

ACHE FOCUS SESSION

PATIENT SAFETY: INCREASING PATIENT TRUST IN SYSTEMS OF CARE

Speakers: Frank Pearson, DPT US Navy CO, Navy Hospital Camp Pendleton

Panelists: Jonathan Nebeker, Deputy CMIO, VA; Maureen Sinitch, DNP, MBA, RN,WHNP-BC, NEA-BCPVT Hospital Administrator; Kay Lewis, VP, Quality Resource Manager at Kaiser Foundation Health Plan

Defense Healthcare Management Systems: Innovations within the Electronic Health Record that Drive Patient Safety

Speaker: Alexander Michael Holston, MD, FAAP Commander, Medical Corps, United States Navy

DISCLOSURES

Presenters have no relevant financial or non-financial interests to disclose.

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ACHE Chapter Panel Discussion Template #91

For ACHE Face-to-Face Education Credits

Closing Gaps in Patient Care Plans: The Executive's Role in Engaging Care Teams to Improve Patient Safety, Quality of Care, and Operating Margins

Length: 1.5 hours

Target Audience: CEO, COO, CMO, CNO, CIO, CMIO, CNIO, and other healthcare executives

Description: Preventable patient harm in five of the largest hospitals in one county of southeast Texas exceeded \$235M (2015-16) with significant unfavorable impact on operating margins. In the quest to improve healthcare, increasing attention is being paid to gaining control over quality by making care safe, effective, timely and centered on patient needs. The complexity of healthcare delivery can benefit from the care team having access to real-time insights into patient safety threats/risks to prevent adverse events before they occur. Incorporating predictive risk management technology into the care plan can be an effective means for preventing harm. Hospital leadership must create an environment that invites and enables care teams to succeed through the application of High Reliability Organization (HRO) principles.

Faculty: Moderator plus two to three panelists. Moderator should be a healthcare executive with experience in streamlining and automating reporting functions and has improved patient safety performance in their organization. Panelists should include senior healthcare executives or consultants who can draw on their experiences of using management tools that have effectively improved patient safety performance and have been responsible for implementing improved processes based on quality and patient safety metrics relevant to their organization.

Topics for Discussion:

- ☐ Executive's role in fostering innovation and collaboration to address clinical reluctance or resistance to change
- ☐ The perils of relying only on incident reporting systems/analysis to prevent patient harm
- ☐ Understanding the value of transforming the organization from reactive reporting of incidents to proactively preventing harm
- ☐ Technological innovations that provide patient safety insights, e.g., predictive modeling, machine learning, natural language processing, data visualization
- ☐ Organizational accountability and strategy to achieve high reliability in care delivery

Questions for Discussion:

1. How do you transform a healthcare organization from a focus on reactive reporting of events to proactively preventing harm to patients?
2. How well do your organizational leaders, clinicians and staff understand the actual costs of adverse events (hospital acquired conditions, readmissions)? How are you educating them?
3. How do you calculate a return on investment (ROI) when implementing care plan innovation/technology?
4. How has technology impacted care plans and improved patient safety? What additional technological advances could improve patient safety further?
5. How have you previously introduced the value of technology changes/innovation in your care plan? What would you do differently in the future?
6. What are the greatest risks in introducing/sustaining improvements to the care plan?
7. How do you engage your staff in complying with improvements to the care plan?
8. What are the perils of chasing technology?
9. Why won't technology alone solve patient safety issues?
10. What steps has your organization made toward becoming an HRO (High Reliability Organization)?
11. How can executives and managers help foster a culture of continual improvement?

Materials for Distribution:

Van Dyke, M. (2017). Building on Success to Conquer Patient Harm. *Healthcare Executive*, 32(2), 21-30.

Buell, J.M. (2016). The Beauty of Predictive Analytics. *Healthcare Executive*, 31(5), 10-18.

Additional Resources:

"Making Data Actionable" Chapter 9 in *The Internet of Healthy Things* by Joseph C. Kvedar, MD, 2015; pp 124-139.

Van Dyke, M. (2017). Strengthening Post-Acute Care Partnerships 8 Factors for Success. *Healthcare Executive*, 32(1), 18-26.

Van Dyke, M. (2016). Determining the Pace for Population Health. *Healthcare Executive*, 31(4), 22-28.

Kavadias, S., Ladas, K., Loch, C. (2016). The Transformative Business Model. *Harvard Business Review*, (94)10, 90-98.

Van Dyke, M. (2016). Revealing the Secret to Sustainable Healthcare Cost Savings. *Healthcare Executive*, 31(3), 10-20.

Porter, M. E., Lee, T. H., (2013). The Strategy That Will Fix Health Care. *Harvard Business Review*, 91(10), 50-70.

Headley, M., (2016) Exploring Post-Discharge Spaces Designed to Eliminate Gaps in Care. *PSQH Patient Safety & Quality Healthcare*, 13(5), 24-30.

ACHE CHAPTER PANEL DISCUSSION TEMPLATE #36

For ACHE Face-to-Face Education Credits

The Path to EHR Implementation: Strategies for Success

Length: 1.5 hours

Target Audience: Mid- to senior-level healthcare executives

Description: Interest in electronic health record (EHR) systems is gaining momentum. Development of an EHR adoption strategy is crucial to the success of healthcare organizations. The effective use of EHRs is essential to achieve advances in healthcare quality and to improve patient safety. The challenges to adopting an EHR system include insufficient financial resources and lack of buy-in from physicians. The American Recovery and Reinvestment Act of 2009 provides for incentives as well as potential future penalties for institutions that do not implement such a system. This program discusses the strategies that healthcare executives need to employ to address in the selection, planning and implementation of an EHR system

Faculty: Moderator and two to three panelists.

The moderator should be a senior healthcare executive who has been involved in the information technology decisions for an EHR integration and implementation project.

Recommended panelists may include other healthcare executives who have been involved in EHR planning, a chief information officer, a technology vendor or a consultant who has developed or implemented an EHR system in an integrated healthcare system.

Topics for

Discussion:

- Assess organizational needs and determine EHR “meaningful use”
- Identify approaches to implementing an EHR strategy
- Gain C-suite involvement and physician buy-in for successful implementation
- Understand government incentives and penalties to promote the adoption and use of EHRs
- Assess the large capital and operating budgets required to support EHRs
- Examine lessons learned from organizations that have successfully adopted EHRs

Questions for Discussion:

1. How do you determine the needs and capabilities of your organization regarding the timeline for launching the EHR system by the 2011 deadline?
2. How do you calculate the return on investment for your organization?
3. What is the current state of your organization’s quality reporting initiatives?
4. What are your EHR-related safety needs? How will your vendor address those needs?
5. How do you conduct a system-wide workflow analysis for consistency and functionality? What are the roadblocks?
6. How do you refine the request for proposal process to select a Certification Commission for Healthcare Information Technology–approved vendor?
7. What role should managers and allied health personnel play in the EHR decision-making process and implementation?
8. What kind of training and incentives are necessary to maximize use of the system? What is the estimated cost?

Material for Distribution:

Smaltz, D. H., and E. S. Berner. 2007. “Chapter Title.” In *The Executive’s Guide to Electronic Health Records*, 53–70. Chicago: Health Administration Press. (**link will be added here**)

Additional Resources:

Buell, J. M. 2009. “Electronic Health Records.” *Healthcare Executive* (Sept/Oct): 8–19.

Cohn, K. H. 2009. “Changing Physician Behavior Through Involvement and Collaboration.” *Journal of Healthcare Management* 54 (2): 80–86.

Harzband, P., and J. Groopman. 2008. “Off the Record: Avoiding the Pitfalls of Going Electronic.” *New England Journal of Medicine* 358 (16): 1656–58.

Kotter, J. 1996. *Leading Change*. Cambridge, MA: Harvard Business School Press.

Malik, N. N. 2009. “Integration of Diagnostic and Communication Technologies.” *Journal of Telemedicine and Telecare* 15: 323–326.

Weimer, C. 2009. “Electronic Health Care Advances, Physician Frustration Grows.” *Physician Executive Journal of Medical Management* 35 (2): 8–15.

Wilson, J. F. 2009. “Making Electronic Health Records Meaningful.” *Annals of Internal Medicine* 151: 293–96

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