MONDAY SCHEDULE

HQ SHOWCASE (7:10–7:40 AM)
HOW TO EFFECTIVELY COMMUNICATE WITH C-SUITE EXECUTIVES

Cathy Duquette, PhD RNNEA-BC CPHQF NAHQ; Nidia Williams, PhD MBB CPHQ

HQ SHOWCASE (7:50–8:20 AM)
QUALITY & SAFETY REPORTING: ARE WE THERE YET?

Zahid Butt, MD FACG

Sponsored by Medisolv

OPENING GENERAL SESSION (8:30–9:45 AM)
SHIFT YOUR BRILLIANCE **VC**

Simon Bailey, MA CSP CPAE

We understand the impact and importance of the healthcare quality profession today as you lead your teams and organizations through constant change and to successfully improving care. That is why we are excited to have Simon Bailey, leader of the "brilliance" movement, join us at NAHQ Next.

Business change is moving at the speed of light and to keep pace your organization needs you to be your own career architect.

What is driving this line of thinking? McKinsey & Company forecasts that by 2025, automation technology innovations will assume tasks now performed by 250 million knowledge workers worldwide, freeing the remaining workforce to devote time and energy to more creative pursuits.

Whether you hold a leadership position or not, repositioning yourself to revitalize your role within your current team or company is a powerful tool for professional development and rapid career growth.

You will learn Simon's strategies for staying relevant in every economy and emerge from this highly interactive session with a plan of action to:
- Apply core principles for acquiring the "Shift Your Brilliance" mindset;
- Uncover the insight needed to be a high performer; and
- Commit to being a Chief Breakthrough Officer in your department or division.

BREAKOUT SESSIONS (10–11 AM)
(301) BRIDGING THE QUALITY GAP ACROSS THE HEALTHCARE CONTINUUM **VC**

Lenard L. Parisi, RN MA CPHQ FNAHQ

👤 **Directors/Managers, Community and Care Transition Leaders**
🏷 **Population Health & Care Transitions, Quality Review & Accountability**

This session is designed to expose the healthcare quality professional to quality and performance metrics used across the healthcare continuum. There will also be an example of a post-acute care population health initiative which has an impact on hospitalization rates. There will be an emphasis on post acute care data sets and outcome measures currently used to evaluate process and outcome measures in Home Health and Long Term Care. There will also be a correlation to the managed care environment and how collaboration has a positive influence on outcomes across the continuum.

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In addition, there will be a review of publicly reported measures which may be used by consumers and providers for benchmarking and provider comparisons. Attendees who demonstrate familiarity with these performance metrics and data sets will result in improved skills to better differentiate post acute care providers, improve patient outcomes, decrease hospitalization and re-hospitalization rates, and foster increased, improved dialogue and more successful population health initiatives.

Learning Objectives:
- Evaluate post acute care providers to determine best practices and high performers.
- Analyze post acute care providers and understand data sets used in defining and establishing process and outcome measures.
- Return to their organizations with a deeper understanding of post acute care quality metrics which influence hospitalization and re-hospitalization.
- Describe an example of a post acute care population health initiative used to have a positive impact on hospitalizations.

(302) COST, QUALITY, AND VALUE: HOW HEALTHCARE HAS BEEN REDEFINED

Hazel R. Crews, CPHQ

👤 **Emerging Professionals, Quality and Safety Professional**
🏷 **Quality Review and Accountability**

This presentation provides emerging and mid-career professionals with a broad overview of the many changes that have been implemented by CMS and other payers. Since the passage of the Affordable Care Act, there has been an explosion of payer-driven changes to implement payment reform and redefine healthcare delivery. The session touches on various value-based programs, alternate payment models and accountability programs that have been proposed or implemented. It discusses how provider accountability is being driven by public reporting and pay-for-performance programs. It focuses on the magnitude of change instead of the details and offers the audience an expansive summary of the many payer driven initiatives across the health care delivery continuum that have been implemented in the past 12-18 months, as well as a preview of what is to come. This presentation will provide front line teams a much-needed perspective of how the healthcare delivery landscape has been fundamentally transformed, so that they leave with a keen appreciation for the important role they play in the new world of cost, quality and value in healthcare.

Learning Objectives:
- Describe the concept of value in healthcare.
- List at least one value-based program or accountability program that affects their work setting.
- Discuss current and evolving quality and accountability initiatives introduced by the Affordable Care Act.
- Identify the impact that healthcare transformation will have on their organization in short-term and the long-term.
- Identify the characteristics necessary for healthcare providers to survive in the new healthcare economy.

(303) FIRST 15 MINUTES FOR SAFETY: SUCCESSFUL IMPLEMENTATION OF HOSPITAL-WIDE DAILY SAFETY CHECK-INS

Michele Island, MBA BSN RN CPHQ

👤 **Directors/Managers, Quality & Safety Professionals**
🏷 **Leadership, Patient Safety**

This session is intended for professionals looking to implement a system-wide daily safety check in. A lack of situational awareness was identified pertaining to patient and employee safety risks across the hospital resulting in reactionary approaches and prolonged resolutions to safety events.

Measures:
- Reporter attendance
- Call Time
- Serious Safety Events
- Employee engagement

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A structured daily 15-minute conference call was rolled-out having leaders report patient and employee safety events from the past 24 hours. The implantation plan mirrored Kotter's Eight Step Process of Successful Change.

Buy-in and reporting hesitancy were the biggest obstacles. Buy-in was overcome by arranging listening sessions of calls by two other hospitals. Reporting hesitancy was overcome by closely partnering with departments prior to go-live to talk through concerns they had.

In a short time we saw an increase in interest and awareness of safety events. A venue was created where safety concerns are brought forward without fear but rather to a supportive, transparent structure which continues to increase trust across the hospital.

Learning Objectives:
- Articulate the benefits to all levels of leadership of having a Daily Safety Check-In.
- Outline and implement a Safety Check-in within their organization.
- Define the critical tools needed for implementation of a Daily Safety Check-In.

(304) TEAMWORK AND INNOVATION IN RURAL HEALTHCARE

Brandie M. Manuel, MBA CPHQ

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

Rural healthcare can be a challenge. The expectations for regulatory compliance, accreditation, and quality are the same for small organizations as they are for larger organizations; however, the resources are not comparable. Learning to leverage existing resources and use creativity to engage teams at all levels to improve quality and align organizational values with observed behaviors is essential.

Jefferson Healthcare is a 25-bed, Critical Access Hospital and Healthcare System, who recognized the importance of teamwork and communication as key strategies for supporting quality healthcare, and our mission, vision, and values.

We sent a small team to a TeamSTEPPS National Training Center and brought the train-the-trainer course back to our organization. With a team of 19 MasterTrainers (both leaders and front-line staff members), we provided training to staff, leaders, and providers at all levels of the organization.

We developed a system for training, real-time coaching and support, staff feedback, and sustaining our momentum. We applied the concepts to our every day work (clinical and non-clinical), project management, organizational communication, and strategic planning.

Learning Objectives:
- Identify an opportunity for improvement in their own organization.
- Compose an improvement plan leveraging existing resources within his/her own organization.
- Describe members of the change team and outline the roles and expectations of the team members.
- Begin to develop a communication plan for the project.

(305) A SENIOR LEADERSHIP VISUAL SYSTEM FOR POST-SURVEY CORRECTIVE ACTION MANAGEMENT

Steven D. Chinn, DPM MS MBA FACHE CPHRM CPHQ; Maureen Doherty, MSN RN NEA-BC; Preet Saini, MHA MBA; Reginald Hortinela, MSN RN CNL

👤 **C-Suite/VP, Directors/Managers**
🏷 **Regulatory & Accreditation, Quality Review & Accountability**

This session will provide managers and leaders with a simple process to engage senior leadership for post-survey corrective action management.

Post-survey corrective actions do not rest solely on the quality/accreditation departments. Using a simple visual system and mandatory weekly huddles for peer pressure, senior leaders were designated responsible and accountable for corrective action management.

This was a new process that had limited acceptance initially. Education of the senior leadership team, utilization of the existing visual system and active daily management were used to integrate corrective action management into leaders' standard work.

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The organization looked to leveraging the Stanford Operating System which is based on LEAN Six Sigma methodology. By using this methodology, it was easier to define the responsibility and accountability for corrective action management.

Learning Objectives:
- Implement a simple process to promote senior management engagement in post-survey corrective action management.
- Outline a visual system for senior management accountability for post-survey corrective action management.

(306) TALE OF TWO HEALTH SYSTEMS: HOW DATA ANALYTICS DRIVES QUALITY

Catherine Gorman-Klug, RN; Elaine King, MHS RHIA CHP CHDA CDIP FAHIMA AHIMA-Approved

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

In this case study session, emerging professionals will see the specific data analysis used to find at-risk processes, and learn a successful approach to improving quality data with tangible clinical and financial outcomes.

For both CetraState and Shore Medical, two N.J. health systems, quality initiatives based on inaccurate data resulted in failed measures and lost revenue. But when a data analysis showed how to turn deficiencies in documentation and coding into opportunities, core measures across both systems improved.

Learning Objectives:
- Recognize the important role of data analytics in carrying out quality initiatives
- Analyze data to identify at-risk processes and clinical, financial opportunities for improvement
- Produce an action plan to identify, measure, remediate, and follow-up with quality measure failures, fix documentation and coding, and improve data for quality initiatives

BREAKOUT SESSIONS (11:15 AM–12:15 PM)

(401) STACKING BLOCKS: A PRACTICAL AND EASY PROCESS IMPROVEMENT EXERCISE `VC`

Carole S. Guinane, MBA RN

👤 **Data Analytics Professional**
🏷 **Health Data Analytics, Performance & Process Improvement**

This presentation is designed to provide participants with an easy and practical process improvement exercise through the use of plastic nesting blocks. Practicing data collection in a safe environment leads to greater success with real life processes by experiencing data collection design and operational definitions for terms in the collection process. The Theory of Variation through the use of a Run Chart and Control Chart will be reviewed. Reinforcing the importance of using flow charts as a tool to reduce variation supplements the data collection exercise. These tools may be less exotic than other tools, but they are quite powerful. Discovering the root value of organizational processes and to be able to organize these processes and focus on their effectiveness is fundamental to success. Illustrating value added and non-value functions is core to quality improvement methodology.

Learning Objectives:
- Describe how to instill fun in data collection and analysis.
- Continue their learning on how to deal with and understand organizational variation.
- Describe how to shift organizational analysis from looking at outcomes to examining actual upstream processes.

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(402) MARKETING QUALITY

Deborah Bulger, CPHQ

🏷 **Leadership**

As value-based payment becomes the norm and quality of care a driving factor behind financial success, the quality professional offers a significant contribution to the healthcare organization. Your understanding of measures that define and predict performance and identify barriers that impede progress is a well-honed skill. Your ability to collaborate across department lines and influence stakeholders provides a unique perspective in strategic decision making. But, amidst all the complexity and uncertainty, how do you secure a "seat at the table"? Using a few simple, proven marketing principles, you can establish your brand as a trusted advisor and essential member of the leadership team.

Learning Objectives:
- Know your target audience. Understand what is relevant to decision making and how various stakeholders prefer to consume information.
- Communicate a clear value proposition. Allow your colleagues to fully appreciate and rely on your unique capabilities, knowledge and expertise.
- Be unforgettable. Deliver insightful, compelling ideas that have staying power within your organization.

(403) ESTABLISHING A DAILY SAFETY BRIEFING AT A MULTISITE HEALTHCARE SYSTEM

Sally Umbro, MS RN NEA-BC; Sister Diane B. Trotta, RN BSN MPH

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

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.

MONDAY SCHEDULE
(404) HQ TALKS

(A) CASE STUDY: CREATING A SYSTEM-WIDE PEER REVIEW SYSTEM

Mark A. Smith, MD MBA FACS

🏷 **Performance and Process Improvement; Quality Review and Accountability**

This presentation is a case study of implementation of peer review at a system wide level. A medium sized (7 major hospitals, multiple ambulatory centers, and clinics both rural and urban) healthcare system wanted to systematize peer review across their entire system addressing both inpatient and ambulatory care. This was initiated because of concerns about lack of standardization and lack of oversight for care being delivered in many of these venues. A physician governance group was identified. Education was then followed by facilitated redesign work led to the establishment of regional primary peer review committees supported and overseen by a centralized system wide peer review committee. The final design will be described as well as the issues that were raised during this design phase. Finally, the roll out implementation process which included extensive education at the local level and adjustment of the various peer review charters will be identified. Because this system stretched across multiple states, the legal issues raised and their resolution will also be described.

Learning Objectives:
- Be able to identify the benefits of value based standardization of the peer review process across a system
- Describe at least three legal, cultural and structural barriers that need to be addressed in such a process
- Know at least three benefits to a strong centralized physician governance vehicle.

(B) SHORTEN YOUR PROJECTS WITH AGILE/SCRUM TOOLS

Tony Heath, PhD CPHQ

As the speed of healthcare change increases, executives ask Quality Improvement Professionals to deliver project results faster than ever. Fortunately, our colleagues in IT have found ways to speed up their work; these ideas can work for us too. Influenced by Lean concepts, Agile concepts and Scrum tools can be used to Lean out our non-IT projects. Through this presentation, participants will learn the language and the fascinating new methods of Scrum. Specifically, the methods of project sizing, daily stand-ups, sprints and user stories all will be explained, among others. The instructor, a Lean and Six Sigma Black Belt, will show how these methods and the way of thinking can help us move faster towards quality.

Learning Objectives:
- Explain the origins & standard uses of Agile/Scrum
- Identify three specific ways to apply Scrum tools to shorten your projects
- Name 2 resources for more Agile/Scrum information

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

Michelle Ernzen, MSN RN CPHQ

This session is an abbreviated version of session 1103.

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:
- Identify the Just Culture principles and their application to provider peer review.
- Distinguish the characteristics and benefits of a high reliability provider peer review process using Just Culture methodology.
- Compare the differences between traditional peer review and peer review using Just Culture methodology.

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- Describe the tools needed to create a high reliability peer review process that is perceived as fair and just.
- Apply change management tools to increase provider acceptance of a standardized peer review model.

(405) NEW AND EXCITING WAYS FOR IMPROVING STAFF KNOWLEDGE OF REGULATORY STANDARDS

Ellen J. Evans, MN MPH RN CPHQ CJCP

👤 **Regulatory/Accreditation Professional, Directors/Managers**
🏷️ **Regulatory & Accreditation, Leadership**

This session is intended for professionals seeking a new model for staff education on regulatory standards. Participants will learn new ways to engage staff in understanding "why" these standards exist. Our goal was to increase staff understanding so that implementation would occur consistently and staff can answer questions any surveyor may ask.

We took a standards chapter as well as a NPSG of the month and turned the key concepts into tracers that departmental clinical and operational leaders ask weekly. We have a conference call with these leaders weekly to report results and identify actions to improve compliance. Learning tools and fun activities are disseminated. The initial obstacle was leadership time commitment for these tracers. We have seen leaders become engaged and enthusiastic as staff grow in knowledge. "Fun" activities occur during National Patient Safety Week, National Time-out Day, and our upcoming Healthcare Quality week to engage staff!

By creating a standardized format with redundancies, we have achieved success. By the end of each month, we are seeing over 98% compliance with staff knowledge.

Learning Objectives:
- Demonstrate tangible actions for improving staff knowledge.
- Articulate new ways for ensuring staff compliance with regulatory standards.

(406) PARTNERING WITH PATIENTS TO INCREASE PATIENT CENTEREDNESS WITHIN AMBULATORY CARE TRANSFORMATION

Christine A. Amy, MBA; Kathleen Hutcheson, MBA MHA

👤 **Emerging Professionals, Community & Care Transition Leaders**
🏷️ **Population Health & Care Transitions, Performance and Process Improvement**

This session is intended for emerging or mid-career professionals interested in increasing patient centeredness. There is a growing body of evidence that educated, activated patients achieve better outcomes at lower costs. Engaging patients and families is a key component of today's healthcare new transformational models such as Patient Center Medical Home. Aligning Forces for Quality South Central Pennsylvania developed an innovative model to recruit, train and support patients in partnering with clinical staff in quality improvement initiatives. Through this relationship based partnership, patients become more involved in managing their health. This patient-centered approach more effectively advances a healthcare provider's quality improvement strategies by including the voice of the patient in the foundational and operational stages of the quality improvement process. An unintended consequence of the model is better prepared and engaged patients as evidenced by improvements in patient partners patient activation scores. The model has shown impact at the community level as this cadre of patients move through their community spreading their new perspective of being engaged and activated patients, understanding how healthcare is really improved.

Learning Objectives:
- Recognize the importance of involving patient advisers in quality improvements to maximize both performance improvement and cultural adoption.
- List best practices in embedding patients in clinical practices at the quality improvement leadership level.
- Identify needed structural elements for engaging patients in quality improvement efforts.

MONDAY SCHEDULE

HQ SHOWCASE (12:25–12:55 PM)

WHEN YOU HAVE TO BE RIGHT: USING EVIDENCE TO DRIVE CARE QUALITY

Lynn Howe, RN MS CEN CCRN, Account Executive, Lippincott Solutions

Sponsored by Lippincott Solutions

HQ SHOWCASE (1:05–1:35 PM)

PERSON CENTRIC CARE: PRACTICAL USES OF SOCIAL DETERMINANTS OF HEALTH DATA TO PERSONALIZE CARE AND IMPROVE TOTAL OUTCOMES

Clayton Nicholas, SVP & General Manager of Healthcare Provider Solutions

Sponsored by Midas Health Analytics Solutions from Conduent

BREAKOUT SESSIONS (1:45–2:45 PM)

(501) ESTABLISHING AN INTEGRATED CONTINUOUS PATIENT READINESS PROGRAM ACROSS THE CONTINUUM

Jodi Eisenberg, MHA CHSA CPMSM

🏷 **Population Health & Care Transitions, Performance & Process Improvement**

👤 **Community & Care Transition Leaders**

As more and more organizations attempt to strengthen information sharing and transitions of care, this session will discuss establishing some integration around continuous patient readiness. Some essential elements include ensuring consistency in documentation of core elements from one care setting to another, establishing minimum infection control and environmental expectations, viewing areas of improvement not only at the local level but at the system level to ensure appropriate prioritization in addressing issues, and consistency in action planning across the continuum.

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(502) ALIGNING CLINICAL QUALITY METRICS: BUILDING A FRAMEWORK FOR THE FUTURE

Misty Roberts, MSN RN PMP; Faith Green, MSN RN

👤 **Regulatory/Accreditation Professionals**

🏷 **Regulatory & Accreditation, Performance & Process Improvement**

This session will provide regulatory and accreditation professionals with a summary of how one organization aligned and consolidated more than 1,000 clinical quality metrics.

The number of quality measures in healthcare is overwhelming and reporting requirements are inconsistent. Value-based payments emphasize the need to prioritize quality measures and align across organizations. Humana Inc. sought to eliminate measure duplication and inconsistency, reduce complexity, and prioritize measures linked to health outcomes within its business. Internal review revealed 1,100 measures using 29 different data sources; 699 measures were duplicative or inconsistent. The biggest challenges were reaching consensus on similar measures and constraints on eliminating measures required for regulatory and accrediting agencies. After reviewing each measure, physicians, quality experts and business leaders prioritized 208 quality measures grounded in evidence, supported by credible organizations, impactful to health outcomes, and aligned with established governing principles. To improve standardization, a centralized repository was created to house measure details and technical specifications, enabling associates to view all available measures. A Governance Committee was created to provide ongoing and proactive quality measure review. Efforts to prioritize quality measures allows Humana to better support value-based reimbursement and help physicians focus on meaningful measures, ultimately resulting in improved health outcomes.

Learning Objectives:
- Summarize the rationale and importance of aligning quality measures.
- Analyze current list of quality measures to facilitate prioritization of key measures within their own organization.

MONDAY SCHEDULE

(503) HQ TALKS

(A) LEADERS FACILITATING CHANGE

Dawn Allbee, MA

🏷 **Leadership**

This session is an abbreviated version of 1202.

It is intended for leaders seeking practical approaches to plan for, support and lead change. Healthcare is in the midst of unprecedented change. Many organizations' change initiatives fail due to the lack of focus on the people side of change. Incorporating Robust Process Improvement methods — which include Lean, Six Sigma and formal change management processes — can give healthcare organizations the process improvement tools needed to achieve strategic and operational goals and tackle complex, multi factorial issues in today's healthcare environment. This session features a high-level overview of RPI and a detailed look at tools and approaches for leading change and sustaining performance gains. Learn to work through resistance and understand how culture can help or hinder the efforts to improve performance at your organization. Master Change Agents who have experience in working with healthcare organizations will present a simple, four-component change management model. Participants will walk away with practical change management tools to facilitate successful change initiatives and to enhance their daily work processes.

Learning Objectives:
- Discover a blended approach to robust process improvement.
- Develop an understanding of the importance of culture and the role of change management in sustaining improvements.
- Employ the core components of the Facilitating Change™ model.
- Apply tools and concepts to daily work.

(B) MAKING THE GRADE: IMPROVING PATIENT SAFETY CULTURE ONE STEP AT A TIME

Ellen J. Evans, MN MPH RN CJCP CPHQ

🏷 **Leadership, Patient Safety**

The purpose of this presentation to demonstrate specific actions that can be taken to improve the culture of patient safety in a large multi-hospital and outpatient settings organization. Participants will learn how to improve the Patient Safety Grade in their organization through strategic infusion of the patient safety culture. Our goal was accomplished through staff monthly education on: NPSG of the Month; Medication Moment; Human Factors; Infection Prevention; and Emergency Codes and Safety Tips. Obstacles include reaching almost 8,000 clinical staff in all locations.

Our strategy was to provide the education and training in small bites and provide reinforcement through fun activities and games.

The primary success of this endeavor was revealed in a recent survey during our annual appraisal quality assessment process. 528 clinical and operational leaders across the system (representing all disciplines and inpatient and outpatient locations) completed the AHRQ Hospital survey on the Culture of Patient Safety. Out of this sample, 87.5% of the leaders reported the Culture of Patient Safety Grade as "Excellent" or "Very Good." We have made the grade.

Learning Objectives:
- Identify 2 or more strategies for improving the culture of patient safety.
- Describe the importance of the patient safety culture in the organization.

MONDAY SCHEDULE

(C) IMPLEMENTING TRANSFORMATIONAL LEADERSHIP TO IMPROVE PATIENT SATISFACTION

Sheri McRae, DNP RN CPHQ NEA-BC

🏷 **Leadership**

This translational research project (TRP) explores the effect of transformational leadership tendencies possessed by nurse managers, on patient satisfaction scores in a community hospital setting. Improving patient outcomes is a pivotal aspect of leadership. The literature shows that leadership styles impact unit performance.

The degree to which five nurse managers practice transformational leadership is assessed using the Multifactor Leadership Questionnaire (MLQ). The results are correlated with patient satisfaction scores obtained via Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) reporting. The correlation is repeated after the nurse managers participated in a transformational leadership course. Though the results are not statistically significant, there is an increase in patient satisfaction with overall nursing after completion of the course. Additionally, the nurse managers' MLQ scores indicate an increase in transformational leadership tendencies following the course. The findings of this TRP are applicable to nurse managers in most front-line management positions, who have a desire to lead their staff to improve patient outcomes on their unit.

Learning Objectives:
- State the importance of the effect that leadership style has on patient outcomes, specifically patient satisfaction.
- Differentiate between transactional and transformational leadership style characteristics.
- Translate the findings to own practice.

(504) LEVERAGING PREDICTIVE ANALYTICS AND TECHNOLOGY TO DECREASE MISSED APPOINTMENTS

April M. Taylor, MS MHA CPHQ CPPS; Lauren Tanzer, MBA MS PMP

👤 **Data Analytics Professional, Directors/Managers**
🏷 **Health Data Analytics, Performance & Process Improvement**

This session will demonstrate how to use predictive analytics to identify patients that are more likely to no show and subsequently, how to utilize this information to more effectively employ strategies to manage missed appointments and improve show rates. Past approaches to the problem were not effective and lacked utilization of available data to predict patterns.

This was accomplished by using statistical modeling and simulation to identify patients most at risk for missing an appointment and implementing targeted interventions to improve show rates.

Obstacles included a lack of standardization of practices (appointment reminders, overbooking, etc.) across sites and specialties. An inter-disciplinary team was created to develop standards based on evidence and data.

Successes include improved show rates in the piloted clinics and reduction in missed revenue opportunities. We are currently reviewing the impact on care continuity.

Learning Objectives:
- Describe how to use data and predictive analytics to identify patients that are more likely to miss appointments.
- Describe how to use QI to more effectively manage missed appointments and improve show rates.

MONDAY SCHEDULE

(505) NURSES ENGAGING THE HEARTS AND MINDS OF PATIENTS IN SELF-MANAGEMENT

Sheron E. Chisholm, MSN RN CCM Professional Health Coach

👤 **Emerging Professional**
🏷 **Population Health & Care Transitions**

This session is intended for community and care transition professionals and will describe how to increase patient engagement in making a permanent lifestyle change. Participants will learn how coaching techniques can guide the patient to be a self-changer and increase outcome achievement. The session will describe how to shift an approach to quality outcomes from the health provider perspective to the patient perspective in order to improve outcomes.

This was accomplished by:
- Coaching clients
- Teaching patients what coaching is and their role in the process
- Teaching nurses the difference between telling and coaching
- Using a validated coaching approach

Obstacles included: A lack of differentiation between therapeutic communication and coaching Patients' lack understanding of self-management and empowerment

Nurse coaching was used because it gets at the core of what's important to the patient. The patient has to do the work, and the nurse coach serves as a guide and holds the patient accountable.

Outcomes included quality of patient engagement and quality of the nurse empowering the patient to achieve. Some patients are not ready for change. Patients identify differences in approach; there is increased success of patient in implementing actions and reaching small outcomes. Nurses like the idea but haven't implemented.

Learning Objectives:
- Demonstrate the coaching technique with a patient.
- Discover the value of using coaching in nursing practice.
- Distinguish between prior teaching practices and teaching using coaching technique.
- Relate experiences of patients demonstrating progress toward outcomes/achievement of outcome when the coaching technique is used.

(506) NULLIPAROUS CESAREAN SECTION RATE REDUCTION INITIATIVE—IMPLEMENTATION ACROSS A HEALTHCARE SYSTEM

Amy Bell, MSN RNC-OB NEA-BC CPHQ

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

This session will provide managers and coordinators with a discussion of the strategies used to develop and implement labor management guidelines across all facilities in the healthcare system that provide inpatient obstetric services to reduce the first time cesarean section (CS) rate. The goal of the initiative was to assure evidence based care was provided to this patient population regardless of the facility where care was delivered, reduce variation, and improve outcomes.

In striving for overall value in health care, it is imperative that the CS rate be decreased to reduce overall maternal morbidity, increase patient satisfaction with the birth experience, and decrease cost to the health care delivery system. The main strategy for reducing the overall CS rate is to decrease the number of first cesareans.

This was accomplished by creating a champion team, developing a toolkit for implementation, identifying a pilot site, and spreading strategies across the system.

Obstacles included data integrity, education of providers and staff, providers' resistance to change, and sustainability of the initiative to achieve results.

The model used for improvement included evidence on change management

Learning Objectives:
- Participants will obtain insight into system-level spread for quality improvement.
- Participants will be provided strategies for using the model for improvement to sustained improvement.

MONDAY SCHEDULE

(507) HOW TO BECOME AN AUTHOR FOR THE *JOURNAL FOR HEALTHCARE QUALITY*

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

🏷 **Leadership**

This session will present practical tips to help aspiring authors submit their manuscripts for publication consideration in the *Journal for Healthcare Quality* (*JHQ*). The discussion will address appropriateness of topic selection, outlining of a manuscript idea, journal author guidelines, and ways to avoid common reasons why manuscripts get rejected.

Learning Objectives:
- Discuss appropriate topics for JHQ manuscript submission.
- Discuss the JHQ author guidelines inclusive of how to outline a manuscript for the journal.
- Identify the top reasons why manuscripts get rejected inclusive of strategies to avoid these common pitfalls.

BREAKOUT SESSIONS (3–4 PM)

(601) RESTRUCTURING A QUALITY PROGRAM TO DRAMATICALLY IMPROVE CLINICAL OUTCOMES **VC**

Ellen S. Hargett, RN CPHQ LSSBB

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

This session is intended for managers and other leaders to learn how one healthcare system dramatically improved performance on key performance indicators (KPIs) through a quality department restructure.

The system's performance on key quality metrics including mortality, complications and length of stay was worse than the national average. The Quality Department was restructured and charged with driving improvement using Lean Six Sigma. We developed a dashboard modeled after a nationally recognized "100 Top" report. KPIs are displayed as Observed to Expected (O/E) Ratios, comparing us to a national standard each month. Along with the dashboard, they developed a new Clinical Leadership model. Each KPI on the dashboard has a Tactical Team comprised of 3-4 physicians, an equal number of operations leaders, analysts, Quality coordinators, and a Lean Six Sigma Black Belt.

The Black Belt's role is to focus the team on expert use of benchmarking data to prioritize improvement strategies, and maintain focus on those efforts. Tactical Teams have reduced complications and length of stay resulting in financial savings of $12,473,116 and mortality reductions netting 104 lives saved. They have moved from worse than the national average to top 25% performance on these and other KPIs.

Learning Objectives:
- Differentiate the value and expected outcomes of data driven teams vesus traditional hospital committees
- Quantify the net savings of performance improvement efforts
- Demonstrate the integration of Lean Six Sigma concepts in clinical quality improvement.

MONDAY SCHEDULE

(602) INFUSING QUALITY AND PATIENT SAFETY INTO A FRACTURED SYSTEM

Susan Mellott, PhD RN CPHQ CPPS FNAHQ

Patient Safety, Leadership

The purpose of this session is to provide participants with tools that can be utilized to improve patient safety and quality, as well as interdisciplinary communication within their organizations. Participants will learn to utilize videos, storytelling, gaming and group concepts that they can utilize. The Joint Commission and others have identified communication issues as one of the top 3 root causes of adverse events. Research has demonstrated the effectiveness of storytelling and gaming to provide meaning and to assist in the participant's ability to synthesize and utilize information that is provided. These methods have been shown to reduce resistance and appeal to the emotions of the participant, which in turn effects them in a manner that they want to be more involved and become more eager to make improvements.

Learning Objectives:
- Demonstrate the need for increased patient safety and quality improvement efforts through the use of videos and storytelling.
- Demonstrate the importance of, and the need for, improved communication through the use of gaming.
- Apply group concepts within their organization to improve interdisciplinary communications and teamwork among stakeholders within their organization.

(603) IMPLEMENTING CLINICAL PERFORMANCE IMPROVEMENT ACTIVITIES TO FACILITATE PERFORMANCE IN PAYMENT REFORM METRICS

Deborah Holzmark, MBA RN CPHQ

Emerging Professional, Community & Care Transition Leaders
Quality Review & Accountability, Performance & Process Improvement

Facilities struggle with an overwhelming list of targeted quality initiatives, some with significant financial implications. In this session, we will provide several real world examples of performance improvement activities implemented at various health care facilities focused on improving performance in value based purchasing, hospital acquired infections and readmissions. We will discuss the lessons learned, the implementation methods that worked and didn't work and how education, staff buy-in and dedication helped hospitals move the needle on the key metrics, decrease penalties and improve patient care. We will provide an overview of the metrics CMS uses in these programs, discussions of the importance of data governance, approaches to specific performance targets such as reducing central line infections and how to implement and motivate change. In this session we will provide sample timelines, resources and project plans based on our experiences. We will work with the audience in an open session to allow shared learning from others on what success and roadblocks they have also encountered.

Learning Objectives:
- Extend the information from this session to their current and future performance improvement activities and positively impact their value based performance.
- Assimilate lessons learned in the presentation that about staff buy-in techniques and apply in their current performance improvement activities.

MONDAY SCHEDULE

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

Jason E. Gillikin, BA CPHQ

👤 **Data Analytics Professional, C-Suite/VP**
🏷 **Health Data Analytics, Population Health and Care Transitions**

This session serves to empower analysts and analytics managers to seek and to apply external sources of social-determinant data, including consumer reports and census data, to refine patient stratification approaches and to better model chronic disease management. The goal is to identify patients at rising risk for chronic-disease progression or readmissions and to apply better messaging of educational materials and more refined targeting of case-management interventions. The following method was used:

1. Acquire and stage external sources of consumer data.
2. Integrate social-determinant data into existing data structures.
3. Develop segmentation strategy.
4. Develop predictive models.
5. Socialize findings, especially counterintuitive ones.

Obstacles included navigating HIPAA, RFPs and license agreements with data brokers, cleansing data sources, and accepting an inability in some cases to drill to an individual. The approach we took mirrors best practices in industries other than health care. Health care has been very slow to adopt the data-management approaches of retail, finance and related industries.

Learning Objectives:
- Recognize the complexities of acquiring and staging external sources of social-determinant data.
- Apply best-practice approaches to integrating and curating external sources of social-determinant data.
- Develop segmentation approaches that inform the delivery of care or opportunities for structural improvement in care.
- Create messages to patients that speak to their presumed socioeconomic cohort.
- Communicate complex or nuanced findings to senior leaders and clinicians that may conflict with pre-existing biases.

(605) PREPARING FOR AND MANAGING REGULATORY AND ACCREDITATION SURVEYS: LEADING FOR SUCCESS

Cathy Duquette, PhD RNNEA-BC CPHQF NAHQ; Nidia Williams, PhD MBB CPHQ

🏷 **Population Health & Care Transitions, Performance & Process Improvement**
👤 **Community & Care Transition Leaders**

In this session, leaders will learn how to engage staff and leaders at all levels in support of a comprehensive program for maintaining a continuous state of regulatory and accreditation readiness, and how to implement a robust process for managing onsite accreditation, department of public health and Centers for Medicare and Medicaid Services surveys. The presenters will share how their health system was able to achieve zero deficiencies on a CMS validation survey post-TJC survey at their large academic hospital. Participants will learn how to structure and organize ongoing continuous survey readiness activities as well as how to apply key concepts of hospital incident command system to manage the on-site survey process. This program will also outline key strategies for coordinating activities and communicating with surveyors during survey, as well as strategies for engaging various levels of staff and leadership before, during and after onsite surveys.

Learning Objectives:
- Learn how to engage organizational leaders to achieve a state of regulatory and accreditation readiness and compliance with standards
- Describe an organizational structure for accountability, and needed resources to achieve improved regulatory survey outcomes.

MONDAY SCHEDULE

(606) IMPROVING SAFETY & WORK SETTING CULTURE OF CARE THROUGH COLLABORATIVE PROBLEM SOLVING

Sudhan Gowrish Chinnappan, ASQ CPHQ CSSBB

👤 **Emerging Professional, Quality & Safety Professional**
🏷️ **Performance & Process Improvement, Patient Safety**

This session provides a snapshot of a targeted improvement initiative to improve the safety and reliability of clinical processes using structured problem solving, learning, and collaboration for a six-hospital system. The initiative targeted inconsistent use of the PDSA cycle of problem solving with robust measurement methods. Stakeholders were trained in PDSA cycle and guided through one clinical and cultural improvement project. Teams were provided coaching with aspects of PDSA and follow up validation. Emphasis was placed on baseline measurement, biweekly status meetings, work groups and test targets.

The percieved difficult of use of measurement systems throughout the process was addressed by education in sample size, sampling methods, and process success measures. The initiative had a profound impact in connecting PDSA cycle/ measurement with problem solving which helped expand depth and breadth of knowledge.

Projects had completed initial testing with recalibration and are on track to achieve targets. An initial lack of coaching led to frustration which was addressed in the subsequent time.

Learning Objectives:
- Demonstrates the merit of combining structured problem solving with robust measurement systems and follow up for clinical improvement.
- Illustrates the practice of collaboration & group learning to resolve operational issues with improvement activities.
- Explains the concepts of key performance indicators and drivers necessary to monitor and track change.

BREAKOUT SESSIONS (4:15–5:15 PM)

(701) CEO OF "ST. SOMEWHERE" HOSPITAL: WHY AREN'T WE GETTING "THERE"?

Maureen A. Frye, MSN BC CRNP CPPS CPHQ

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

Through the use of a basic set of Baldrige criteria and tools, coupled with interactive, fun scenarios, participants will be able to recognize and apply key alignment and integration strategies to support their organizations in designing and achieving goals.

We sought to improve how organizations select and communicate key strategic goals and ensure alignment of the entire organization to achieve success.

This was achieved through fun healthcare scenarios where one can apply the Baldrige Criteria to determine organizational effectiveness in process design, deployment strategies, and learning.

Obstacles included a lack of clarity with mission, vision and values of an organization; disparate goals that divert attention and resources; and fear of Baldrige as 'flavor of the month' vs. a path to systematic effectiveness.

Using a fictional organization, participants will become engaged in the application of key criteria with immediate application to their work environments.

Learning Objectives:
- Evaluate a fictitious healthcare organization against basic Baldrige criteria.
- Identify and analyze the alignment of strategic goals and actions that impact organizational success.
- Discover and provide advice/recommendations on how an organization could improve its success with the use of key Baldrige criteria.

MONDAY SCHEDULE

HQ SHOWCASE (5:30–6 PM)

HOW TECHNOLOGY CAN REDUCE THREE COMMON BARRIERS TO HEALTHCARE QUALITY IMPROVEMENT

Brian Stromberg, sales executive; Jay Lechtman, senior director, Market Strategy & Development

Sponsored by Riskonnect

HQ SHOWCASE (6:15–6:45 PM)
CPHQ INFO SESSION

Gail & Emmett

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(704) QUALITY SAFETY VALUE INTERNSHIP FOR SUCCESSION PLANNING

Mary E. Huddleston, MHSE RN CPHQ FNAHQ

👤 **C-Suite/VP**
🏷️ **Leadership**

This session will provide leaders with an overview of one system's strategy to overcome staff vacancies and maintain staff knowledge, development, and culture.

Our integrated healthcare system with 8 hospitals and 59 sites of care experienced large numbers of Quality Safety and Value staff eligible to retire. At one facility 85% of the staff were eligible to retire and at another 10 staff retired in one calendar year. Facilities experienced difficulty recruiting competent staff to fill vacancies. A one year internship proposal was funded to provide face to face, virtual and experiential training for registered nurses for one year. A competitive selection process selected 5 interns from 96 applicants. A class of 5 interns began in July 2016. Participants and their preceptors developed individual development plans using the CPHQ content outline as one of their resources. Weekly Community of Practice Calls, as well as pre-work and post session homework are used to track achievement of objectives.

Learning Objectives:
- Define the elements of a success program proposal with measurable outcomes.
- Identify key curriculum components for the development of entry level HQP to fully competent practitioners.

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(705) IT COULD HAPPEN TO YOU

Cathy Pusey, RN MBA; Patricia Neumann, RN MS

👤 **Regulatory/Accreditation Professional, Quality & Safety Professional, Emerging Professional**
🏷️ **Regulatory & Accreditation, Quality Review & Accountability**

This session will provide a process used to assess an organization's compliance to with the Conditions of Participation, the process used to improve care and how ongoing monitoring can be established through the implementation of a comprehensive quality program.

Frequently we see a headline about a hospital at risk of losing their Medicare Funding. Center for Medicare and Medicaid (CMS) Condition of Participation 42 CFR §489.3 defines immediate jeopardy as "a situation in which the provider's non-compliance with one or more of the requirements of participation has caused or is likely to cause, serious injury, harm, impairment, or death …" If not abated within the 23-day timeframe, hospitals risk the loss of Medicare reimbursement. While the dollars are important to organizations, the ability to provide safe patient care can cause lasting damages to one's reputation in the community. This session will provide a process used to assess an organization's compliance to with the Conditions of Participation, the process used to improve care and how ongoing monitoring can be established through the implementation of a comprehensive quality program.

Learning Objectives:
- Recognize the impact of non-compliance from a quality, risk and patient safety perspective.
- Learn from a case study: How to engage leadership in the quest for quality and patient safety improvement.
- Identify how to establish a roadmap for success.

MONDAY SCHEDULE

(706) ENGAGING HEALTHCARE TO SPREAD INNOVATIVE QUALITY IMPROVEMENT PRACTICES; STRATEGIC INNOVATION ENGINE (SIE)

Nicole Keane, MSN RN; Tennille D. Daniels, MPH PMP

🏷 **Performance & Process Improvement**

The Strategic Innovation Engine (SIE), funded by CMS, will identify, evaluate, and spread innovative quality improvement (QI) practices that are ready for scale and spread. The SIE evaluation criteria, which balances evidence base with innovation, will be presented. The presenters will describe in detail the process for submitting a QI practice and the evaluation criteria used to determine its readiness for spread. The goal is to share with the health care community a mechanism for them to share and spread evidence based practices they have created or adapted to improve quality and safety. The delivery method will be facilitated discussion with the audience with some supporting slides and hand-outs. The intent of the presentation is to allow for attendees, who are anywhere in their healthcare QI career, to share their best practices; ideas about where to innovate; and those practices ready to be scaled.

Learning Objectives:
- List criteria used to evaluate QI practices which will enable them to appraise their own QI work for completeness.
- Apply the principles/domains of the SIE evaluation criteria resulting in a well-designed quality improvement project of their own.
- Engage with peers around the state of health care quality and opportunities to make the greatest gain towards achieving the three part aim – better care, better health, smarter spending.