chief Quality Officer, Henry Ford Health System; Jordan, J., Deputy Director Partnership for Patients, Centers for Medicare and Medicaid Services; Watson, S., Senior Vice President, MHA Keystone Center

C21: Eliminating Hospital-Associated Infections (HAI): Can it be done?
Like polio and other infections, hospital-associated infections (HAI) can be eliminated. To do so, we must implement evidence-based medicine, align incentives and legislation, standardize measurement and reporting, and develop local collaborations. Working with these strategies, many communities and states such as Tennessee have overcome barriers. Ultimately, we must create a vision of a health care system with sustainable HAI elimination programs so that HAIs become rare.

After this session, participants will be able to:
- Convince health professionals that we can create a health care system with a sustainable HAI elimination program
- Deploy strategies such as aligning incentives and using innovative models for knowledge transfer to eliminate HAIs in their setting
Jain, M., MD, Medical Director of Quality Improvement, Quality Improvement Organization; Cardo, D., MD, Director, Centers for Disease Control and Prevention (CDC)

C22: How Can Payers Drive Quality in Large Health Systems?
Health financing reforms are a powerful tool to expand access to care and improve the quality of care for a country’s population. A range of tools are at the disposal of payers to drive quality – quality planning, quality control and quality improvement all have a role to play. But how well can payers integrate and implement these strategies and measure their effectiveness. The session will describe how different countries have approached this topic and, in a panel discussion, hear from those who are in the “hot seat” of decision making.

At the end of this session, attendees will be able to:
• Explain the role of public and private payers in improving the quality of health systems
• Describe two tools that are available to payers monitor and improve quality

Barker, P., MD, MB ChB, Senior Vice President, IHI; Mate, K., MD, Faculty, IHI

C23: Memorial Hermann’s Zero Harm Journey
This workshop will describe Memorial Hermann’s (MH) journey toward becoming a high-reliability organization. Although all employees receive formal training high-reliability behaviors, this journey represents a culture change rather than a set of new techniques. MH’s goal is for zero harm to reach patients. Learn how MH celebrates hospitals reaching annual milestones of zero hospital-acquired infections, patient safety indicators, and serious safety events.

After this session, participants will be able to:
• Describe high-reliability principles and practices that are critical to quality and safety
• Recognize leadership and patient care behaviors that protect patients from harm

Wolterman, D., President and CEO, Memorial Hermann; Shabot, M., MD, Senior Vice President and System Chief Medical Officer, Memorial Hermann; Cannon, D., Memorial Board Chair, Memorial Hermann

C24: How Do We Know What We Don't Know?
Organizations frequently ask "what will go wrong next?" Using a methodology developed at Cedar’s Sinai with IHI faculty, front-line analysis can be use to answer that question predictively and proactively.

After this session, participants will be able to:
• Summarize how small common frontline defects can cause major safety events
• Use a methodology to surface small front-line problems using anchoring questions

Resar, R., MD, Senior Fellow, IHI; Luther, K., RN, Vice President, IHI; Kashiwagi, D., MD, Hospitalist, Mayo Clinic; Romanoff, N., MD, Vice President of Medical Affairs, Cedars-Sinai Medical Center

C25: The IACT Program: Medical Disclosure and Transparency
When unexpected adverse medical events occur, patients and doctors need a safe and supportive process for disclosure and transparency to help them cope with physical, emotional, and financial stress. Next, the organization needs to improve process and system
design to make care safer. Attendees will hear the perspective of a patient and family member. In addition, in this session the IACT Program, a powerful disclosure model, will be explained and shared.

After this session, participants will be able to:

- Explain the emotional, physical, and reputational harm that often results from medical errors both for patients, families, and health care professionals
- Describe the potential psychological impact of litigation on patients and health care professionals
- Develop an understanding regarding the potential outcomes and remedies possible with the IACT Program as opposed to the court system

Micalizzi, D., Pediatric Patient Safety Advocate and Consultant, The Task Force for Child Survival & Development; Scott, J., MD, Director of Healthcare ADR Innovation, Carolina Dispute Settlement Services

C26: The Eye of the Storm: Emergency Response to Hurricanes

During the first hurricane to hit the New York metropolitan area in 26 years, employees and physicians from the North Shore Long Island Jewish Hospital System established a safe haven for more than 1,300 patients, outside nursing home residents and others seeking shelter. Learn about the extraordinary display of leadership, teamwork, and advanced emergency preparedness that allowed for nearly 1,000 patients from Staten Island Hospital, Southside Hospital, and other hospitals and nursing homes to be safely evacuated.

After this session, participants will be able to:

- Describe the steps that are necessary to ensure the safety of patients, employees, and the community during multiple emergency hospital evacuations
- Discuss the role of the emergency command center and the vital aspects of ongoing internal and external communication

Jarrett, M., MD, Chief Quality Officer, North Shore Long Island Jewish Hospital, Great Neck; Romagnoli, J., CHSP, Vice President of Protective Services, North Shore Long Island Jewish, Great Neck; Solazzo, M., Executive Vice President and COO, North Shore Long Island Jewish, Great Neck

C27: Patient-Centered Leaders as Value Creators

This session focuses on the game-changing and market-differentiating potential that leaders have to create high-value care. When leaders deploy the transformative power of a value creation system – bolstered by force-multiplying staff engagement – the establishment of a solid business case follows. Mayo Clinic’s experience will be shared as one that demonstrates a hard dollar financial return on leadership development, social capital, and quality infrastructure investment.

After this session, participants will be able to:

- Establish a solid case that quality is a business strategy, not an expense
- Describe the transformative power of the Mayo Clinic Value Creation System
- Articulate the game-changing potential of growing social capital

Swensen, S., MD, Medical Director, Leadership and Organization Development, Mayo Clinic

3:15 PM – 4:15 PM Keynote Two

Anna Deavere Smith, Actress, Playwright, and Professor
Wednesday, December 12

8:00 AM – 9:00 AM Keynote Three
Dr. Devi Shetty, Cardiac Surgeon and CEO, Narayana Hrudayalaya Institute of Medical Sciences

D workshops: 9:30 AM – 10:45 AM
E workshops: 11:15 AM – 12:30 PM
D workshops repeat as E workshops

D1: The Conversation Project
Goodman, E., Pulitzer Prize-winning Journalist and Founder, The Conversation Project

E1: The Role of Health Care in Reducing Health Disparities
Satcher, D., MD, PhD, Director, The Satcher Health Leadership Institute and Center of Excellence on Health Disparities, Morehouse School of Medicine

Rapid Fire Workshops
10 Minutes, 10 Slides
RFD: Creating the Culture for Innovation  
Moderator: TBD  

RFE: Evolving Topics  
Moderator: TBD  

D2/E2: Barriers and Political Pressures to Safety  
Numerous high-profile inquiries in the UK, the Netherlands, Australia, and the US reveal subtle and overt external pressures that enable and support unsafe care. Understanding these political pressures to execute a government policy regardless of evidence on quality of care is essential if we are to transform our health care systems. This workshop will review the key findings and recommendations from these inquiries and identify how to overcome the barriers to improvement being replicated around the world.  

After this session, participants will be able to:  
- Identify the barriers that contributed to patient harm in national inquiries and appreciate the influence of external political pressures  
- Review the professionalism commitment to protect patients  
- Articulate the consequences of a culture of blame and secrecy and how they can affect patient safety  

Jarman, B., PhD, Senior Fellow and Emeritus Professor, Imperial College London; Bailey, J., Founder of Cure, NHS; Barach, P., MD, Professor, University of Stavanger  

D3/E3: Deliver Value with Experience-Based Design of Care  
Learn how to apply the new experienced-based design that improves care experiences and may be the new operating system for health care. Tap into existing resources and co-design care with patients, families and caregivers to improve outcomes and efficiencies while reducing waste and cost. Determine opportunities for improvement, develop solutions, and operationalize changes that will transform care and change cultures.  

After this session, participants will be able to:  
- Develop a new operating system for care delivery that puts the patient at the center  
- Co-design care delivery by viewing all care through the eyes of patients, families, and caregivers  

Di Gioia, A., MD, Medical Director and Surgeon, UPMC; Giarrusso, M., RN, Director of Patient and Family Centered Care, University of Pittsburgh  

D4/E4: Pursuing the Triple Aim: Seven Innovators Show the Way to Better Care, Better Health, and Lower Costs  
The Triple Aim is both an IHI program and an idea. For an increasing number of organizations it is their true north. No one organization anywhere has yet fully achieved the goal, yet many are well along the pathway to success. This session will discuss seven innovators from various parts of the US whose work helps them in their journey toward the Triple Aim, defined as: Improving the experience of care; improving the health of a population; and decreasing per capita costs – all at the same time.  

After this session, participants will be able to:  
- Describe the thinking that led to the development of the Triple Aim  
- Discuss the results and experiences of several organizations that have been pursued the Triple Aim  

Bisognano, M., President and CEO, IHI; Kenney, C., Author
D5/E5: A National Platform for Spurring Innovation Spread

The US faces challenges around affordability, access, and disparities that require transformative change. Organizations need to spread innovations and learn from each other quickly, while embracing the information age. As an integrated delivery system with eight autonomous multispecialty medical groups, Kaiser Permanente (KP) has developed a national structure for identifying and spreading quality improvement best practices and innovations. Learn how this experience provides KP with a platform to accelerate improvements in affordability and efficiency.

After this session, participants will be able to:
- Draw lessons from KP’s experience that can be applied within their own organization
- Implement a structure to spread quality improvement best practices
- Translate this platform to accelerate improvements in affordability and efficiency

Compton-Phillips, A., MD, Associate Executive Director of Quality, Kaiser Permanente

D6/E6: Building a Global Learning Network

This interactive session describes the theories underpinning networks and explores their application in health care through the lens of real-life network development efforts. Strategies for building effective networks and optimizing value for network members will identified by drawing from theory, examples, and experience in the room.

After this session, participants will be able to:
- Describe the theory underpinning networks
- Apply network theory in health care
- Identify key factors to consider when developing networks drawn from the experiences involved in the development of the IHI Open School for health professionals

Delgado, P., Executive Director, IHI; Bartley, A., RN, Quality Improvement Consultant and Faculty, IHI; Gray, J., MD, PhD, Director, Ko Awatea, New Zealand, Counties Manukau District Health Board; Ruelas, E., Vice President of the National Academy of Medicine, Mexico and Senior Fellow, IHI; Lee, C., CEO, Changi General Hospital

D7/E7: Implementing Accountable Care

Although health care organizations are facing an uncertain future, several themes appear to be emerging. One theme is around reimbursement. Secondly, there is a need to build the capability to manage populations. Adding to the complexity are the various payers and the need to understand the unique opportunity presented by each payer segment. This session will focus on developing a comprehensive payer strategy that positions health care systems to be successful in the evolving marketplace.

After this session, participants will be able to:
- Develop a comprehensive payer strategy plan for accountable care
- Define an accountable care strategy consistent with their organizational mission and vision
- Develop a plan of implementation for an accountable care strategy that defines populations and measurable aims

Knox, P., Executive Vice President, Bellin Health; Kerwin, G., President and CEO, Bellin Health; Dietsche, J., CPA, CFO, Bellin Health
D8/E8: Re-Think Health: New Approaches to the Triple Aim
No one organization has achieved the Triple Aim. Our only sustainable option is to rethink the health system. Re-Think Health’s action-research projects engage diverse groups of regional leaders using proven processes of leadership development and social change that complement clinical approaches to reform. Project participants and researchers will share stories of impact and results to date using community organizing among citizens, system dynamics modeling among diverse stakeholders, and stewardship of shared goals among regional leaders.

After this session, participants will be able to:
- Rethink what it takes to achieve the IHI Triple Aim in their organization and community
- Consider how citizen engagement, systems thinking, and multi-stakeholder stewardship can complement current Triple Aim strategies
- Plan one follow-up action to explore one at a community or regional level to complement current Triple Aim efforts

Fisher, E., MD, Director, Population Health and Policy, The Dartmouth Institute for Health Policy and Clinical Practice; Immediato, S., Project Leader, ReThink Health/The Fannie E. Rippel Foundation; Hilton, K., Director, Organizing for Health, ReThink Health/Leading Change Project at Harvard University; Foster, R., MD, Senior Vice President of Quality and Patient Safety, South Carolina Hospital Association

D9/E9: Executing on Population Health Projects
This session will focus on population health projects within the context of the Triple Aim. Faculty will discuss a framework for population health projects and what they are learning from the Triple Aim Community.

After this session, participants will be able to:
- Explain a framework for working on population health projects in a community
- Share examples of what this looks like in the Triple Aim Community

Whittington, J., MD, Faculty, IHI

D10/E10: Leveraging New Technologies for Improvement - Disruptive Innovations in Health Care
In this workshop, executive leaders from innovative companies will present their experiences in implementing and evaluating new technologies in health care organizations. Organizations will describe the adoption and impact of technology solutions, emphasizing use and acceptance by patients and providers.

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

Sahney, V., PhD, Senior Fellow, IHI; Goldmann, D., MD, Senior Vice President, IHI

D11/E11: Building a Foundation for Evidence-Based Care
Motivating physician compliance with clinical care standards is complex and difficult, and many organizations struggle with implementation. This session teaches six key insights — gleaned from over 100 physician interviews — to achieve widespread buy-in to an evidence-based performance improvement infrastructure. Several case studies will be shared to
illustrate motivational concepts, including a first-hand account from the DRG cost efficiency project at Danbury Hospital, which engaged over 25 physician leaders to meaningfully transform care quality across eight diagnoses.

After this session, participants will be able to:

- Analyze and identify prevalent de-motivators inhibiting acceptance of clinical care standards
- Leverage motivational tools to engender physician support for performance improvement infrastructure
- Integrate tactics into a multi-faceted strategy for motivating widespread compliance with care standards

Boston, C., RN, Managing Director, Advisory Board Company; Miller, M., Chief Medical Officer, Western CT health Network

**D12/E12: Transforming Cancer Care by Redesigning the Patient Process Together**

Three health care systems in the southern part of Sweden have redesigned care for cancer patients through clear promises to patients and involving patients in every step of the care chain. Inspired by modern information logistics ideas, proactive patient safety work, and positive deviance examples, the results are very promising. Learn how measuring the results in a value compass dashboard has led to visible results.

After this session, participants will be able to:

- Describe the importance of patient involvement and value-based improvements
- Demonstrate effective screening methods, highlighting a population-care approach

Henriks, G., Chief Executive of Learning and Innovation, The County Council of Jönköping; Bergeling-Thorell, M., Developing Leader, Orthopedic Clinic

**D13/E13: Is Compliance the Right Tool for Cultural Transparency?**

Preparing for an accreditation survey every three years isn’t enough to maintain safe patient care practices. Nor should you wait until you get into trouble. This presentation focuses on the real-world journey of The William W. Backus Health System, which moved from getting ready for inspection to embracing measurement and transparency as the path to safe, quality care. It began when leadership embraced external scrutiny as a vehicle for validating care quality and safety.

After this session, participants will be able to:

- Change organizational culture from a defensive mode about external evaluations to an "always on - bring it on," culture to validate quality and safety in care
- Consider how to save their organization millions of dollars in punitive and litigation costs

Gutbezahl, C., MD, CEO, Compass Clinical Consulting; Thompson, B., Assistant Vice President of Organizational Excellence, The William W. Backus Hospital; Shea, P., MD, Chief Medical Officer, The William W. Backus Hospital

**D14/E14: Front-Line Staff Driving Safety Across the System**

At Mercy Hospital, front-line staff use multiple small tests of change, weekly data review, and continual interdepartmental spread to influence their evolving safety culture. This workshop will focus on best practices to test and implement to achieve significant results including falls reduction, 100 percent surgical case debrief, consistent surgical antibiotic...
redosing, and more meaningful leadership involvement. Hear how widespread staff participation has generated cultural improvements in patient experience scores and employee engagement.

After this session, participants will be able to:
- Describe the importance of attention, understanding, connection, and tempo to realize rapid, significant change
- Identify benefits of small tests of change and how front-line staff can use this to drive monumental improvements
- Discuss improvements related to falls prevention, antibiotic redosing, surgical case debriefs, handoffs, and more

Wells, D., RN, Registered Nurse, Mercy Health Partners; Ziegler, M., MD, Anesthesiologist, Mercy Hospital Anderson; Shelley, K., RN, Nurse Manager, Mercy Hospital Anderson; Maupin, J., RN, Director of Quality Services, Mercy Hospital Anderson; Herron, C., RN, Nurse Manager, Mercy Hospital Anderson

D15/E15: Palliative Care Improves Quality and Reduces Cost
This workshop will review specific palliative care delivery models in a range of care settings (home, hospital, office practice, nursing home) with evidence of both improved quality of life and survival outcomes that have led to marked reduction in the need for hospitalization. Proven tools and technical assistance for establishment or improvement of a palliative care program will be shared.

After this session, participants will be able to:
- Create a work plan and time line for choosing a palliative care model that fits their care setting and needs of their seriously ill patients and families
- Access professional training options to prepare their workforce

Meier, D., MD, Director, Center to Advance Palliative Care

D16/E16: Best Practices: IHI Spread and Network Methodology
Based on IHI’s work in collaboratives, campaigns, virtual courses, and more, we have learned a lot about what works (and what doesn’t) when spreading content to a large audience. This session will provide an overview of network theories, suggested content sequencing principles, and spread tools that can assist participants with their work. The workshop will allow participants to better provide their hospitals with content delivered in a structured and predictable way, facilitate proactive and meaningful communication, and maintain high energy across many large initiatives.

After this session, participants will be able to:
- Identify several strategies to develop and support a network
- Describe practical tools used for spread of clinical elements throughout a network
- Articulate several key network theories

Duncan, K., RN, Faculty, IHI; Gunther-Murphy, C., Director, Hospital Portfolio Operations, IHI; O’Rourke, K., Network Manager, IHI; Barker, P., MD, MB ChB, Senior Vice President, IHI

D17/E17: How to Turbo-Charge Health Care Improvement
Energy, more than any other factor, makes the difference between improvement activities that are sustained for the long term and those that fizzle out. Energy fuels high performance. In this workshop, faculty will share powerful methods to unleash the latent
energy for change from within your organization to increase the pace and scale of improvement.

After this session, participants will be able to:
- Summarize why energy is a critical topic in leading improvement
- Liberate the natural energy and vitality of the workforce and service users for the cause of high quality care
- Use models and frameworks for analyzing and building energy for change

**Bevan, H., PhD, Chief of Service Transformation, NHS Institute for Innovation and Improvement**

**D18/E18: Building an Integrated Approach to Improvement with Lean, Six Sigma, and the Model for Improvement**

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

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

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

**D19/E19: Presenting Data: Please, No More Red, Yellow, or Green!**

It’s vital that senior leaders and board members view key measures of the organization’s status in ways that further their ability to ask pivotal questions, draw valid conclusions and make insightful decisions. Often senior leadership is presented data for system-level measures in a tabular summary or other relatively flat ways that are of limited utility for learning. Come learn the latest in how to powerfully display measures that senior can understand.

After this session, participants will be able to:
- Explain why tabular and color methods to display measures are inadequate for learning by leaders
- Identify the key design elements for presentation of an effective family of measures for learning
- Analyze a vector of measures

**Murray, S., Improvement Advisor, CT Concepts; Provost, L., Statistician and Senior Improvement Advisor, Associates in Process Improvement**

**D20/E20: Ensuring a Positive Surgical Experience via Optimal Communication**

Are the perceptions of what the providers believe that patients and their families need to know during the surgical experience valid? Is the type and quality of information that is shared through the process relevant, timely and clearly communicated? This interactive
workshop will offer attendees the opportunity to interact with members of the surgical team to answer these critical questions and to listen to what patients need.

After this session, participants will be able to:
- Identify best ways to guide surgical team members towards optimal communication with patients and their families
- Develop ways to change patient education from disease centered to patient centered

**Healy, G., MD,** Professor, Harvard University Medical School; **Guglielmi, C., RN,** Perioperative Nurse Specialist, Beth Israel Deaconess Medical Center; **Rodriguez, M.,** President, Association of Surgical Technologists; **Cammarata, B., MD,** Clinical Assistant Professor of Anesthesiology, Tucson Medical Center

**D21/E21: A Systems Perspective on Medical Professionalism**
To date, much of the research on medical professionalism has focused on the individual physician. However, researchers have increasingly realized that professionalism is influenced by many additional factors such as the physician’s practice environment, organizational leadership, and market forces. This session will feature research on the systems perspective on professionalism, implications of this framing for organizational leaders, and strategies for linking professionalism and quality improvement.

After this session, participants will be able to:
- Identify the multiple influences on physician professionalism
- Link professionalism to quality improvement

**Wolfson, D.,** Executive Vice President and COO, ABIM Foundation; **Hafferty, F., PhD,** Associate Director, Program in Professionalism and Ethics, Mayo Clinic

**D22/E22: Practical Guidance for Measuring the Triple Aim**
Since the Triple Aim was introduced in 2008, it has become the organizing framework for the US national quality strategy, as well as for the strategies of many health organizations around the world. However, these organizations still struggle with measuring the outcomes related to execution of the Triple Aim. In this session, an expert panel representing a broad range of organizations will share their experiences and provide advice on successful practices for measuring the Triple Aim.

After this session, participants will be able to:
- Measure the Triple Aim in their organizations
- Summarize case studies of how organizations have successfully integrated Triple Aim measurement into learning systems to improve organizational performance

**Stiefel, M.,** Senior Director, Care and Service Quality, Kaiser Permanente; **Ramsay, R.,** Director of Community Care Program, CareOregon; **Dinneen, M., MD, PhD,** Director, Office of Strategy Management, Department of Defense; **Hester, J., PhD,** Senior Advisor, Centers for Medicare and Medicaid Services

**D23/E23: Lessons from Scotland’s Quality Journey**
Five years ago the political leaders, the clinicians, and the managers of Scotland’s health care system set out on an ambitious journey to reduce mortality and harm. In that time, success led to a more ambitious and broader approach to health care quality beyond safety. This session will describe what Scotland did, by what method, and what lessons we have learned. There will opportunity for interactive learning and application to your context.

After this session, participants will be able to:
• Assess the impact of a national quality improvement change program
• Discuss the application of the lessons from Scotland to their context
• Apply the lessons learned in Scotland for achieving change at scale to their work

Leitch, J., Clinical Director, Quality Unit, Scottish Government Health Department; Feeley, D., Chief Executive, Scottish Government Health Department

D24/E24: Lives Saved, Costs Safely Reduced: QUEST Year Four
Over four years, QUEST® member hospitals will have saved more than 24,820 lives and $4.5 billion. If all hospitals across the country achieved these gains, an estimated 87,250 lives and $34 billion could be saved each year. With more than 290 hospitals across 40 states treating approximately 2.3 million patients annually, QUEST uses collaboration to speed performance improvement in six domains: cost of care, mortality, evidence-based care, harm, patient experience and the newest addition, readmissions.

After this session, participants will be able to:
• Describe the key characteristics and attributes of a high-performing hospital
• Discuss the critical importance of the roles collaboration, knowledge transfer, and transparency play in rapid performance improvement
• Give examples of organizations able to achieve a top level of performance

Scott, C., RN, Service Line Vice President, Quality and Safety, Premier, Inc.; Nelson, E., Director, Population Health Measurement Program, The Dartmouth Institute for Health Policy and Clinical Practice; Bankowitz, R., MD, Chief Medical Officer, Premier, Inc.; Vincent, M., RN, Vice President of Performance Improvement, Saint Joseph Health System

D25/E25: Louisiana Birth Outcomes Initiatives — Improving Quality, Care, and Cost
Chief among the goals of the Birth Outcomes Initiative (BOI) is creating a sustainable infrastructure for addressing birth outcomes. Louisiana has a blueprint for action focusing on system changes including improved maternity and neonatal quality care, starting with a focus on reducing elective deliveries prior to 39 weeks gestation. To achieve this goal, supported Louisiana hospitals joined the IHI Perinatal Improvement Community in September of 2011. Learn from key stakeholders what has been accomplished so far.

After this session, participants will be able to:
• Describe the Louisiana Birth Outcomes Initiative (BOI) and its goals
• Consider engaging hospitals at the state level in a shared goal to eliminate elective deliveries as the first step in a plan to improve quality and safety and reduce cost

Gullo, S., RN, Managing Director, IHI; Gee, R., MD, Birth Outcomes Director, Louisiana Office of Public Health, Maternal and Child Health Program

D26/E26: Orchestrating a Symphony: Preventing Falls
The purpose of this workshop is to present practice changes used in the North Shore-Long Island Jewish Health System to reduce falls and harm from falls. IHI’s improvement model was used as a framework for this project. An interdisciplinary team designed and piloted the implementation of four changes, spread them system-wide, and achieved a reduction of 30 percent in falls. This workshop will also highlight a toolkit, implementation, lessons learned, and next steps.

After this session, participants will be able to:
• Identify four interventions to reduce falls
• Implement a program at their facility to further reduce harm from falls

**Thomas, L., PhD, RN,** Vice President, System Nursing Research, North Shore Long Island Jewish, New Hyde Park; **Rabinowitz, M., PhD, RN,** Manager for Nursing Initiatives, North Shore Long Island Jewish; **Mazzapica, D., RN,** Corporate Manager of Nursing Initiatives, North Shore Long Island Jewish, Lake Success

**D27/E27: Dealing with the Global Cost and Quality Challenge**

Health care systems in every country of the world are facing the challenge of providing access to high quality care from constrained budgets. The English National Health Service is working work to generate £20b of efficiencies while improving quality. Already over £8b of this has been delivered, with quality markers improving. In this session, faculty will describe the need for all systems to address these challenges; outline those areas of improvement which have the most potential for delivering quality and efficiency improvements together; discuss the NHS Change Model for driving large scale change; and highlight personal leadership lessons for driving the next stage of the quality journey.

After this session, participants will be able to:
• Articulate which improvement interventions deliver improvements in both quality and cost efficiency in health care systems
• Assess the NHS large scale change model for delivering required improvements
• Employ personal leadership development interventions

**Easton, J.,** Chief Executive, Quality Improvement and Innovation Partnership

**D28/E28: Talent Management: Developing Clinical and Administrative Leaders to Lead the Quality and Safety Agenda**

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

After this session, participants will be able to:
• Describe the Virginia Mason talent management purpose, process, and results
• Summarize key tools and standard work used to support the process
• Apply lessons learned by Virginia Mason when developing a similar process

**Kaplan, G., MD,** CEO, Virginia Mason Medical Center; **Tachibana, C., RN,** Vice President and Chief Nursing Executive, Virginia Mason Medical Center

1:30 PM – 2:30 PM Keynote Four

**Donald Berwick, MD, MPP,** Former CEO and President, IHI