Thank you for coming and

SEE YOU NEXT TIME!

ANNUAL LEADERSHIP
CONFERENCE
NOVEMBER 2–4, 2020 • TAMPA

QUALITY & SAFETY
IN CHILDREN’S HEALTH CONFERENCE
MARCH 15–17, 2021 • ORLANDO
Wi-Fi Instructions
1. Turn wireless access on
2. View available wireless networks
3. Select CHAQSC2020 and connect
4. Open your web browser; you will be directed to the login page
5. Access code: Champions4Kids
6. Your page will default to the hotel website
7. You can now access any website

If you have difficulties with the wireless connection, please stop by the Century Foyer.

Social Media
Be a part of the conference action. Follow, share and comment on social media.

Follow #Quality20 and @hospitals4kids on Twitter.

Like Children’s Hospital Association on Facebook for even more conference coverage.

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REGISTRATION HOURS
Century Foyer
Sunday 3 – 6:30 p.m.
Monday 7 a.m. – 7:30 p.m.
Tuesday 7 a.m. – 6 p.m.
Wednesday 7 a.m. – 5 p.m.
Thursday 7 a.m. – 5 p.m.
Friday 7 a.m. – noon

POSTER PRESENTATION HOURS
Century A – The Link
Browse posters Monday beginning at 6:30 p.m. through Wednesday at 8 a.m. Poster presenters will be available to answer questions during the days and times below.

Meet the Poster Presenters
Monday 6:30 – 7:30 p.m.
During the Networking Reception
Tuesday 2 – 2:30 p.m.
During the Dessert Reception
Wednesday 7:30 – 8 a.m.
During Breakfast

CONFERENCE MOBILE APP
CHA members can access the conference mobile app. Search “Children’s Hospital Assoc.” through the Apple or Android store. Once downloaded, log in to the app with the password QSC2020. The app includes session, poster information and more.
CONFERENCE ADVISORY COMMITTEES

We would like to thank the committee members for volunteering their time and expertise to help develop an outstanding conference experience for children’s hospital professionals.

Member Advisory Committee

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Former Director, Center for Patient Safety and Quality
Hassenfeld Children’s Hospital at NYU Langone

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Former Senior Vice President, Continuous Improvement and Innovation
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Visit the conference website for valuable information: childrenshospitals.org/quality20

Consent to Use of Photographic Images
Conference registration, attendance or participation constitute an agreement by the registrant to allow CHA use and distribution (both now and in the future) of the attendee’s image or voice in photographs, videotapes, electronic reproductions and audiotapes of conference events and activities.

Tell Us What You Think: Conference Evaluations
Attendees receive two online surveys for the evaluation of education offerings as well as the overall conference. Surveys are emailed at the end of the day on Tuesday and Wednesday.

Power Sessions
The conference features several power sessions that connect two or more hospitals in one session to explore multiple perspectives on a topic.

Impact Sessions
These sessions are open to all conference and forum participants.

Advancing quality in a new decade
The conference features sessions highlighting themes of our journey toward the next generation of quality in children’s health care and outcomes.

Conference Learning Outcomes
Upon completion of this educational activity, participants will be able to:

- Describe best practices to improve care delivery systems, care coordination and outcomes in managing the health care of children.
- Discuss unique approaches to improving the patient experience through advances in patient and family engagement.
- Explore innovative strategies to build clinical effectiveness and impact safety in health care.
- Share key strategies within their health care teams that can be used to improve quality and safety outcomes.
Continuing Education
As an accredited provider of continuing education (CE), Children’s Hospital Association has a conflict of interest policy that requires everyone in a position to control the content of an education activity to disclose all relevant financial relationships with any commercial interest. Any potential conflicts are resolved so that presentations are evidence-based and scientifically balanced. No conflict of interest exists for any CE presenter/author or planning committee member related to the content of this educational activity.

In support of improving patient care, Children’s Hospital Association is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

For Physicians: Children’s Hospital Association designates this live activity for a maximum of 9.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For Nurses: Children’s Hospital Association designates this activity for a maximum of 12.75 ANCC contact hours.

Criteria for successful completion of this educational activity includes confirmation of individual poster(s) or session(s) attendance in its entirety and completion of program evaluation. A link to the online Verification of Attendance and Evaluation Form will be emailed to participants at the conclusion of each day. To receive a certificate of completion, attendees must complete the survey by Friday, April 10, 2020. Certificates will be emailed to participants.

ACHE Qualified Education
By attending the 2020 Quality and Safety in Children’s Health Conference offered by Children’s Hospital Association participants may earn up to 11.50 ACHE Qualified Education Hours toward initial certification or recertification of the Fellow of the American College of Healthcare Executive (FACHE) designation.

Verification of Attendance
By attending the conference, you have the opportunity to earn credit that may satisfy your continuing education requirements. Complete the online surveys only once after attending the conference. Certificates will be emailed to participants.
MONDAY, MARCH 9

5 – 6:15 p.m.  KEYNOTE SESSION with Caroline DeLongchamps  Century BC
6:15 – 8:30 p.m.  Opening Networking Reception  The Link – Century A

TUESDAY, MARCH 10

7 – 8 a.m.  Breakfast  The Link – Century A

8 – 9:15 a.m.  EDUCATION SESSIONS
☐ Power Session: Break Down Silos in Quality Improvement  Pershing North
☐ Power Session: Leverage Data for Improvement  Pershing South
☐ Power Session: Manage Aggression in Behavioral Health Patients  Liberty
☐ Power Session: Rounding with Purpose  Pershing East/West
☐ Power Session: Sepsis—Drive Outcomes Through Technology  Shawnee Mission

9:40 – 10:20 a.m.  EDUCATION SESSIONS  Sessions repeat 10:40 – 11:20 a.m.
☐ A Data Stream for Detecting Harm from Diagnostic Errors  Pershing South
☐ Build Microsystem Improvement Capacity: One Size Does Not Fit All  Pershing North
☐ Medication Safety: The Approach to No Harm  Shawnee Mission
☐ Multi-Site Process Improvement for Children with Medical Complexity  Pershing East/West
☐ Pediatric Vital Signs: A Challenge and Call to All of Us  Liberty

10:40 – 11:20 a.m.  EDUCATION SESSIONS  Repeat of 9:40 – 10:20 a.m. sessions
☐ A Data Stream for Detecting Harm from Diagnostic Errors  Pershing South
☐ Build Microsystem Improvement Capacity: One Size Does Not Fit All  Pershing North
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☐ Multi-Site Process Improvement for Children with Medical Complexity  Pershing East/West
☐ Pediatric Vital Signs: A Challenge and Call to All of Us  Liberty

11:20 a.m. – 1 p.m.  Networking Luncheon  Century BC

1:15 – 2 p.m.  EDUCATION SESSIONS
☐ Cognitive Bias Coding to Improve Safety Event Classification  Shawnee Mission
☐ Development of a Healthcare System Perinatal Quality Collaborative  Pershing South
☐ Quality Beyond Safety: Building Specialty Specific Clinical Quality Programs  Pershing East/West
☐ Quantum Improvement – Envisioning 2030  Liberty
☐ Structured Approach to Accurate Medication Administration at Home  Pershing North

2 – 2:30 p.m.  Dessert Reception and Meet Poster Presenters  The Link – Century A

2:30 – 3:15 p.m.  EDUCATION SESSIONS
☐ Collaborative Produces Expected and Unexpected Improvement in a Cardiac Critical Care Consortium  Pershing South
☐ Eliminate Opioids From Surgery: Impossible or Achievable?  Liberty
☐ Outpatient Capacity Management in Specialty Care Exam Rooms  Pershing North
☐ Use of Child Life Specialist to Reduce Anesthesia with MRI  Pershing East/West
☐ vKids at Home: In-Home Virtual Care for Complex Pediatric Patients  Shawnee Mission

3:30 – 4:45 p.m.  KEYNOTE SESSION with Elizabeth Stanley, Ph.D.  Century BC
4:45 – 6:30 p.m.  Networking Reception  The Link – Century A

VISIT CHILDRENSHOSPITALS.ORG/QUALITY20  FOLLOW US #QUALITY20
WEDNESDAY, MARCH 11

7 - 8 a.m.  Breakfast  The Link – Century A

8 - 9:15 a.m.  EDUCATION SESSIONS
- Integrating Genomics and Precision Therapeutics to Improve Children’s Health Care  Pershing South
- Power Session: Advance Health Equity  Pershing East/West
- Power Session: Engage Families to Improve the Patient Experience  Liberty
- Power Session: Reduce Length of Stay  Shawnee Mission
- Power Session: Transform Data into Solutions  Pershing North

9:35 – 10:15 a.m.  EDUCATION SESSIONS
- Bring Evidence-Based Medicine to the Bedside  Pershing North
- Change Management Success with the Precaution-Adoption-Process Model  Pershing East/West
- Nourish Neonates and Improve Outcomes with a Multidisciplinary Quality Team  Pershing South
- Rev Up Change via Quality Management System Implementation  Shawnee Mission
- Stop Pediatric Sepsis through Recognition, Innovation and Organizational Transformation  Liberty

10:35 – 11:15 a.m.  EDUCATION SESSIONS
- Communication and Resolution Programs: Achieve the Potential and Avoid the Pitfalls  Liberty
- Dashboards for Comparative and Predictive Analytics for Quality Improvement  Pershing South
- Don’t Call Us, We’ll Call You: Implementing Automated Post-Discharge Calls  Pershing East/West
- Effect of Missed Nursing Care on Patient Safety: Teamwork Intervention  Pershing North
- Improve Communication to Enhance Diagnostic Safety  Shawnee Mission

11:15 a.m. – 12:30 p.m.  Networking Luncheon  The Link – Century A

12:30 – 3:30 p.m.  IMPACT SESSION
- Medication Safety: A Deep Dive  Century C

12:30 – 1:20 p.m.  IMPACT SESSION
- Build a Comprehensive Quality Program: The RITE Program  Century B

1:40 – 2:25 p.m.  IMPACT SESSION
- Solving a Perioperative Puzzle: Human Factors and OR Hand Hygiene  Century B
POSTER PRESENTATIONS

Century A

Learn more about the unique projects taking place in children’s hospitals. Visit with poster presenters during the networking times on Monday, Tuesday and Wednesday.

0.25 CNE per poster

1. Therapeutic Listening for Postpartum Depression and Anxiety in the NICU
   Christina Banialis, B.S.N., RNC-NIC
   Advocate Children’s Hospital  |  Oak Lawn, Illinois

2. Build Improvement Capability Through Interdisciplinary Education at a Pediatric Hospital
   Ellen Nord, M.P.H., B.S.N., RN, CPHQ, Senior Enterprise Improvement Advisor
   Children’s Hospital of Philadelphia

3. Increase Access to Ambulatory Behavioral Health Care
   Kayla Burley, M.P.H., LSSGB, Operations Manager, Behavioral Health
   Children’s Hospital of Philadelphia

4. Assess the Effects of Social Determinants on Serious Safety Events
   John Cowden, M.D., M.P.H., Health Equity Integration Project Leader
   Lisa Schroeder, M.D., Chief Medical Quality and Safety Officer
   Children’s Mercy Kansas City

5. Improving Efficiency and Caregiver Satisfaction in Patient-Provider EMR Messaging
   Maria Tang, M.D., Associate Staff of Pediatrics
   Cleveland Clinic Children’s  |  Ohio

6. Initiative to Decrease Nosocomial C.difficile Infections
   Brianna Concannon, M.H.A., Performance Improvement Coordinator
   Cohen Children’s Medical Center  |  New Hyde Park, New York

7. Maximize Comfort, Minimize Pain
   Patty Click, B.S.N., RN, M.S.N., CPHQ, LSSBB, Coordinator, Quality and Patient Safety
   Meena Iyer, M.D., Chief Medical Officer
   Dell Children’s Medical Center of Central Texas  |  Austin

8. Path to Excellence in the NICU: Create Strategy and Structure
   Shelley Moore-White, M.S.M., B.S.N., RN, Nursing Director, Critical Care and Transport Services
   East Tennessee Children’s Hospital  |  Knoxville
9. **Empower Frontline Staff Through Huddles and Idea Boards**  
   Elizabeth Smith, RN, B.S.N., MBA, NE-BC, Senior Director, Nursing and Patient Care Services  
   Franciscan Children’s | Brighton, Massachusetts

10. **Implementing Medication Safety Interventions Using Multidisciplinary Team Approach**  
    Elaine Henry, M.S.N., RNC-NIC, Quality Nurse Specialist  
    Christy Turner, R.Ph., MBA, Pediatric Pharmacy Supervisor  
    James and Connie Maynard Children’s Hospital | Greenville, North Carolina

11. **STAR: A Comprehensive Approach to Disruptive Behavior**  
    Sue Ann Weddington, RN, B.S.N., CPAN, NE-BC, CPHQ, Performance Improvement Coordinator  
    Levine Children’s Hospital | Charlotte, North Carolina

    Lauren Fowler, MBA, CCLS, CSSBB, Clinical Performance Improvement Specialist  
    Elizabeth Kubik, MBA, Director, Strategic Initiatives  
    Mercy Children’s Hospital – St. Louis

13. **Impact of Physician Alignment on Clinical Effectiveness**  
    Mara Nitu, M.D., MBA, Vice Chair, Clinical Affairs  
    Riley Hospital for Children at Indiana University Health | Indianapolis

14. **Rapid Response Bag Promotes Efficient Care in Pediatric Acute Units**  
    Lisa Rendina, RN, M.S.N., CCRN, Nurse Specialist  
    Jaime Lelle, RN B.S.N. CPN, Nurse Educator, Pediatric Acute and Pediatric Hematology/Oncology  
    Stony Brook Children’s Hospital | Long Island, New York

15. **Supporting YOU: More Than a Second Victim Program**  
    Michael Schwalm, RN, B.S.N., Clinical Support Specialist  
    West Virginia University Children’s Hospital | Morgantown, West Virginia

For poster descriptions, visit childrenshospitals.org/quality20.
The Journey to Patient- and Family-Centered Care
Meaningful partnerships with patients and families are essential to improve quality and safety metrics as well as the experience of care. Creating partnerships among patients, families and providers in inpatient and outpatient settings will transform the care delivery system. DeLongchamps discusses the core concepts of patient- and family-centered care and how to build strong partnerships that can drive culture change in your organization.

About Caroline DeLongchamps
After an experience with her son in the pediatric ICU, DeLongchamps dedicated herself to spend time with hospitalized children whose parents were unable to be there. Volunteering led to her service on the Family Advisory Council, and she is now a speaker at many of the medical conferences she attended while learning about patient- and family-centered care.

DeLongchamps works with the South Carolina Hospital Association and Vizient hosting patient- and family-centered care workshops and webinars for other health care organizations. She was the 2019 commencement speaker for MUSC’s graduation ceremony and received an honorary Doctorate of Humane Letters.
TUESDAY MORNING

7 – 8 a.m.

Breakfast
The Link – Century A

8 – 9:15 a.m.

Break Down Silos in Quality Improvement
Pershing North | 1.25 CME/CNE

The Hospital for Sick Children and James and Connie Maynard Children’s Hospital will focus on their efforts to decrease safety incidents and break down department silos.

Break Down Organizational Silos Through Project-Based Interdepartmental Collaboration

Examination delays can result in substandard clinical outcomes, prolonged length of hospital stay, increased operating costs, and poor patient and family experience. An interdepartmental project at The Hospital for Sick Children sought to improve systems and processes, break down organizational silos, enhance communication, and provide safe and timely care for emergency department patients who require diagnostic imaging examinations. A variety of methodologies helped improve dispatch and transport completion times, and reduce the number of wrong orders by 70%.

Zoran Bojic, M.H.Sc., PMP, CSSBB, CLA, ASQ-CMQOE
Senior Manager, DI Operations

Zahra Ismail, RN, M.N., M.H.Sc.
Director, Clinical Transformation
The Hospital for Sick Children | Toronto

Create a Sea of Safety: Infrastructure to Drive Quality Improvement

The Sea of Safety is a multifaceted movement to promote a pervasive culture of safety at James and Connie Maynard Children’s Hospital. The hospital created multidisciplinary structures across the organization to remove practice silos. The initiative included building teams focused on specific hospital acquired conditions, monthly quality leader rounding, and empowering team members at the bedside to become integral components of the quality and safety apparatus. The outcomes have been demonstrably sustainable for almost a year.

Elaine Henry, M.S.N., RNC-NIC
Quality Nurse Specialist

John Kohler, Sr, M.D., MBA
Senior Medical Director, Quality
James and Connie Maynard Children’s Hospital | Greenville, North Carolina
Leverage Data for Improvement
Pershing South | 1.25 CME/CNE

Children’s Hospital Colorado and Cohen Children’s Medical Center discuss their approaches to managing asthma care and decreasing asthma readmissions.

Create Coordinated Care for High-Risk Asthma Patients in the ED or Urgent Care
Children with asthma who experienced one hospitalization or two emergency room visits within 12 months are at high risk for asthma morbidity and mortality. Children’s Hospital Colorado integrated chronic disease management tools into the emergency department and urgent care workflow to further expand care coordination. The changes address barriers to asthma care, asthma control and earlier referral to a specialist.

Joyce Baker, MBA, RRT-NPS, AE-C
Asthma Clinical Program Coordinator

Irina Topoz, M.D.
Director, Quality Improvement
Children’s Hospital Colorado

Setting the Standard: Decrease Asthma Readmissions Using Health Education
Recognizing that care extends beyond hospital admissions, a team at Cohen Children’s Medical Center partnered with patients and families to produce effective change in the care of children with asthma. The model of care has since been adopted by the New York State Department of Health as the state’s standard of care. The program was built on an interprofessional approach with a focus on treatment, management, prevention and follow-up.

Diane Diver, RN, M.S.N., CPN
Director, Patient Care Services

Stacy McGeechan-Chianese, M.D.
Pediatric Hospitalist
Cohen Children’s Medical Center | New Hyde Park, New York

Manage Aggression in Behavioral Health Patients
Liberty | 1.25 CME/CNE

Children’s National Medical Center, Monroe Carell Jr. Children’s Hospital and Yale New Haven Children’s Hospital describe their process for managing aggressive behavioral health patients, and how they keep staff safe during aggressive patient episodes.
It Takes a Village: Managing Disruptive Patients

Children’s National Medical Center experienced an increase in the number of behavioral health patients resulting in a rise of verbal and physical aggression and violence toward staff. The hospital chartered the Disruptive Patient Task Force to examine the problem and implement care delivery systems that support high-quality patient care and the safety of staff. Results include a decrease in the number of disruptive events and the formation of the Behavioral Response Emergency Team.

**Martha Parra, M.S.N., RN**  
Vice President, Clinical Support Services and Patient Experience

**Linda Talley, M.S., RN, NE-BC, FAAN**  
Vice President, Chief Nursing Officer  
Children’s National Hospital | Washington, D.C.

Standardize Care for Aggressive Patients: The Broset Violence Checklist

Behavioral health patients who present with a chief complaint of aggression make up approximately 20–40% of acute emergency department visits each month at Monroe Carell Jr. Children’s Hospital at Vanderbilt. To improve and standardize the care of this patient population and focus on safety, the hospital implemented the Broset Violence Checklist, which helps differentiate between chronic and acute aggressive episodes. The interventions resulted in a 50% decrease in the use of violent restraints compared to baseline data.

**Kate Copeland, M.S.N., RN, NEA-BC**  
Administrative Director, Emergency Services

**Bethan Jones, RN**  
Clinical Staff Leader  
Monroe Carell Jr. Children’s Hospital at Vanderbilt | Nashville, Tennessee

Wraparound Care for Patients with Autism Spectrum Disorder

A multidisciplinary team of clinical leaders and families of patients with autism began a QI project to enhance screening and create individualized coping plans for patients with behavioral or developmental challenges. Prior to this effort, Yale New Haven Children’s Hospital saw recurrent staff injuries and safety events related to escalated behaviors in this population. After rollout, the hospital reported a reduction in the median length of stay and a reduction in rate of staff injuries, restraints and sitter use.

**Rebecca Ciaburri, M.S.H.A., B.S.N., RN**  
Associate Director, Quality Safety and Program Development

**Jillian Gonzalez, M.S.N., RN-BC, CPN**  
Coordinator, Performance Improvement  
Yale New Haven Children’s Hospital | New Haven, Connecticut
Rounding with Purpose
Pershing East/West  |  1.25 CME/CNE

Texas Children’s Hospital, UPMC Children’s Hospital of Pittsburgh and Riley Hospital for Children at Indiana University discuss how leader and safety rounding improve communication and patient experience.

Enhance Clinical Leader Communication Skills Through Simulation
Texas Children’s Hospital launched leader rounding as a key initiative to improve patients’ perception of the care they received and ensure leaders were aware of quality and safety concerns. Program evaluation identified the importance of a role-play component, leading to a partnership with the hospital’s simulation center. Immersive simulation-based training attributed to an increase in leader rounding compliance and reported rise in confidence, ability to provide staff feedback and competence level in patient and family interactions.

Royanne Lichliter, M.S.N., RN, CPN
Assistant Director, Quality Education and Simulation

Elisa Mozley, MBA, CCLS
Assistant Director, Patient and Family Experience
Texas Children’s Hospital

Nurse Leader Rounding Effect on the Patient and Family Experience
Nurse leader rounding on patients and families has proven to be an effective tool to increase patient experience scores. The framework of the rounds, educational sessions for nurse leaders, and validation of rounding techniques were key to successful implementation at UPMC Children’s Hospital of Pittsburgh. The hospital rose to the top decile of the Consumer Assessment of Healthcare Providers and Systems Child Hospital Survey following initiation of nurse leader rounding.

Michele Carlson, M.S.N., RN, CPN, NEA-BC, BSN
Director, Acute Clinical Services

Ann Terzis, M.S.N., RN, CPN
Unit Director
UPMC Children’s Hospital of Pittsburgh

Safety Rounds…It’s Not Just for Physicians
Safety rounds in the PICU at Riley Hospital for Children at Indiana University Health encompass preventive strategies and place focus on the development of nursing critical thinking skills while fostering an environment that incorporates family participation. Safety rounds involve a multidisciplinary approach including bedside nursing, advance practice nurses, physicians, respiratory therapy, and other disciplines as identified. With this practice, any concerns brought forth by participants can be handled at the time of rounding.
Yale New Haven Children’s Hospital and Children’s Hospital Colorado describe their use of technology and the role it has played in capturing and reducing sepsis cases.

**Harness Technology to Reduce Hospital-Onset Sepsis**

Following many sepsis-related quality improvement efforts, Yale New Haven Children’s Hospital aimed to establish its rate of hospital-onset severe sepsis and further reduce it within two years. Staff integrated a dashboard, technology triggers, streamlined electronic order-sets and provided education for the front-line staff. Throughout multiple iterations of best practice alerts, the teams were able to alter methodology to help identify early warnings and initiate treatment. The work produced several improvements including a decrease in mortality relating to sepsis from 16.1% to 4.5%.

**Sarah Kandil, M.D.**
Assistant Professor, Pediatrics and Deputy Quality and Safety Officer

**Natalie Vinhais-Luysterborghs, M.H.A., B.S.N., RN**
Performance Improvement Coordinator
Yale New Haven Children’s Hospital | New Haven, Connecticut

**Use Collaborative Case Review to Improve Inpatient Sepsis Data Capture**

Following improvement efforts to increase timeliness of antibiotic delivery in the non-ICU inpatient sepsis population, a team at Children’s Hospital Colorado identified a smaller than expected population size. To improve inclusion of inpatient sepsis patients in the data system, a multidisciplinary team focused on aligning the complex data system with actual clinical sepsis cases. The new approach improved non-ICU patient capture by 30% in 2018 and by 64% in the first seven months of 2019.

**Elise Rolison, RRT-NPS**
Process Improvement Specialist

**Carter Smith**
Process Improvement Specialist
Children’s Hospital Colorado
TUESDAY MORNING

9:40 – 10:20 a.m.

So you may benefit from as many presentations as possible, these sessions repeat in the 10:40-11:20 a.m. time period.

A Data Stream for Detecting Harm from Diagnostic Errors
Pershing South | 0.75 CME/CNE

In 2015, Children’s Hospital Colorado identified a serious safety event related to a brain abscess misdiagnosed initially as migraine headaches. Root cause analysis classified this as a diagnostic error and highlighted the challenges of reducing harm arising from failures in the diagnostic process. To address this, the hospital is developing a method to identify patients who have experienced harm arising from diagnostic errors in the emergency department using a combination of EHR-triggers and structured chart review.

Fidelity Dominguez, B.S.N., RN, CPEN
Process Improvement Specialist

Joseph Grubenhoff, M.D., M.S.C.S.
Associate Medical Director, Clinical Effectiveness
Children’s Hospital Colorado

Build Microsystem Improvement Capacity: One Size Does Not Fit All
Pershing North | 0.75 CME/CNE

Ann & Robert H. Lurie Children’s Hospital of Chicago recognizes the need to build an embedded improvement support model that expands improvement capacity and enables success at the microsystem level. The hospital’s Center for Excellence invested in improvement support in the Heart Center, emergency department, surgery, and otolaryngology and integrated patient safety and clinical effectiveness. Triads were formed within each of the areas to include a physician leader, nursing or operational leader, and a dedicated improvement consultant.

Desty Kamm, RN, B.S.N., M.S.
Director, Clinical Effectiveness and Improvement

Abbey Studer, MBA, B.S.
Senior Clinical Effectiveness and Improvement Consultant
Ann & Robert H. Lurie Children’s Hospital of Chicago
Medication Safety: The Approach to No Harm  
Shawnee Mission | 0.75 CME/CNE

Children’s Mercy Kansas City uses an interdisciplinary approach to actively improve medication processes. The hospital’s aim is to maintain zero medication-related harm events. The work through the Adverse Drug Event Hospital Acquired Condition/Medication Process and Safety Committee produced a dramatic decrease in harm associated with the medication process in a two-year time frame. It’s estimated that one adverse drug harm event costs an organization $5,746.

Damon Pabst, R.Ph.  
Medication Safety Coordinator

Jana Wheeler, M.S.N., RN-BC, CPN  
Manager, Clinical Informatics and Practice  
Children’s Mercy Kansas City

Multi-Site Process Improvement for Children with Medical Complexity  
Pershing East/West | 0.75 CME/CNE

An initiative involving teams from 10 states uses Gloor’s Collaborative Improvement and Innovation Network (CoIIN) and Deming’s Model for Improvement to facilitate process improvement across multiple sites. The work focuses solely on children with medical complexity: their quality of life, the well-being of their families and the cost-effectiveness of their care. Two participants will describe the structure and process of CoIIN and illustrate outcome measurement strategies.

Rhonda Cady, RN, Ph.D.  
Nursing Research Specialist  
Gillette Children’s Specialty Healthcare | St. Paul, Minnesota

Elizabeth Casto, M.P.H.  
Clinical Research Specialist I  
Boston Children’s Hospital

Tricia Brisbine, M.A.  
Program Coordinator  
Family Voices of Minnesota | St. Paul
Pediatric Vital Signs: A Challenge and Call to All of Us
Liberty | 0.75 CME/CNE

Nationwide Children’s Hospital dramatically improved outcomes for its patients and addressed issues affecting the health of the community at large. Best outcomes for children are often conceptualized as best access, patient safety and patient-family experience. The team broadened that view to define best outcomes as when every child can reach full potential—healthy, active and ready to learn. The project defined key indicators to measure optimal health and outlined interventions to achieve true best outcomes.

Rich Brilli, M.D., FAAP, MCCM
Chief Medical Officer, John F. Wolfe Endowed Chair in Medical Leadership and Pediatric Quality and Safety

Christine Sander
Director, Infant Wellness
Nationwide Children’s Hospital | Columbus, Ohio

10:40 – 11:20 a.m.

Another chance to learn from proven processes, attend encore presentations from the 9:40-10:20 a.m. time period, including:

☐ A Data Stream for Detecting Harm from Diagnostic Errors | Pershing South
☐ Build Microsystem Improvement Capacity: One Size Does Not Fit All | Pershing North
☐ Medication Safety: The Approach to No Harm | Shawnee Mission
☐ Multi-Site Process Improvement for Children with Medical Complexity | Pershing East/West
☐ Pediatric Vital Signs: A Challenge and Call to All of Us | Liberty

0.75 CME/CNE per session
Join your colleagues for a networking lunch featuring a panel discussion facilitated by Katy Welkie, CEO of Primary Children’s Hospital and member of the CHA Board of Trustees. Our discussion will focus on achieving a quantum improvement in health outcomes, experience and value for children and families by 2030.

1:15 – 2 p.m.

**Cognitive Bias Coding to Improve Safety Event Classification**

**Shawnee Mission | 0.75 CME/CNE**

Riley Hospital for Children at Indiana University Health uses cognitive bias coding to gather data regarding safety events as a measure to reduce harm events. The presenter will demonstrate the prevalence of cognitive bias in harm events and the role it plays in the wellness of team members. The hospital introduced cognitive bias coding in safety event classification meetings to gather actionable intelligence to combat harm events. The work uncovered the top 10 cognitive biases the hospitals’ providers experience.

**Brian Wagers, M.D.**  
Physician Director, Pediatric and Maternal Quality and Safety  
Riley Hospital for Children at Indiana University Health | Indianapolis

**Development of a Healthcare System Perinatal Quality Collaborative**

**Pershing South | 0.75 CME/CNE**

Pregnancy-related deaths in the U. S. increased by 250% from 1987-2014 with 60% of these deaths being preventable with appropriate recognition and responsive care. Children’s Memorial Hermann Hospital developed a multicampus, multidisciplinary Perinatal Quality Collaborative to optimize the frontline teams and improve facility capability. The collaborative’s work produced a clinical care redesign of the obstetric service line resulting in decreased morbidity rates, decreased length of stay and an annualized savings of $1.6 million.

**Kendra Folh, M.S.N., RNC-OB, CPHQ**  
Senior Project Manager  
Children’s Memorial Hermann Hospital | Houston
Children's Health Children's Medical Center Dallas made great strides in reducing preventable harm via the creation of a robust patient safety program. To continue patient outcome improvements, the organization developed a strong clinical quality infrastructure to support sub-specialty areas to move beyond metrics focused on harm and into a diverse collection of clinical quality metrics. Adoption of standardized improvement methodology and providing Just In Time training on QI concepts was instrumental in driving results.

**Emilee Gubeno, RN, B.S.N, M.P.H., CPEN**  
Manager, Clinical Quality Improvement

**Rustin Morse, M.D., M.M.M.**  
Senior Vice President, Quality and Safety: Chief Quality Officer;  
Interim Chief Clinical Officer  
Children’s Health Children’s Medical Center Dallas

**Quantum Improvement – Envisioning 2030**  
Liberty

Continue the discussion introduced by the panel over lunch with an interactive session with children’s hospital leaders who have led the initial work to envision the foundational elements and areas of focus to achieve quantum improvement. Learn more about the work and share your ideas and priorities to change the health care and health outcomes for children and their families.

**Structured Approach to Accurate Medication Administration at Home**  
Pershing North | 0.75 CME/CNE

It can be challenging to determine medications the patient takes at home and ensure an up-to-date list is in the electronic health record. Children’s Wisconsin uses a comprehensive approach to increase accurate medication information for admissions and ambulatory clinics to promote accurate administration at home. Changes allowed pharmacy staff to complete medication history on more than 90% of hospitalized patients resulting in the home medication list at 95% accuracy.

**Jaclyn Moeller, Pharm.D., BCPS, BCPPS**  
Performance Improvement Pharmacist

**Chris Spahr, M.D.**  
Chief Quality and Safety Officer  
Children’s Wisconsin
Collaborative Produces Expected and Unexpected Improvement in a Cardiac Critical Care Consortium

Pershing South | 0.75 CME/CNE

The Pediatric Cardiac Critical Care Consortium (PC4) collects granular data on patients requiring pediatric cardiac intensive care. The collaborative was established to provide infrastructure for benchmarking and quality improvement across centers, driven by high-impact science. The group’s work generated progress in care including two marked improvements in patient outcomes. Expected: participation in the cardiac arrest prevention initiative results in a reduced incidence of cardiac arrest. Unexpected: simple participation in the collaborative results in improved patient outcomes.

Nikhil Chanani, M.D.
Cardiac Intensivist
Children’s Healthcare of Atlanta

Michael Gaiés, M.D., M.P.H., M.Sc.
Associate Professor, Pediatrics, University of Michigan
C.S. Mott Children’s Hospital and Von Voigtlander Women’s Hospital | Ann Arbor, Michigan

Jeffrey Alten, M.D.
Professor of Pediatrics, Division of Pediatric Cardiology
Cincinnati Children’s Hospital Medical Center
Eliminate Opioids From Surgery: Impossible or Achievable?
Liberty | 0.75 CME/CNE

Fifty million surgeries occur in the U.S. annually, 2 million of these patients become persistent opioid users, adding to the opioid epidemic that claims 147 lives per day. After their original surgery, 6.7% of adults and 4.8% of adolescents are still using opioids for 90-180 days. Seattle Children's Hospital has eliminated opioids from outpatient surgery while improving or maintaining all measurable outcomes. Real-time access to outcomes allowed the team to quickly identify stable processes and real improvements.

Daniel Low, M.D., B.M., B.S., MRCPCH, FRCA
Associate Professor

Lynn Martin, M.D., MBA
Medical Director, Continuous Improvement and Innovation
Seattle Children's Hospital

Outpatient Capacity Management in Specialty Care Exam Rooms
Pershing North | 0.75 CME/CNE

Outpatient Capacity Management (OCM) at Children's Hospital of Philadelphia focuses on aligning patient demand for outpatient specialty care services with provider capacity and outpatient space. OCM implemented a flexible and easy-to-use scheduling tool the hospital can use in the nearly 650 exam rooms across the specialty care network. The efforts to refill space and fill unreserved rooms have added hundreds of patient visits, increased patient volumes by 6% and generated over $1 million in additional net revenue for the organization.

Clint Chiodo, M.S.
Improvement Advisor

Virginia Lederman, MBA
Enterprise Improvement Manager
Children's Hospital of Philadelphia
Use of Child Life Specialist to Reduce Anesthesia with MRI
Pershing East/West | 0.75 CME/CNE

Children’s Health Children’s Medical Center Dallas developed Kids Can, a program with an interdisciplinary team focused on reducing the number of outpatient MRI exams performed under general anesthesia. The program resulted in a 15% reduction in MRI exams with anesthesia, and teams learned that with the correct resources the age a child can perform MRI without anesthesia is much lower than expected. Boston Children’s Hospital saw success with the Try Without Anesthesia program. Techniques related to MRIs contributed to a 40% reduction in the rate of anesthesia for 1 to 3 year olds and a reduction in the number of anesthesia reserve slots per day.

Kellyn Mahan, M.S., CCLS
Quality Improvement Consultant
Boston Children’s Hospital

Stephanie Price, CCLS
Child Life Specialist
Children’s Health Children’s Medical Center Dallas

vKids at Home: In-Home Virtual Care for Complex Pediatric Patients
Shawnee Mission | 0.75 CME/CNE

Children with medical complexity represent less than 1% of all U.S. children but account for over 34% of all pediatric health care costs at $110 billion. Mercy Children’s Hospital – St. Louis started the vKids at Home program to manage medically complex ambulatory pediatric patients with a virtual multidisciplinary clinical team, using home monitoring technology to decrease unnecessary hospital encounters. In the first year, program patients had a 42% reduction in emergency department visits per patient per month.

Cheryl Grave, RN, CPNP
Pediatric Nurse Practitioner

Katharine Pearson, M.S.N., RN, CPN
Mercy Children’s Hospital – St. Louis
Using Mind Fitness to Build Resilience and Enhance Performance

When we find ourselves in a stressful, complex or uncertain situation, we likely look to our mind for solutions, trying to figure out how to deal with or fix it. When we do this, however, we can override important information from our survival brain and body, and undermine our resilience. Drawing on her Mindfulness-based Mind Fitness Training program—Elizabeth Stanley, Ph.D., explores how to use mind fitness training to build resilience and enhance performance. Stanley discusses how we can train ourselves to make wise decisions and access choice—even during times of incredible stress, uncertainty and change.

About Elizabeth Stanley
Stanley is the creator of Mindfulness-based Mind Fitness Training (MMFT®), a resilience training program tested through Department of Defense-funded studies with the U.S. military. She’s taught MMFT concepts and skills to thousands in high-stress environments, from troops preparing for combat, to inmates at a maximum-security prison, corporate executives, and members of Congress. Stanley’s research has been featured on “60 Minutes,” “ABC Evening News,” “National Public Radio,” Time and The Washington Post.

Stanley served as a U.S. Army intelligence officer in South Korea, Germany and on two deployments in the Balkans.
Make Connections at the Member Resource Center
Century A

There are many benefits to your hospital’s membership. Learn how CHA programs, products or services can help address clinical and operational challenges. It’s informal; stop by on a break to browse information on quality and safety, sepsis, behavioral health, measures and more. A CHA staff member is available if you find something you’d like to know more about.

Explore Pediatric Learning Solutions’ latest research and development concept. The virtual reality experience demonstrates possibilities for training in hospitals. Take your turn and see what’s ahead.
7 – 8 a.m.

**Breakfast**

Century A - The Link

Visit with poster presenters for one-on-one or small group discussions from 7:30 – 8 a.m.

8 – 9:15 a.m.

**Integrating Genomics and Precision Therapeutics to Improve Children’s Health Care**

Pershing South | 1.25CME/CNE

Genomics has revolutionized rare disease diagnosis but it is underutilized in children with families often facing a prolonged search for a diagnosis. The Children’s Mercy Research Institute created the Genomic Answers for Kids program to speed up testing turnaround time and improve access to pediatric genomic medicine. Accurate diagnoses demand equally precise interventions. The program offers precision therapeutics research to identify factors contributing to variability in medication responses including adverse reactions and promotes the safe and effective use of medications in pediatric patients.

**Tom Curran, Ph.D., FRS**
Executive Director and Chief Scientific Officer

**J. Steven Leeder, Pharm.D., Ph.D.**
Deputy Director

**Tomi Pastinen, M.D., Ph.D.**
Director, Genetic Testing Center
Children’s Mercy Research Institute | Kansas City, Missouri
Children’s Mercy Kansas City and Children’s Hospitals and Clinics of Minnesota discuss health equity metrics that show inconsistencies in patient care and solutions for integrating measures.

**Health Equity Integration Throughout a Quality and Safety System**

Through the Health Equity Integration Project, Children’s Mercy Kansas City implemented a novel approach to the consideration of health equity perspectives (e.g., disparities, diversity and inclusion, cultural competency, social determinants) in quality and safety work. A content expert from the hospital’s Office of Equity and Diversity partnered with teams in the Improvement Institute to identify opportunities to embed and automate health equity questions in teams’ standard work.

**John Cowden, M.D., M.P.H.**  
Project Leader, Health Equity Integration

**Jessi Van Roekel, M.P.A.**  
Project Coordinator, Health Equity Integration  
Children’s Mercy Kansas City

**Vital Signs: Measuring the Health Equity of an Organization**

Children’s Hospitals and Clinics of Minnesota developed the Pediatric Health Equity Dashboard to track and display disparities in patient care. They began with the belief that disparities represent preventable harm. Four dashboard metrics showed significant disparities between Caucasian and African-American patients. The session includes a breakout where attendees may share ways their organization measures equity and brainstorm potential equity metrics. Groups will also brainstorm creative solutions to closing the gap on a selected metric.

**Bobbie Carroll, RN, M.H.A.**  
Vice President, Quality

**Kelly Kennedy, BA**  
Quality and Safety Data Consultant  
Children’s Hospitals and Clinics of Minnesota
Engage Families to Improve the Patient Experience
Liberty | 1.25 CME/CNE

Lucile Packard Children’s Hospital and Nationwide Children’s Hospital will share their efforts to broaden family council input and improve communication to enhance the patient experience.

Develop an Enterprise-Wide Patient and Family Education Program with Human-Centered Design

Patient education was fragmented at Lucile Packard Children’s Hospital at Stanford. Education materials developed without a clear set of health literacy standards, a standard review process, or a single-document storage system created a lack of consistent information for patients and families and frustration and inefficiencies for staff. Staff selected a human-centered design framework to create a patient education program that was family-centered, culturally appropriate, met health literacy standards and was consolidated on one digital platform for easy access.

Kristine Taylor, DNP, RN, PCNS-BC, CENP
Director, Practice, Innovation and Magnet

Karen Wayman, Ph.D.
Director, Family-Centered Care; Co-Director, Patient/Family Education
Lucile Packard Children’s Hospital Stanford | Palo Alto, California

Partner with Families in Care Experience through Drop-In Advisory Council

Patients and families treated at Nationwide Children’s Hospital are highly diverse, with a wide variety of individualized needs. The hospital sought to go beyond the usual patient advisory council and create a model that allows for a broad pool of information. Key leaders engaged families through a drop-in, open membership advisory council. They’ve hosted 20 feedback luncheons and feedback has caused change in clinical practice, communication process, collaboration between departments, enhancements in culturally sensitive care and access to resources.

Mindy Bibart, M.S.N., RN, CPHON, NE-BC, CSSBB
Director, Patient Care Services

Tammi Young-Saleme, Ph.D.
Director, Psychosocial Services and Program Development
Nationwide Children’s Hospital | Columbus, Ohio
Children’s Hospital of Philadelphia and Children’s Hospital of The King’s Daughters describe data-driven and accountability approaches that help reduce the length of stay.

**Keeping Kids Out of the Hospital; 5,000+ Days Saved**
The Keeping Kids Out of the Hospital initiative addresses persistently high census and occupancy rates, which pose challenges to the safety, effectiveness, efficiency and the patient-centered focus of care delivered. Children’s Hospital of Philadelphia used PHIS® data from the Children’s Hospital Association to compare performance against other children’s hospitals and identified more than 15 projects throughout the organization. Over the course of two years, the projects resulted in a savings of more than 5,200 bed days.

*Kylie Geddes, LSSGB*
Senior Enterprise Improvement Advisor

*Eileen Ware, RN, B.S.N., CPHQ*
Director, Improvement; Center for Healthcare Quality and Analytics
Children’s Hospital of Philadelphia

**Reduce Length of Stay and Readmissions through Family and Frontline Engagement**
Children’s Hospital of The King’s Daughters used the belief that discharge begins upon admission to inspire a project that creates operational capacity and opens more beds without the capital expenditures of building costs while keeping patients safe and mitigating readmissions. The team strategically scoped this project over four phases and empowered the frontline clinicians to drive change. This approach has placed families in the driver’s seat to assist in the navigation of the care clinical teams provide.

*Sandip Godambe, M.D., Ph.D., MBA*
Chief Quality and Safety Officer

*Christopher Mangum, CSSBB*
Manager, Quality and Performance Engineering
Children’s Hospital of The King’s Daughters | Norfolk, Virginia
Johns Hopkins All Children’s Hospital and Yale New Haven Children’s Hospital describe how real-time data can support rapid decision making, improve the patient experience and showcase the health of the organization.

**Analyze the Health of Your Organization with Visual Analytics**

As part of a commitment to monitor and improve outcomes of quality and patient metrics at Johns Hopkins All Children’s Hospital, staff enhanced the review and relevance process for metrics the hospital monitors. They designed a visual analytics tool that helps operational and executive users understand the health of the organization at any time. This work created a safety net to avoid oversight by board members, executives and operational staff.

**Luis Ahumada, Ph.D., M.S.C.S.**
Director, Predictive Analytics

**Julie Reynolds, B.S.N., M.P.H., CPHQ**
Manager, Patient Safety and Quality
Johns Hopkins All Children’s Hospital | St. Petersburg, Florida

**See Data Clearly: A Unified Approach to Presenting Data**

Teams at Yale New Haven Children’s Hospital created operational data dashboards to give leaders the right data when and where it’s needed. Two main dashboard views reflect historical, real-time and predictive data to support rapid decision making. The dashboards included: capacity/throughput, safety/quality, finance, patient experience and people data. Dashboard use has attributed to a reduction in the left without being seen metric and an increase in operating room first case on-time starts. Dashboards are also part of daily safety huddles.

**Rebecca Ciaburri, M.S.H.A., B.S.N., RN**
Associate Director, Quality Safety and Program Development

**Jason Malia, M.H.A., B.S.N., RN, NEA-BC, C-NPT**
Clinical Program Director
Yale New Haven Children’s Hospital | New Haven, Connecticut
Bring Evidence-Based Medicine to the Bedside
Pershing North | 0.75 CME/CNE

It takes an average of 17 years from the time the best medical literature is published until it reaches the patient. Seattle Children’s sought to decrease this gap by developing a system to quickly synthesize and evaluate medical literature for quality. Staff built upon the construct of the hospital’s Children’s Clinical Standard Work Program. By producing online forms, vital elements of the GRADE system for rating clinical guidelines are documented for every outcome in an average of 30-60 days.

Jennifer Hrachovec, Pharm.D.
Consultant, Clinical Effectiveness

Darren Migita, M.D.
Medical Director, Clinical Effectiveness
Seattle Children’s

Change Management Success with the Precaution-Adoption-Process Model
Pershing East/West | 0.75 CME/CNE

Change theory offers a framework to affect the most difficult part of quality improvement: changing personal beliefs and practices. The Precaution-Adoption-Process Model (PAPM) interventions are designed to target individuals along the continuum of change readiness. Children’s Hospital of Richmond at VCU used the PAPM framework to create meaningful interventions for providers and will demonstrate tools to implement the model in your quality improvement or change management work.

Matthew Schefft, D.O., M.S.H.A.
Pediatric Hospitalist
Children’s Hospital of Richmond at VCU | Virginia
**Nourish Neonates and Improve Outcomes with a Multidisciplinary Quality Team**

*NICU staff at West Virginia University Children’s Hospital had participated in nutrition initiatives; however, those efforts did not lead to adequate growth at discharge for very low birth weight (VLBW) infants and did not adequately address increasing the use of maternal breast milk for the VLBW population. To improve growth and breast milk use at discharge, a multidisciplinary team including families identified multiple change ideas that were tested individually before expanding for full unit implementation.*

*Audrey Miller, M.D.*  
Associate Professor, Pediatrics

*Kelly Loomis, M.S., RD, LD*  
Clinical Dietitian  
West Virginia University Children’s Hospital  
Morgantown, West Virginia

**Rev Up Change via Quality Management System Implementation**

*Changing accreditation organizations at Children’s Hospital of The King’s Daughters allowed for the integration of accreditation with quality and safety initiatives and changed how the organization uses quality management and oversight. Since starting a Quality Management System, the organization’s safety culture has demonstrated improvements through an employee engagement survey, event alerting rates and more robust root cause analysis and apparent cause analysis action plans. The Quality Committee developed 29 organizational action plans related to quality, safety and operations.*

*Adam Campbell, Ph.D.*  
Director, Clinical Improvement and Analytics

*Regina Dawson, J.D., B.S.N., RN, CPHRM*  
Manager, Patient Safety  
Children’s Hospital of The King’s Daughters  
Norfolk, Virginia
Stop Pediatric Sepsis Through Recognition, Innovation and Organizational Transformation
Liberty | 0.75 CME/CNE

Early and accurate recognition of pediatric sepsis is challenging because signs of septic shock are not obvious. Nemours/Alfred I. duPont Hospital and Nemours Children’s Hospital use a Clinical Logistics Center to preemptively identify downturns in patients’ conditions. For the last seven years, the hospitals used the center to monitor the vitals of every patient in both locations. To specifically address sepsis, staff developed a sepsis response tool in 2016 that incorporates a set of protocols to improve patient outcomes for this potentially deadly infection.

Stephen T. Lawless, M.D., MBA
Senior Vice President, Chief Clinical Officer
Nemours/Alfred I. duPont Hospital for Children | Wilmington, Delaware

Communication and Resolution Programs: Achieve the Potential and Avoid the Pitfalls
Liberty | 0.75 CME/CNE

Communication and Resolution Programs (CRPs) are principled, comprehensive, and systematic strategies to prevent and respond to adverse events in health care. The dramatic increase in CRP implementation speaks to the potential to enhance safety and the experience of patients, families and providers after harm events. Inconsistent CRP implementation and other barriers can limit an organizations’ CRP successes. The right approach to implementation can maximize benefits.

Thomas Gallagher, M.D.
Professor and Associate Chair, Department of Medicine
University of Washington

Ruth McDonald, M.D.
Associate Chief Medical Officer
Seattle Children’s
Dashboards for Comparative and Predictive Analytics for Quality Improvement
Pershing South | 0.75 CME/CNE

As organizations work on data curation and processing multiple sources of duplicated data, a source of truth with meaningful metric interpretation is necessary. By integrating Vizient and PHIS® comparative data, Children’s Memorial Hermann Hospital developed real-time dashboards to consolidate relevant and meaningful metrics and data for the frontline teams and operational leadership. Length of stay, mortalities, readmissions and case mix index data allowed for patient and diagnosis-related group drill down for identified improvement opportunities.

Thanh Dao, M.S.
Director, Comparative Analytics

Kendra Folh, M.S.N., RNC-OB, CPHQ
Senior Project Manager
Children’s Memorial Hermann Hospital | Houston

Don’t Call Us, We’ll Call You: Implementing Automated Post-Discharge Calls
Pershing East/West | 0.75 CME/CNE

Post-discharge calls are a key strategy to reduce unplanned readmissions. Historical efforts at Children’s National Hospital relied on case management assistants manually calling families. The hospital’s readmissions bundle aimed to create an integrated process for automated post-discharge calls and audits for a medical care unit. Increasing operational efficiencies helped compliance and survey completion rates significantly rise and improve human capacity to address urgent post-discharge care concerns.

Elizabeth Bartlett
Project Coordinator, Revenue Cycle and Case Management

Padmaja Pavuluri, D.O., M.P.H.
Medical Quality Director
Children’s National Hospital | Washington, D.C.
Effect of Missed Nursing Care on Patient Safety: Teamwork Intervention
Pershing North | 0.75 CME/CNE

Missed nursing care has an effect on providing safe and quality patient care. Senior nursing leadership at Cook Children’s Medical Center considered addressing missed care as a strategic priority and helped direct teamwork intervention through the Kalisch Teamwork Tactics model. This interactive session will demonstrate implementation of the train-the-trainer model, address barriers and support for using this model, and describe teamwork and missed care measurement tools to evaluate pre- and post-intervention effect.

Marissa Hammons, RN, B.S.N., CPN
Cook Children’s Medical Center | Forth Worth, Texas

Lauren Walter, RN, B.S.N., CPN
Cook Children’s Medical Center | Forth Worth, Texas

Improve Communication to Enhance Diagnostic Safety
Shawnee Mission | 0.75 CME/CNE

Organizations can improve diagnostic safety by improving communication. The Child Health PSO used pediatric reported events and extensive case review to develop a patient safety toolkit that can help educate, build awareness and reduce diagnostic risks. Highlighting the gap analysis tool and the team diagnostic timeout template, components of the toolkit illustrate how to apply actionable tools to assess internal gaps and enact relevant strategies.

Anne Dykes, M.S.N., RN, ACNS-BC
Assistant Director, Evidence-Based Outcomes Center
Texas Children’s Hospital

Emily Tooley, M.S.N., RN, CPPS, CPHQ
Patient Safety Analyst
Children’s Hospital Association
Safety II: Launch into New Altitudes of Safety
The dominant model for improvement is to learn from errors retrospectively—Safety-I. As errors become fewer and systems become increasingly more complex, hardwiring against previous errors no longer leads to improvement. A new paradigm in safety, Safety-II, allows health care professionals to focus on what goes right and enables individuals and systems to proactively anticipate future errors.

Nationwide Children’s Hospital sought to develop the applicability of Safety-II in health care and has created Safety-II tools to operationalize to frontline clinicians. Arkansas Children’s Hospital will discuss the similarities and differences between Safety-II and Learning from Excellence (LFE) and how to develop an LFE program.

This session will provide the opportunity to learn from safety experts in the aviation industry, NASA and American Airlines, about how Safety-II concepts are being implemented in other high-risk industries. Discussions will focus on opportunities and challenges in integrating Safety-II thinking into aviation safety practices, creating a new safety language and developing a model to current efforts of data collection and analysis. American Airlines will share its experiences, both successes and missteps, with Safety-II implementation.

Stephanie Evans, M.S.N., RN, CPPS
Director, Clinical Risk, Quality and Safety
Arkansas Children’s Hospital

Jon Holbrook, Ph.D.
Human Factors Discipline Deputy
NASA Engineering and Safety Center
National Aeronautics and Space Administration

Bogomir T. Glavan
First Officer, Learning Improvement Team Leader

James Kwasny
APA LOSA and LIT Program Manager
American Airlines

Jenna Merandi, Pharm.D., M.S., CPPS
Medication Safety Officer
Nationwide Children’s Hospital | Columbus, Ohio
Lessons Learned: Smart Pumps and Pump Interoperability
Three hospitals will share their experiences navigating the complex world of smart pump and EMR interoperability. All three hospitals, in different phases of their journey, will share successes and opportunities guided by the questions below. Be prepared to ask questions and engage in dialogue.

- What are your overall biggest lessons learned?
- What were and are your biggest barriers?
- What safety issues did it solve? What safety issues did it cause?
- Were there unintended adverse consequences?
- What advice do you have for a hospital getting started today?

Andrea DiPietro, Pharm.D.
Director, Pharmacy Clinical Operations
Medication Safety Officer

Robert Mullen, Pharm.D.
Senior Director, Pharmacy and Clinical Nutrition
Nemours/Alfred I. duPont Hospital for Children | Wilmington, Delaware

Stacy Roehrs, R.Ph., Pharm.D., BCPS
Manager, Clinical Pharmacy
Dayton Children’s Hospital | Ohio

Winson Soo-Hoo, R.Ph., MBA
Senior Director, Pharmacy
Children’s Hospital of Philadelphia

ISMP Best Practices
In December 2019, the Institute for Safe Medication Practices announced additions and modifications to its list of Targeted Medication Safety Best Practices for Hospitals. This session will review newly added consensus-based practices and summarize changes to established areas of focus. Participate in interactive learning discussions to discover what your peers are doing to improve adoption rates and generate progress on some of the more stubborn medication safety issues.

Lorrainea Williams, Pharm.D., CPPS
Patient and Medication Safety Officer
Cook Children’s Medical Center | Fort Worth, Texas
**Build a Comprehensive Quality Program: The RITE Program**

Century B

Exercising a successful improvement project depends on the use of effective improvement methods. Learn how teams at Lucile Packard Children’s Hospital Stanford and The University of Kansas Health system used the Realizing Improvement through Team Empowerment (RITE) program as a vehicle for change. RITE aligns practical education with a team- and project-based model to produce sustainable results. The organizations share a detailed description of the process and keys to success.

**Kandice Tomkins, RN**
Manager, Quality Improvement
Lucile Packard Children’s Hospital Stanford | Palo Alto, California

**Neville Irani, M.D.**
Vice Chair, Quality and Imaging Informatics
University of Kansas Medical Center | Kansas City, Kansas

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**Solving a Perioperative Puzzle: Human Factors and OR Hand Hygiene**

Century B | 0.75 CME/CNE

Hand hygiene plays a critical role in infection prevention, yet many hospitals don’t design the socio-technical system to promote its performance. By taking a human factors engineering (HFE) approach, Children’s Hospital of Philadelphia produced significant, sustained improvement in hand hygiene compliance in one of the most complex environments—the operating room. The HFE interventions included relatively minor cost-efficient environmental modifications.

**Orysia Bezpaklo, M.P.H., LSSGB**
Senior Harm Prevention Specialist

**Grayson Privette, M.P.H., CIC, LSSGB**
Infection Preventionist
Children’s Hospital of Philadelphia