TUESDAY SESSIONS

GENERAL SESSION (8:30 – 9:45 AM)

PANEL DISCUSSION: INSIGHTS INTO THE FUTURE OF HEALTHCARE QUALITY VC

Jeffrey P. DiLisi, MD MBA

Jodi L. Eisenberg, MHA CHSA CPMSM

Deirdre McCaughey, Phd MBA PT

Pat Merryweather, MA

Maria R. Shirey, PhD MBA RN NEA-BC ANEF FACHE FAAN

Moderated by Lenard L. Parisi, RN MA CPHQ FNAHQ

As the healthcare industry continues its transformation to demonstrate value, healthcare quality professionals (HQPs) are faced with new challenges and opportunities. NAHQ has assembled an expert panel to discuss how HQPs serve as innovators, teachers, influencers, and leaders to drive better outcomes and performance within their organizations. You will walk away with an understanding of the key forces and trends in this dynamic environment of data transparency, public reporting, value-based payments; alternative healthcare delivery models, population health management, technological advancement, and consumer engagement. You will leave the session energized and ready to navigate this new environment, chart your course for continued success as a HQP, and make an immediate impact.

BREAKOUT SESSIONS (10 – 11 AM)
(801) NEXT GENERATION QUALITY REPORTING

Sherry Mazer, CPHQ HACP FACHE

👤 **Emerging Professional, Regulatory/Accreditation Professional**
🏷 **Regulatory & Accreditation**

This session is designed for emerging professionals or experienced professionals seeking a refresher on healthcare quality regulatory and accreditation. The rules that organizations must follow to maintain accreditation and certification are growing in number and complexity. How can an accreditation/regulatory professional keep up with the changing requirements? A framework is needed for continual readiness that engages staff, physicians, senior leaders and the governing board. Developing the framework will include an overview of the role of CMS as a regulator and the accreditation deeming process to maintain CMS certification. The tools needed for continuous readiness and resources that are available to help you grow in your role as you lead your organization through successful surveys which can help provide high quality, safe care to your patients.

Learning Objectives:
- Learn the basics of regulatory and accreditation requirements.
- Define a framework for continuous readiness.

NAHQnext

TUESDAY SESSIONS

(802) CENTRALIZING QUALITY TO ACCELERATE IMPROVEMENT ACROSS A HEALTH SYSTEM: TWO YEARS LATER

Cathy E. Duquette, PhD RN CPHQ FNAHQ NEA-BC; Nidia Williams, PhD MBB CPHQ

👤 **C-Suite/VP, Directors/Managers**
🏷️ **Performance & Process Improvement**

The aims of this session are to describe a framework for evaluating the effectiveness of quality functions across a health system, and to describe one health system's experience reorganizing its quality structures to accelerate improvement.

Health systems organize their leadership and staff resources to support core quality functions in highly variable manners. Two years ago, Lifespan embraced a completely decentralized model with no formalized system staff resources to support key quality functions across the system. Each health system entity had its own director of quality who managed quality generalist staff to support all local quality functions. At Lifespan, seven core quality functional areas were identified and a baseline assessment of current state performance for each core quality area was conducted. Using a Design for Six Sigma (DFSS) approach, a new system-based quality structure was developed, implemented, evaluated and modified. The current system quality structure has been informed by small tests of change trialed throughout the transformation process. Key outcomes and lessons learned from the past two years will be shared.

Learning Objectives:
- Leaders will be able to describe a framework for evaluating the effectiveness and efficiency of a quality functions across a health system.
- Leaders will be able to discuss at least three strategies to accelerate improvement in a centralized quality structure.
- Leaders will be able to apply lessons learned over two years from one health system to consider an optimal quality structure to meet the needs of their organizational setting.

(803) MANAGING "SUPER UTILIZERS": DECREASING INPATIENT AND ED UTILIZATION- A DSRIP PROJECT

Lisa Hanrahan, DNP RN CPHQ CPHRM

👤 **Directors/Managers, Quality & Safety Professional, Community & Care Transition Leaders**
🏷️ **Population Health & Care Transitions, Performance & Process Improvement**

This session will describe a project that implemented team interventions for a vulnerable population that decreased the inpatient visits of this cohort by 75% and the Emergency Department visits by 69%. The Delivery System Reform Incentive (DSRIP) is an innovative program to improve underserved population health and decrease the cost of care through efficiency and coordination. This program was part of a New York State DSRIP program model to decrease inpatient and Emergency Department "super utilizers" in the Medicaid population. A super utilizer was defined as a subset of the population with more than 4 inpatient visits or 10 Emergency Department visits in one year. This Interventions including collaboration with dialysis centers and medical home organizations, the development of care algorithms, and methods to identify super utilizers at the point of contact with resultant outcomes will be presented.

Learning Objectives:
- Categorize key characteristics of subgroup of populations of super utilizers
- Recognize key drivers of care that impact readmission and high utilization
- Connect the application of care algorithms presented to populations of patients within participant organization
- Identify key collaboration opportunities with community organizations based upon population characteristics

TUESDAY SESSIONS

(804) POST-FALL HUDDLE TEAM: HOSPITAL LEADERSHIP AT THE FRONTLINES OF FALL PREVENTION

Christopher Ruder; Rachel A. Pepper, DNP RN; Adam Olberding; Danielle R. Young, BSN RN CPHQ PCCN; Lynn Murphy

👤 **Quality & Safety Professional, Emerging Professional**
🏷 **Patient Safety, Quality Review & Accountability**

This session will demonstrate the positive outcomes associated with leadership engagement during the post-fall review process due to an increase in patient falls.

The VP of Patient Care Services, Nursing Directors and Nurse Managers of pilot units all committed to participating in a post-fall huddle (either in-person or via a conference line) within the same shift as the fall event. During the huddle, the fall is described and preventability, contributing factors, and interventions to ensure the ongoing safety of the patient are discussed.

To ensure that maximum participation was possible, overnight falls are reviewed at shift change in the morning.

Pilot units were rolled out in phases based on the number of falls to ensure the process was functioning and could be modified as needed.

The 11 inpatient units have seen a 29% reduction in fall rate per 1000 patient days while non-post-fall huddle team units have shown a 5% increase in rate per 1000 patient days over the same periods of time. The rate of preventable falls has decreased by 32% on the post-fall huddle team units.

Learning Objectives:
- Describe benefits of leadership involvement in near real-time fall event reviews.
- Describe how elements of the post-fall huddle team can be applied at their own organization.

(805) I'M IN CHARGE OF THE QUALITY DEPARTMENT...NOW WHAT?!

Cheri Graham-Clark, RN MSN ASQ CPHQ CPHRM CSSBB

👤 **Quality & Safety Professional, Emerging Professional**
🏷 **Leadership**

This session is designed for new quality leaders and will demonstrate the application of tools such as the NAHQ Leadership Development Model and Q Essentials. Having tools available accelerates the success of quality leaders in an ever changing industry. Using tools can facilitate success during transitions. Obstacles such as staff engagement, professionalism, and organizational understanding of quality and the quality professional's role are common. Having an objective approach of assessment for self as a leader, staff competency and organizational knowledge and capacity allows for thinking and acting within a framework during accelerated professional learning. Successful transitions depend on self, team and organizational assessments within first 90-days so that as a new leader we can focus on the right quality related work for the organization, the right development work for the success of quality staff and still have time left for our own leadership development.

Learning Objectives:
- Identify at least 3 things that they learned from the session on self, staff and organizational assessment.
- Identify at least 2 tools that they can incorporate into their work as quality leaders.
- Report out to the session participants one area of information from the session that they will investigate further.

TUESDAY SESSIONS

(806) DECIPHERING DATA: LEVERAGING STATISTICAL TOOLS TO UNDERSTAND THE MEANING BEHIND THE NUMBERS

Zahava A. Lipton, MBA MS CPHQ

Emerging Professional, Data Analytics Professional
Health Data Analytics, Performance & Process Improvement

This session will demonstrate how to use statistical tools to understand quality performance data. Participants will learn how to interpret and generate statistical significance, p values, confidence intervals, and regression coefficients.

The session will include: how to identify whether variation in performance data is indicative of an underlying issue or issues that may have caused differences in performance, and determine factors that may influence outcomes; examples using statistical significance and confidence intervals to determine whether differences in performance are statistically significant, and explain regression modeling to determine which factors may influence outcomes; analyses in detail and how they relate to improved patient care.

Statistical tools provide valuable insights to differentiate normal variation in performance and outcomes from special cause variation that is likely indicative of an underlying issue or a contributing factor.

I have had success with using statistical significance to determine when our hospital is truly different from others and using regression to find potential causes of performance changes.

Learning Objectives:
- Discriminates between normal cause variation and special cause variation in performance that may be linked to underlying issues with statistical significance testing and confidence intervals
- Identifies potential factors that may lead to certain outcomes through the use of regression coefficients

BREAKOUT SESSIONS (11:15 AM – 12:15 PM)

(901) GETTING EXCELLENT ADVICE ISN'T ENOUGH, GETTING THAT ADVICE IMPLEMENTED IS KEY VC

Bert A. Thurlo-Walsh, RN CPHQ; Gloria S. Plottel, MS MBA

C-Suite/VP, Directors/Managers
Population Health & Care Transitions, Performance & Process Improvement

Participants will learn the 5-Stage Process for ensuring Patient and Family Advisory Council (PFAC) advice is implemented to improve patient experience and quality. Newton-Wellesley Hospital has been collaborating with its PFAC to improve quality, and patient and family engagement in the hospital's departments. At PFAC meetings, health system leaders have discussions with PFAC about problems and receive experience-based solutions – something satisfaction surveys cannot provide.

To implement PFAC advice, a 5-Stage Process Flow was designed with corresponding metrics at each stage to track and measure progress. A trained PFAC Member facilitator works with staff on the five stages over a 12-14 month time frame. The goal is for staff to implement the PFAC advice and to sustain improvements.

Implementing PFAC advice has had strong positive impact on improving hospital services. One example, the GI Unit's patient satisfaction scores rose five mean percentage points from the low 90's to high 90's for perception of care and was sustained. However, other staff had varying success implementing PFAC advice due to variation in training, workload, and culture.

Learning Objectives:
- Define and explain how Patient and Family Advisory Councils contribute to increasing patient- and family-centered engagement/experience and to quality improvement.
- Describe the 5-Stage Process Flow and metrics associated with the implementation of Patient and Family Advisory Council advice or feedback.

TUESDAY SESSIONS

(902) TOP 10 PATIENT SAFETY CONCERNS FOR HEALTHCARE ORGANIZATIONS 2017

Barbara G. Rebold, BSN RN MS CPHQ

Patient Safety

Being a high-reliability industry means staying vigilant and identifying problems proactively. That's one function of patient safety organizations (PSOs) and one of the reasons we produce this annual Top 10 list of patient safety concerns. Since 2009, when our PSO began collecting patient safety events, we and our partner PSOs have received more than 1.5 million event reports. That means that the 10 patient safety concerns on this list are very real. They are causing harm—often serious harm—to real people.

Learning Objectives:
- Describe the importance of the list of top 10 patient safety concerns.
- Use the list to help review patient safety concerns in their own organization.
- Discuss ECRI Institute's top 10 patient safety concerns for 2017.

(903) MORTALITY MEASURES MATTER: A SYSTEM-WIDE APPROACH TO IMPROVE AMI/HF OUTCOMES IMPACTING VBP

Julie S. Lyall, MSN RN CAPA

Directors/Managers, Data Analytics Professional
Health Data Analytics, Quality Review & Accountability

This session will describe how one organization developed a plan for AMI and HF mortality reduction developed through the Northwell Health Patient Safety Program that aligns these quality goals with the VBP outcome measures for AMI and HF as set forth by CMS.

Eliminating all preventable harm is a quality priority for Northwell Health. Integral to achieving this goal is the reduction of preventable mortality in the acute myocardial infarction (AMI) and heart failure (HF) patient populations through the provision of safe, evidence based, value driven care. The evolution of this program across 12 acute care hospitals has given rise to a unique database that incorporates evidence based treatment choices into data collection using enhanced intuitive logic. Standardized reports were created that facilitate data analysis and the development of action plans to improve outcomes and reduce patient harm. Best practices and opportunities for improvement are shared across the entire organization.

Learning Objectives:
- Discuss how standardized mortality case review for acute myocardial infarction (AMI) and heart failure (HF) has the potential to improve clinical, quality and financial measures, reduce preventable mortality and readmissions and drive organizational change
- Describe the 5-Stage Process Flow and metrics associated with the implementation of Patient and Family Advisory Council advice or feedback.
- Describe the evolution of a system-wide program to reduce preventable mortality related to AMI and HF impacting the CMS value based purchasing (VBP) program
- Discuss the development and implementation of a database application and standardized reports for VBP AMI & HF mortality case review
- Describe how measuring, analyzing and reporting AMI & HF mortality data can improve the delivery of care for AMI & HF patients

TUESDAY SESSIONS
(904) PFAC AND ETHICS COMMITTEE: A NEW QUALITY CONNECTION

Scott Goodwin, MA MBA RN DA CPHQ LSSBB

🏷 **Performance & Process Improvement**

This session will describe the benefits of connections between the Patient and Family Advisory Councils (PFAC) and Ethics Committees.

Recognizing the connection between the moral aspects of patient experiences and the moral nature of the judgments of healthcare workers as they perform and improve their work is the foundation for the collaboration between Patient and Family Advisory Councils (PFAC) and Ethics Committees in healthcare organizations. This connection opens insights into a new moral dimension that is critically important to fully understanding the way patients experience healthcare and the way that healthcare workers interpret their work and the changes that are made to improve. This moral dimension helps to overcome the inherent limitation in data-driven improvement in healthcare complex adaptive systems. The structural change is made by creating positions on the PFAC for Ethics Committee members and positions on the Ethics Committee for PFAC members and positions on the Quality Council for PFAC and Ethics Committee members. Through these links, new perspectives emerge that challenge underlying assumptions of values held by individuals and groups and the ethical framework of the organization. The moral nature of experiences and work rise to the surface for evaluation and understanding.

Learning Objectives:
- Identify benefits of a Patient and Family Advisory Council (PFAC) that includes members of the Ethics Committee
- Identify benefits of a Quality Council that includes members of the PFAC and Ethics Committee

(905) FOLLOW THE MONEY: DEALING WITH QUALITY & ECONOMICS AT THE SAME TIME

Ken Rohde, BSME

🏷 **Leadership, Quality Review & Accountability**

As quality professionals, we are challenged with ensuring the safety and effectiveness of the processes that are used every day in our facilities. Increasingly, we also have the ability to play an important role in ensuring that our processes are supporting the economic goals set by our leadership and external regulators and payors. We need to become comfortable in dealing with these changing challenges as we help our organizations balance Economics as well as Quality and Safety. This session will discuss how we can become more 'economically' focused without losing the vital independence of our quality oversight role.

Learning Objectives:
- Understand the vital role of independent oversight in quality
- Know the difference between "Profit Center" and "Cost Center" thinking
- Be able to apply simple methods to convert "Improvement" to "Dollars"
- Understand how to balance our role between "improving profit" and "maintaining independent oversight"
- Be able to apply at least one key concept to our departments when we return to our organizations

TUESDAY SESSIONS
(906) A PARADIGM SHIFT IN QUALITY IMPROVEMENT: LIVE SIMULATION & LEAN SIX SIGMA

Sapan S. Desai, MD PhD MBA CLSSMBB CPHQ

Directors/Managers, Quality & Safety Professional
Performance & Process Improvement, Population Health & Care Transitions

This session will demonstrate a simulation approach to improve care delivery using a variety of techniques, clinical settings, provider groups, patient conditions, and threats to safety for critically-ill patients.

The management of critically-ill patients who need emergency surgery requires the coordination of diverse teams of practitioners across different environments. Coordination of care between different teams is essential for the efficient and safe journey of a patient across the health care continuum. The complex and fragmented nature of health care is associated with delays, lapses in communication, and interruption of clinical care. Critically-ill patients are particularly vulnerable to these failure modes due to their time- and resource-intensive needs. A simulation approach that addresses these areas of vulnerability can improve patient safety and quality of care. Utilization of a quality improvement framework through lean six sigma methodologies is an innovative technique to improve clinical care and maintain gains. Execution of a multidisciplinary and integrated simulation to address the challenges of providing effective and quality clinical care refines clinical processes, streamlines care, and mitigates the effects of failure modes.

Learning Objectives:
- Implement live simulation and DMAIC to institute change
- Utilize cutting-edge concepts for intentional process design and error avoidance (poka-yoke)

NAHQnext

TUESDAY SESSIONS
BREAKOUT SESSIONS (1:45 – 2:45 PM)

(1001) IMPLICATIONS OF POST-ACUTE SERVICES IN POPULATION HEALTH

Ann Marks, RN CCM

👤 **C-Suite/VP, Directors/Managers**
🏷️ **Population Health & Care Transitions, Performance & Process Improvement**

This session is intended for leaders looking to use ACO or value-based contract data sources to better understand post-acute services and the performance of post-acute providers. ACO partnerships present opportunities to share data and better understand the populations we serve. Making use of ACO data sources and new partnerships helped health systems focus on post-acute services that were impacting quality, i.e. readmissions rates, ED utilization. This session will demonstrate how some of the post-acute population challenges were overcome by translating the data and making it actionable across the care continuum. This resulted in improvements in preventable readmission rates and created a 'home first' approach to discharge planning. Challenges included disparate EHR's and perceptions about regulations or "why" discharge planning performed in a certain way. We convened a rapid action work group to study the problem using the publicly reported data, data from the ACO's CMS reports, and other sources. Outcomes include creating "Preferred" post-acute networks and new technology to support transitions of care.

Learning Objectives:
- Discover new data sources inherent in ACO or new value based contracts
- Identify key utilization metrics for Medicare beneficiaries available through Medicare Shared Savings Programs
- Recognize the impact of "big" data from population health programs in redefining discharge planning strategies

(1002) PATIENT SAFETY NIRVANA: USING ACCREDITATION & REGULATORY REQUIREMENTS AS THE FOUNDATION FOR SAFE CARE

Jill Ryan, CPHQ HACP

👤 **Patient Safety, Regulatory & Accreditation**
🏷️ **Quality & Safety Professional**

Even in this era of high reliability, systems thinking and outcomes orientation, healthcare professionals often view accreditation standards, such as those provided by The Joint Commission, and regulatory requirements, including the Center for Medicare and Medicaid Services Conditions of Participation as burdensome. These requirements are viewed as a path that runs parallel to care processes rather than one that intersects and, indeed, supports patient care, treatment and services.

This discussion will explore accreditation and regulatory requirements as the foundation for patient safety and provide practical approaches to education, process improvement and organizational engagement around that concept.   The intersection of these concepts will be related to the Essential Competencies developed by NAHQ related to Regulatory & Accreditation and Patient Safety as key resources for the quality professional with a focus on mitigation of risk and advancing patient safety. Through the lens of accreditation and regulatory practice as a driver of safe care, strategies will be explored that enable patient safety "'nirvana" to be possible – where standards and requirements guide us to success.

Learning Objectives:
- Identify milestones in the patient safety journey
- Understand the concept of the foundation for patient safety as a risk reduction methodology
- Identify at least two practices to institute in healthcare organizations that will reframe the view of accreditation and regulatory compliance as a patient safety strategy

TUESDAY SESSIONS
(1003) AVOIDING THE PENALTY: A MODIFIED CLINICAL REVIEW PROCESS FOR HAC CODING

Nidia Williams, PhD MBB CPHQ; Cathy E. Duquette, PhD RN CPHQ FNAHQ NEA-BC

Directors/Managers, Quality & Safety Professional, Regulatory/Accreditation Professional
Regulatory and Accreditation, Performance and Process Improvement

This session is intended for healthcare quality professionals looking to effectively minimize the likelihood of having errant documentation result in unwarranted HAC codes applied to cases.

Learn how Lifespan conducted a Failure Mode and Events Analysis (FMEA) to identify potential points of failure in an effort to correct and address the wrongful coding of hospital acquired conditions (HACs) impacting our hospitals. Using these approaches, we will demonstrate how effective corrective action plans decreased occurrences of central line blood stream infections, catheter associated UTIs, and surgical site infections. Our HAC Coding Process review team, is facilitated by a Six Sigma Master Black Belt, was chartered using full FMEA corrective action and improvement methodology, including engagement of front-line care delivery staff, and stakeholder specialties such as clinical excellence, patient safety, infection prevention, CDI, and coding specialists. Results have led to decreased occurrences of coded CLABSI, CAUTI and colorectal SSIs at all three of our acute care hospitals, as well as a decrease in PSI-90 codes for retained foreign objects, falls with trauma, and other surgical complications. Specific trended outcome data will be presented and predictive analysis regarding the outcomes of these efforts will be shared.

Learning Objectives:
- Learn how one organization has hardwired a HAC code review process
- Learn how to effectively minimize the likelihood of having errant documentation result in unwarranted HAC codes applied to cases.

(1004) HQ TALKS
(A) INCIDENT REPORTING ANALYSIS FOR THREE YEARS

Khaled A. Abulmajd, CPHQ

Patient Safety, Health Data Analytics

This session describes a process for organizing and analyzing incident report data. The speaker will describe how he created a clear Excel dashboard that categorizes incidents based on their impact and ensures proper usage of all available data. He analyzed incident reports at a national level as main source for risk identification. Through dashboard tabs, his team can determine the relation between:
- Impact and root causes
- Severity and root causes
- International patient safety goals and root causes
- Prioritization of decisions regarding severity, frequency, place and impact

Challenges included uncategorized incident report data and working with more than 32,000 reports.

Learning Objectives:
- Identify availability and proper usage of data
- Combine incident reports with the risk program
- Facilitate decision making with incident reports data analysis

TUESDAY SESSIONS

(B) ESTABLISHING A DAILY SAFETY BRIEFING AT A MULTI-SITE HEALTHCARE SYSTEM

Sally Umbro, MS RN NEA-BC

👤 **Patient Safety, Performance & Process Improvement**
🏷️ **C-Suite, Directors/Managers**

This session is intended for leaders who seek to improve interdepartmental teamwork. It will describe how Westchester Medical Center improved interdepartmental communication, collaborative problem-solving and patient safety through the establishment of a "Daily Leadership Safety Briefing".

The absence of a forum to share organization-wide patient safety concerns in real time. Three separate briefings were established at WMC System Hospitals in 2015 on two campuses. Executive presence and active participation combined with inter-disciplinary medical leadership underscores the importance of the Briefing to the organization.

Challenges ranged from determining an accessible location for the briefings, creation of standard content checklist to be used, keeping the Briefing to a maximum of 15 minutes, and developing a process for issue closure. Issues are tracked using a "Problem-Action-Result" method.

The organization has adopted the successful model found in the literature and observed via site visits to other hospitals.

Improvement in the patient call bell system, improved signage to aid the rapid response team, rapid notification concerning equipment defects or recalls. The Briefing also provides a forum to recognize employee "Safety Catches" and share patient safety-related comments obtained from patient surveys.

Learning Objectives
- Describe what is needed to establish a safety briefing at their organization
- Describe how to conduct a daily safety briefing

(C) REINVENTING THE WHEEL: STANDARDIZED SERIOUS EVENT ANALYSIS

Susan Lott, MSA BSN RN CPPS; Ruth Westcott

🏷️ **Patient Safety, Performance and Process Improvement**

This session will present HCA Patient Safety Organization (PSO)'s standardized framework for thorough and credible Serious Event Analysis (SEA) – a process synonymous with Root Cause Analysis (RCA) – which has been implemented at all HCA hospitals and ambulatory surgery centers with great success. The framework allows for uniform aggregation, comparative analysis, and meaningful, evidence-based practice solutions for improving patient safety.

An internal survey of patient safety processes at HCA identified wide variation in RCA methods, and thus the inability to aggregate information from RCAs across the enterprise. HCA had the opportunity to obtain and aggregate data on serious patient events from a large pool of facilities and produce organizational shared learning – but first, must design a standardized framework to reduce variation in RCAs.

The SEA framework is the only event analysis methodology that will be utilized by HCA facilities, sustaining the Uniformity of event analysis and resulting in consistent, thorough, and credible outcomes. HCA PSO will continues to use submitted SEAS to provide ongoing analysis for enterprise-wide patient safety improvement efforts.

Learning Objectives:
- Identify process improvement tools established within the framework design as well as possible implementation in their own root cause work.
- Discuss the advantages of a consistent, thorough, credible process for conducting serious event analyses across a large health system.

TUESDAY SESSIONS

(1005) TRANSLATING DATA INTO INFORMATION AND IMPROVED OUTCOMES

Hazel R. Crews, CPHQ

👤 **Emerging Professional**
🏷️ **Quality Review and Accountability, Leadership**

This session is intended for emerging and mid-career healthcare quality professionals and will discuss the difference between data and information and to present an approach to translate data into information and improved outcomes. It will present these concepts: how data is collected, the concept of data quality; a high level review of the statistical process control, including the use and application of control charts; how data can be converted to useful information with the use of examples; how information can be communicated to different levels of the organization, from the front-line to the Board; how to make a case for change to obtain stakeholder engagement and executive support; how to use a charter to implement a new performance improvement project; a high level review of different performance improvement approaches including Six Sigma, Lean, DMAIC, TQM, and Rapid Improvement Events (RIEs); when each of these approaches is best utilized; the concepts of change management, team development and how this can enhance a team's success. It will end with a list of technical and soft skills that are vital to a successful quality career.

Learning Objectives:
- Discuss the difference between data and information, and the need to translate data into information.
- Apply learned concepts to turn data into information.
- Design different levels of quality communication for different levels of the organization.
- List common performance improvement methods and identify the most appropriate use of each method.
- List the technical and soft skills they need to succeed as a quality professional.

(1006) LEAN AS A DAILY MANAGEMENT SYSTEM

Kimberli Roquemore, MBA BA Com CLSSBB

🏷️ **Performance and Process Improvement**

This session is intended for professionals seeking an understanding of using Lean methodologies as a daily management system. Improvement efforts can be found in organizations across the country but the missing link that ensures their effectiveness is often absent: a solid management system.

Lean Daily Management empowers front-line staff to be the problem solvers of what hinders their work. This system focuses on eliminating the eight wastes and reflects five core pillars: People, Service, Quality, Growth, and Cost.

Using simple tools based from Lean principles and equipping staff with the knowledge necessary to use them, we have been able to make data driven decisions in real time which in turn has helped shift us from a reactive stance to a proactive stance.

Since January 2016 we've seen multiple "Lean Wins" across the hospital which increase value to our patients and often have a monetary value attached to them. Ex: reducing patient falls, reducing overtime, increasing communication, increasing rounding, etc.

Continuous improvement cannot fall to one individual or one department and be sustained. It needs a systematic approach with involvement from those who DO the work every day (front line staff). Without a solid management system in place sustainability and accountability falter.

Learning Objectives:
- Learn about Lean as a Management System
- List examples of how Lean Daily Management can be applied in Healthcare

TUESDAY SESSIONS

BREAKOUT SESSIONS (3:30 – 4:30 PM)

(1101) DO YOU HAVE THE SKILLS TO MAKE A TRANSFORMATION IN YOUR ORGANIZATION? VC

Sarah Pavelka, PhD MHA OTR/L CPHQ FNAHQ

🏷 **Quality & Safety Professional**
🏷 **Leadership**

This session is intended for professionals looking to formulate and assess their leadership abilities as well as guide their organization to better outcomes.

Healthcare has been working diligently over the last decade to make a difference in the quality of services provided and improving patient safety. Organizations have attempted to implement tools, programs, and theories of improvement to make changes. A recent PhD study was conducted to determine why some hospitals provide more effective, efficient, and safe care. One of the purposes of this PhD study was to determine the relationship between these programs, leadership characteristics, and the clinical outcomes of the patients of participating institutions. This presentation will cover the revealing results of the relationship between leadership actions and payment systems to healthcare quality improvement or patient safety measures.

Learning Objectives:
- Evaluate one's leadership style and assess one's leadership abilities to guide your organization to better outcomes.
- Practically use leadership theory in transforming your organization, implement actions that make a difference, and focus on the impact of those actions to outcomes and goals.
- Apply tools such as root cause analysis and strategic goal dashboards to continue to support the crusade for improving organizations' outcomes.
- Effectively use statistically significant findings from a study focusing the relationship between leadership actions and quality performance.
- Discover how funding and reimbursement programs affect the care and services that you provide, strategically determining the course of action to take in a changing world of healthcare.

(1102) CENTRALIZED DATA ABSTRACTION: LESSON'S LEARNED FROM A LARGE HEALTHCARE ORGANIZATION

Kristin McOlvin, MS

👤 **Directors/Managers, Quality & Safety Professional**
🏷 **Quality Review & Accountability, Performance & Process Improvement**

This session will highlight the lessons learned from a large healthcare organization taking a centralized approach to core measures data abstraction. This structure was created to provide reliable abstraction by experts that are free from bias at minimal cost to the organization. We have been successful in achieving this by having an expert team that is flexible and trained to abstract all measures at any of our facilities. The abstraction team was convened in 2003 when Northwell Health (then North-Shore LIJ) made the decision to participate in the HQID demonstration project. Since then the volume of abstraction has increased, the healthcare organization has grown, and there have been changes across the entire healthcare industry. As a result of these changes some of the challenges have been projecting staffing needs, adapting to changing medical records, developing metrics to measure abstractor productivity and inter-rater reliability, and coordinating with multiple departments across facilities. Through this evolution we have learned many lessons and developed processes that may be beneficial to other organizations trying to manage core measures data abstraction.

Learning Objectives:
- Describe the benefits and lessons learned in using a centralized team to complete core measure abstraction for a large healthcare organization
- Identify strategies to improve the consistency and accuracy of abstraction while maintaining staff satisfaction across a large team of RN abstractors
- Discuss the challenges of the health system and regulatory reporting requirements and strategies to overcome them

TUESDAY SESSIONS

(1103) EMBEDDING HIGH FIDELITY SIMULATION AS A SAFETY TOOL INTO A LEARNING ORGANIZATION

Michelle Ernzen, MSN RN CPHQ; Lygia L. Arcaro; Lygia Lee Arcaro, PhD RN-BC;

Susan V. White, PhD RN CPHQ FNAHQ NEA- BC

🏷 **Performance & Process Improvement, Patient Safety**

This session is intended to describe how high fidelity simulation can be used to effectively evaluate processes. One of the greatest challenges facing direct care providers, patient safety specialists, and hospital risk managers is identifying unknown latent patient safety hazards and risks; particularly when those processes are new. High fidelity simulation was used to rehearse patient flow and test hospital systems for unanticipated events and situations. Immediate post simulation debriefs were conducted. A final report was provided that stratified results using a risk scoring methodology. Lessons learned included engaging those most intimate with the process, leadership support, timeliness of feedback for correction, and use of huddles and briefings. As a result of the use of high fidelity simulation, clinical staff have embedded the use of this tool into new process testing as well as continuous improvement of existing processes. The phrase "Let's sim this" has become the new mantra on the units. Survey conducted by SimLEARN validates that simulation testing improved workflow and patient flow issues.

Learning Objectives:
- Utilize high fidelity simulation concepts as a means of evaluating effectiveness of as at least one new or revised process such as patient flow, work flow, use of new equipment, and responses to emergency situations.
- Utilize high fidelity simulation concepts as an adjunct tool when completing at least one failure mode and effect analysis.

(1104) HOW TO CREATE MEANINGFUL DASHBOARDS TO IMPROVE PERFORMANCE

Beth Falder, MBA CPHQ PMP CSSBB; Dana M. Curry, MBA CPHQ

👤 **Health Data Analytics, Quality Review & Accountability**
👤 **Emerging Professional, Quality & Safety Professional**

This session will demonstrate how to transform data elements into meaningful dashboards to monitor performance and drive improvement. Participants will learn how to create simple-to-understand dashboards, and increase buy-in through transparency and actionable analytics.

Our team sought to align data analysis across the hospital-system to improve performance. We worked with service- line champions to understand the data and identify key metrics and aligned metrics with hospital and health system goals / incentives. We used existing tools to create dashboards and validated data and performance with champions. Dashboard review was integrated into service-line committee meetings and included data analysts as committee members. Obstacles included doubts about data integrity and push-back on benchmarks. To overcome these, champions were involved in analysis, and information was provided on the importance of measure(s) and calculation of benchmarks.

The dashboard provided a snapshot view of performance that all audiences could understand, to drive improvement. While it has been difficult to obtain data for some elections and manual chart reviews are still required for those, dashboards are now a standing agenda item for all key areas and service lines. This has improved performance on key metrics, and staff understand why it's important for them to help drive improvement.

Learning Objectives:
- Convert large data sets into actionable performance metrics
- Present data meaningfully to all levels of organization
- Align data analytics to common style

TUESDAY SESSIONS

(1105) INTEGRATING SOCIAL DETERMINANT DATA TO MITIGATE RISING CLINICAL RISK

Ellen J. Evans, MN MPH RN CPHQ CJCP

Patient Safety, Performance & Process Improvement

This session is intended for team leaders looking to improve communications of Rapid Response and Resuscitation Teams using TeamSTEPPS techniques. Participants will learn about how using three to five tools can improve collaboration and teamwork. As both of these teams interact with staff caring for acutely ill patients, communication is a critical component of their function.

We conducted a team-functioning survey with the staff on these two teams. After analysis, we identified tools to address the findings of the surveys. Then, we provided training to team members along with the nursing staff who make calls to them for assistance.

One challenge was the changing team membership, so we needed to make sure that we educated the nursing staff who calls these teams. Sixteen months later we resurveyed the members of these two teams using the same tool. Two hospitals had a statistically significant improvement of $p<0.01$ and the third was improved at $p<0.05$.

Learning Objectives:
- Identify tools to use for improving communication
- Verbalize how to implement these processes in their organization

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(1106) USE A PERSONAL KANBAN TO MANAGE YOUR DAY

Tony Heath, PhD CPHQ

Emerging Professional, Quality & Safety Professional
Performance & Process Improvement

This session is intended to provide an overview and application of the Japanese concept of Kanbans. Juggling all the aspects of a job in healthcare today can lead to long days and late night worries. There are many solutions to these problems but one supports the modeling of Lean work. A straightforward Kanban Board helps manage multiple projects while demonstrating the value to customers and project teams. This presentation will describe how one Lean Black Belt found simple ways to use a Kanban Board to organize his work and model the value of Kanban for new projects. Both physical and electronic options for Kanbans will be described.

Learning Objectives:
- Describe the Japanese concept of Kanban
- Describe the common components of a Kanban Board
- Name at least three ways to use a Kanban for personal management of commitments

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