

Hospital Flow Professional Development Program

May 7-11, 2018 · Boston, MA

General sessions will take place in the Georgian Room, located on the Mezzanine Level.

**Agenda is subject to change*

Day One · Monday, May 7, 2018

| Time | Topic |
|-----------------------|--|
| 7:30 AM– 8:30 AM | <p>Registration and Continental Breakfast <i>Georgian Foyer (Mezzanine Level)</i></p> |
| 8:30 AM– 8:45 AM | <p>Welcome, Overview of IHI, and Setting the Stage <i>Pat Rutherford, RN, MS, Vice President, IHI and Lauren Downing, Senior Event Manager, IHI</i></p> |
| 8:45 AM– 10:15 AM | <p>Looking at Flow as a System <i>Lloyd Provost, MS, Statistician, Associates in Process Improvement and Frederick C. Ryckman, MD, Former Senior Vice President for Medical Operations, Cincinnati Children’s Hospital Medical Center</i></p> <p>Begin to appreciate flow as a system issue. Participate in a team exercise to experience the impact of variation on flow in a system. Explore the importance of understanding variation in flow measures.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Appreciate the system issues in the flow presentations during the workshop • Begin developing a flow measurement strategy for their organization |
| 10:15 AM– 10:30 AM | <p>Break</p> |
| 10:30 AM– 11:45 AM | <p>Strategies to Achieve System-wide Hospital Flow: Delivering the Right Care, in the Right Place, at the Right Time <i>Pat Rutherford, RN, MS and Uma Kotagal, MBBS, MSc, Executive Leader, Population and Community Health, Senior Fellow, Cincinnati Children’s Hospital Medical Center</i></p> <p>Optimizing patient flow throughout the hospital is essential to ensuring safe, high-quality, cost-effective and patient-centered care. Providing timely access to appropriate care and optimizing hospital flow are both critical levers to increasing value for patients, clinicians, staff and health care systems. In this session, participants will be introduced to IHI’s conceptual framework and the Action</p> |

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| | <p>Planning Form which outlines key strategies for achieving optimal flow of patients in hospital settings.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Understand the conceptual framework for system optimization to ensure patient access and flow in acute care hospitals • Utilize an approach for “sense-making” regarding various strategies for managing hospital operations and improving patient flow throughout the hospital • Identify high leverage interventions for creating a sustainable system for hospital flow, so that patients receive the right care, in the right place, at the right time |
| <p>11:45 AM– 12:30 PM</p> | <p>Lunch <i>Arlington Room</i></p> |
| <p>12:30 PM– 1:30 PM</p> | <p>Storyboard Rounds: “Bright Spots” and Major Challenges <i>Katharine Luther, RN, MPM, Director of Quality, UTHealth McGovern Medical School and Jane Taylor, EdD, Improvement Advisor, Institute for Healthcare Improvement</i></p> <p>This session will engage participants in sharing information about their successful initiatives to improve hospital flow and in discussing current challenges they are facing.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Discuss their progress and barriers with other participants and faculty • Identify other program participants from comparable hospitals with similar interests |
| <p>1:30 PM– 2:00 PM</p> | <p>Redesign the System: Integrating Lean Thinking with Flow Improvement <i>Lloyd Provost, MS</i></p> <p>Like quality improvement, lean thinking is a management strategy focused on improving processes. The core idea of lean involves determining the value of any given process by distinguishing value-added steps from non-value-added steps and eliminating waste so that ultimately every step adds value to the process.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe how lean approaches can be integrated with their flow improvement work • Understand the content for the emergency department efficiencies and patient flow breakout sessions |
| <p>2:00 PM– 2:15 PM</p> | <p>Break</p> |

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| <p>2:15 PM – 3:30 PM</p> | <p>Redesign the System: Improving Emergency Department Efficiencies and Patient Flow (Kaiser Permanente South Sacramento) <i>Karen Murrell, MD, MBA, FACEP, APIC, Process Improvement, ED & Hospital Operations, Kaiser Permanente Medical Center</i></p> <p>This session will present a case study of the ED improvement journey of Kaiser South Sacramento. Key process improvements included the empowerment of all clinicians and staff to learn process improvement skills, including rapid cycle testing of new change ideas. Successful interventions that lead to results that improved ED flow “from front to back” will be discussed. In addition, various execution strategies to improve ED flow from work within the Kaiser hospitals across northern California will be presented.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Identify interventions to create a “No Wait” Emergency Department • Consider how to implement a process and culture that promotes timely and efficient patient flow • Describe the execution strategies used at Kaiser South Sacramento and other Kaiser hospitals in northern California to achieve sustainable results |
| <p>3:30 PM – 4:30 PM</p> | <p>Redesign the System: Improving Emergency Department Efficiencies and Patient Flow (Cambridge Health Alliance) <i>Assaad Sayah, MD, FACEP, Senior Vice President and Chief Medical Officer, President, Physicians Organization, Cambridge Health Alliance</i></p> <p>This session will present a case study of the ED improvement journey of Cambridge Health Alliance (CHA). CHA is a vital and innovative community health system that serves Cambridge, Somerville, and Boston’s metro-north communities. Through a comprehensive, inclusive and collaborative process, the CHA ED leadership team reengineered the ED experience for patients from arrival to departure. In this session, attendees will learn various strategies to improve ED patient flow and the resulting in dramatically improved efficiency, quality, volume, and patient satisfaction.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Explain the strategic role of leadership for improving patient flow • Describe the benefits of improving ED efficiency for patients, staff, and health care organizations • Describe and discuss process improvement strategies for improving ED throughput |
| <p>4:30 PM – 5:15 PM</p> | <p>Action Planning</p> |
| <p>5:15 PM – 6:15 PM</p> | <p>Welcome and Networking Reception <i>Statler Room</i></p> |

Day Two - Tuesday, May 8, 2018

| Time | Topic |
|------------------------|--|
| 7:30 AM – 8:30 AM | Continental Breakfast <i>Georgian Foyer</i> |
| 8:30 AM – 8:45 AM | Reflections, Questions, Review Plans for the Day <i>Katharine Luther, RN, MPM</i> |
| 8:45 AM – 9:45 AM | Redesign the System: Operational Strategies for Observation Patients <i>Karen Murrell, MD, MBA, FACEP</i> |
| 9:45 AM – 10:00 AM | Introduction to Breakouts and Transition |
| 10:00 AM – 11:30 AM | Redesign the System: Improving ICU Efficiencies and Patient Flow (Breakout 1) <i>Bela Patel, MD, Professor at University of Texas Health Science Center, Regional Chief Medical Officer at Memorial Hermann-Texas Medical Center and Vice Dean of Healthcare Quality at UTHHealth and Frederick C. Ryckman, MD</i> <p>ICU stays for patients account for the highest costs in hospitals and pose the greatest risk for Hospital Acquired Conditions (HACs). Strategies to optimize care in ICUs fall into five areas: 1) preventing complications, 2) enhancing interdisciplinary communication, 3) assuring downstream bed availability, 4) preventing delirium and 4) compassionate end of life planning. Each of these, when mismanaged adds days and dollars to ICU stays. In this complex environment, care teams must have a standard set of operating principles, clear agreed-upon plans for each patient, and a format to continuously work together to identify barriers and solve problems.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Identify four tactics that have been successful in reducing the LOS and improving value in ICUs • Describe how to assure quality and safety for patients while reducing the length-of stay • Identify ways to deescalate care, prevent delirium and promote mobility • Identify ways to use continuous PDSA cycles to improve communication in daily work in ICUs |
| | Redesign the System: Improving Med/Surg Efficiencies and Patient Flow (Breakout 2) <i>Lauren Doctoroff, MD, Hospitalist, Beth Israel Deaconess Medical Center; Katherine Luther, RN, MPM; and Pat Rutherford, RN. MS</i> <p>Care teams in most medical and surgical units are facing increased demand due to shorter lengths-of-stay, aging of the population, increased complexity and acuity of</p> |

patients, inefficient care processes and challenges in discharging patients with the “appropriate care” in a timely fashion. Delayed transfers of patients between nursing units and lack of available beds are significant problems that increase costs and decrease quality of care and satisfaction among patients and staff. The overwhelming majority of discharge occur on medical and surgical units, and discharge delays often create bottlenecks that negatively impact patient flow throughout the hospital. Nursing shortages and high turnover of nursing staff on medical and surgical units adds additional challenges in many hospitals. To address restore the vitality of the nursing staff, hospitalists and the entire care team, create more efficient care processes, and improve outcomes for patients and family members, medical and surgical units must undergo a fundamental transformation.

After this session, participants will be able to:

- Identify successful changes that have improved the work environment for care teams and created more patient-centered care processes
- Describe key strategies for improving efficiencies and reducing the LOS in Medical and Surgical Units

Describe examples of enhanced multidisciplinary collaboration which have resulted in better patient outcomes

**11:30 AM –
12:15 PM**

Lunch
Arlington Room

**12:15 PM –
1:30 PM**

Redesign the System: Using Quality Improvement to Optimize Discharge Efficiency (Cincinnati Children’s Hospital Medical Center)
Christine White, MD, MAT

Bed capacity management is a critical issue facing hospitals, and inefficient discharges impact patient flow throughout the hospital. Lack of standardized discharge criteria contributes to unpredictable discharge timing and lengthy delays. This session will describe how quality improvement methodologies can be utilized to improve discharge process efficiencies and to increase timely patient discharges after patients have met medically-ready criteria.

After this session, participants will be able to:

- Describe strategies for focusing discharge planning processes around medical readiness criteria, regardless of time of day
- Describe the application of quality improvement principles to improving discharge efficiency
- Highlight the key high reliability processes used for implementing and sustaining improvement

**1:30 PM –
1:45 PM**

Break

**1:45 PM–
3:15 PM**

Open Space
Katharine Luther, RN, MPM and Jane Taylor, EdD

3:15 PM–

Creating Value in Health Care: Innovation, Exnovation, and Undiffusion

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| <p>4:30 PM</p> | <p><i>Maureen Bisognano, President Emerita and Senior Fellow, IHI</i></p> <p>Serious problems exist with the quality and cost of health care today. One major cause of these problems is that current payment systems encourage volume-driven care, rather than value-driven care. Physicians, hospitals, and other providers have a responsibility to employ strategies to encourage both higher quality and lower health care costs. One population health strategy is to systematically reduce unnecessary medical care and the overuse of high cost clinical care services by delivering the right care, in the right place, at the right time. Another critical strategy is to explore how care currently being delivered in hospitals can be optimized to deliver safe, high-quality, person-centered care. To do so, hospitals must ensure timely access and patient flow throughout their facility.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe strategies to decrease overtreatment and the overuse of high cost clinical care services in hospitals • Identify successful strategies for relocating care to less intensive settings of care where costs are decreased, and quality of care and the experience of patients is improved • Describe the critical role of hospitals in the future-state of the health care system |
| <p>4:30 PM – 5:15 PM</p> | <p>Action Planning</p> |

Day Three - Wednesday, May 9, 2018

| Time | Topic |
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| <p>7:30 AM – 8:30 AM</p> | <p>Continental Breakfast <i>Georgian Foyer</i></p> |
| <p>8:30 AM– 8:45 AM</p> | <p>Reflections, Questions, Review Plans for the Day <i>Katharine Luther, RN, MPM</i></p> |

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| <p>8:45 AM– 10:00 AM</p> | <p>Redesign the System: Case Management and Population Health Strategies <i>Bonnie Geld, MSW, President, The Center for Case Management</i></p> <p>Much has been studied about reducing length of stay for surgical/procedural patients using value-stream mapping and other tactics to eliminate waste and create efficiencies. Reducing the length of hospital stays for patients on medicine services require a different approach. Oftentimes, these patients have complex medical and social needs. Tightly managing this population requires 1) engaged clinicians who can agree on care priorities, 2) analytics to understand volumes, delays and variations in LOS, 3) the ability to seamlessly implement new protocols, and 4) continuously identifying patient needs and forging creative connections across disciplines and organizations to improve flow.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Identify successful strategies for engaging clinical leaders across disciplines and units to improve flow for patients with medical needs • Describe a method for developing and prioritizing a portfolio of projects to improve patient progression to receive the right care, in the right setting, at the right time • Discuss a methodology for establishing a return-on-investment for LOS reductions in this patient population |
| <p>10:00 AM– 10:15 AM</p> | <p>Break</p> |
| <p>10:15 AM– 11:30 AM</p> | <p>Redesign the System: Reducing Length of Stay for Patients with Complex Needs <i>Christine White, MD, MAT and Bela Patel, MD</i></p> <p>Much has been studied about reducing length of stay for surgical/procedural patients using value-stream mapping and other tactics to eliminate waste and create efficiencies. Reducing the length of hospital stays for patients on medicine services require a different approach. Often times, these patients have complex medical and social needs. Tightly managing this population requires 1) engaged clinicians who can agree on care priorities, 2) analytics to understand volumes, delays and variations in LOS, 3) the ability to seamlessly implement new protocols, and 4) continuously identifying patient needs and forging creative connections across disciplines and organizations to improve flow.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Identify successful strategies for engaging clinical leaders across disciplines and units to improve flow for patients with medical needs • Describe a method for developing and prioritizing a portfolio of projects to improve patient progression to receive the right care, in the right setting, at the right time • Discuss a methodology for establishing a return-on-investment for LOS reductions in this patient population |

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| 11:30 AM– 12:15 PM | Lunch <i>Arlington Room</i> |
| 12:15 PM - 1:15 PM | Storyboard Rounds <i>Katharine Luther, RN, MPM and Jane Taylor, EDD</i> |
| 1:15 PM – 2:30 PM | <p>Matching Capacity and Demand: Using Advanced Analytics for Improvement and Forecasting (Cincinnati Children’s Hospital Medical Center) <i>Denise L. White, PhD, MBA, Director, Quality and Transformation Analytics, Cincinnati Children’s Hospital Medical Center</i></p> <p>CCHMC has developed a useful method for predicting the need inpatient beds on different units of the hospital using real time data. Historical lengths of stay, occupancy, and other standards were used to translate future activity into bed need. Different and more comprehensive appropriate models for various admit sources such as OR, ED and Direct Admits were developed. This session will explore the integration of advanced analytic data and simulation modeling into a formal improvement processes allows organizations to look forward along with historical data to make improvements in patient flow.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Understand how the use of advanced data analytics is a vital component for understanding the needs for bed capacity (seasonal, day-of-week and real-time demand) • Identify processes for predicting bed demand and develop strategies for creating flexible capacity for critical care patients • Describe the CCHMC’s “pit crew” approach to bed manage, to coordinated team efforts, to complete critically important tasks for delivering the right care, in the right place, at the right time |
| 2:30 PM – 2:45 PM | Break and Transition to Breakouts |

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| <p>2:45 PM – 4:00 PM</p> | <p>Matching Capacity and Demand: Real-Time Demand and Capacity Management and Surge Planning (Breakout 1) <i>Katharine Luther, RN, MPM</i></p> <p>Managing hospital flow is a day to day activity, however this effort should be coupled with a learning system that skillfully identifies problems and develops prevention strategies to avoid future problems. IHI ‘s Real-Time Demand and Capacity (RTDC) Management processes, which are based on management principles, and queuing and constraint theory, has been implemented successfully in a variety of healthcare organizations.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe the principles of a real-time capacity demand system and surge planning • Describe steps for creating a learning system for your hospital using RTDC principles • Identify ways to adopt or adapt RTDC to your setting |
| | <p>Matching Capacity and Demand: Strategies to Optimize Nurse Staffing to Meet Patient Demand (Breakout 2) <i>Pat Rutherford, RN, MS and Denise White, PhD</i></p> <p>Nurse staffing has been cited as being a primary driver of high quality hospital care and optimal patient outcomes. Ensuring you have the right mix of staff on any given day is dependent upon accurate estimations of the number and types of patients that staff will be caring for in inpatient units. Based on historical trends of patient demand, real-time data analytics and clinical evidence regarding the efficacy of adequate nurse-patient ratios, long-term core staffing budgets for nurses and ancillary staff are developed to optimize clinical outcomes and operational efficiencies.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe methodologies to accurately forecast “seasonal, monthly, day-of-the-week, and time-of-day” patient demand, enabling proactive planning for nurse staffing • Identify the principles and strategies for assuring adequate nurse staffing while balancing operational efficiency • Discuss various staffing models to provide optimal nursing care at the bedside |
| <p>4:00 PM – 4:45 PM</p> | <p>Action Planning</p> |
| <p>5:30 PM</p> | <p><i>Optional Tour of the Cambridge Health Alliance ED led by Assaad Sayah, MD</i> <i>Participants to arrange transportation to the Cambridge Health Alliance ED Meet Dr. Sayah in the ED lobby at 5:30 PM 1493 Cambridge Street, Cambridge, MA 02139</i></p> |

Day Four· Thursday, May 10, 2018

| Time | Topic |
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| 7:30 AM– 8:30 AM | <p>Continental Breakfast <i>Georgian Foyer</i></p> |
| 8:30 AM– 8:45 AM | <p>Reflections, Questions, Review Plans for the Day <i>Lloyd Provost, MS</i></p> |
| 8:45 AM – 9:30 AM | <p>Shaping Demand: Value-added Strategies <i>Pat Rutherford, RN, MS</i></p> <p>Health Care Systems must simultaneously provide safe, high quality, patient-centered and value-based care. Optimization of health care delivery systems requires clinicians to provide value-based care that ensures the best health care outcomes at the lowest costs. Many systems are moving from volume to value-based care models of care. Relocating care to lower intensity sites of care, while improving outcomes and honoring patient preferences, is one high leverage strategy for improving value by providing the right care, in the right place, at the right time.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe strategies for reducing hospital utilization by: 1) relocating care in hospitals to less intensive care settings, while improving patient outcomes and experiences of care; 2) proactive care management for high risk patients; and 3) reducing preventable harm • Calculate the potential impact on bed capacity and hospital-wide patient flow, if 10% of bed days in ICUs and Medical and Surgical Units and 10% of Emergency Departments visits were reduced |
| 9:30 AM – 9:45 AM | <p>Breakout Introduction and Transition</p> |
| 9:45 AM – 11:00 AM | <p>Shaping Demand: Reducing Low-Acuity Emergency Department Visits (Breakout 1) <i>Kedar Mate, MD, Chief Innovation and Education Officer, IHI</i></p> <p>A survey by the American College of Emergency Physicians found that 75% of emergency room doctors reported increases in patient volume since the Affordable Care Act went into effect. The magnitude of avoidable ED visits is compelling with as much as \$21.4 billion in cost annually. Despite the magnitude of overcrowding and the burden on providers in EDs, few health care systems have reduced avoidable ED use. The population-level business case is clear but at the hospital level the ED is still often viewed as a source of revenue. This session will present an overview of innovative initiatives undertaken that have been implemented <i>outside</i> of the hospital to reduce low-acuity emergency department visits.</p> <p>After this session, participants will be able to:</p> |

- Describe how this strategy for reducing low-acuity emergency department visits can be utilized in health care systems or accountable care organizations (ACOs) that are pursuing value-based models of care
- Understand how the creation and expansion of less costly (and ideally more convenient) alternatives to ED visits can contribute to the reduction in diversions, overcrowding in EDs, and waits and delays for patients with urgent care needs
- Describe examples where there has been success in relocating ED care to the right place, at the right time, for the right reason

Shaping Demand: Reducing Avoidable Readmissions (University of California San Francisco Medical Center) (Breakout 2)

Maureen Carroll, RN, CHRN, Transitional Care Manager, UCSF Medical Center

The Hospital Readmission Reduction programs at University of California-San Francisco Medical Center have been shown to drive significant improvements in care for patients – patient education, efficient discharge processes, transitions to home or the next care setting, and the overall patient experience. This session will include an in-depth description the UCSF Heart Failure Program, identifying those elements necessary for developing and sustaining an effective program, ensuring better outcomes for patients.

After this session, participants will be able to:

- Identify successful approaches to engaging staff and clinicians in all clinical settings for building a cross continuum team
- Summarize interventions for patients with heart failure to improve transitions in care after hospitalizations and to reduce avoidable readmissions
- Discuss the ROI and processes implemented to sustain improvements

**11:00 AM –
11:15 AM**

Break

**11:15 AM –
12:45 PM**

Shaping Demand: Institute for Healthcare Optimization’s Variability Methodology

Eugene Litvak, PhD, President and CEO, Institute for Healthcare Optimization

The Institute for Healthcare Optimization (IHO) has developed an approach to address variability in patient flow, which is a key driver of cost, quality and access issues in healthcare. IHO's approach involves identifying, classifying and quantifying different types of variability in patient flow, followed by smoothing of artificial man-made variability, thereby creating the foundation for scientifically determining the magnitude of resources for various patient streams. The main goal of flow variability management is to increase patient throughput, decrease patient waiting times, and cost of care and maintain or improve safety and quality.

After this session, participants will be able to:

- Understand the concept of variability management in healthcare

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| | <ul style="list-style-type: none"> • Identify ways to decrease artificial variability optimizing resources for scheduled patients based on maximizing patient throughput and minimizing unnecessary waiting • Describe the effect of smoothing surgical case volume on quality of care, patient safety and hospital margins • Identify ways to manage natural (patient-driven) variability optimizing resources for unscheduled patients based on clinically driven maximum acceptable waiting times |
| <p>12:45 PM – 1:30 PM</p> | <p>Lunch <i>Arlington Room</i></p> |
| <p>1:30 PM – 3:00 PM</p> | <p>Shaping Demand: Managing Elective OR Schedules and Predicting Downstream Demand (Cincinnati Children’s Hospital Medical Center) <i>Frederick C. Ryckman, MD, Former Senior Vice President for Medical Operations, Professor of Surgery, Cincinnati Children’s Hospital Medical Center</i></p> <p>As is the case in many hospitals, surgeons at Cincinnati Children’s Hospital Medical Center scheduled elective surgeries unevenly throughout the week. The scheduling of surgical cases not only effects the operations of the OR, but has an enormous impact on downstream hospital units, including ICUs and the inpatient units where surgical patients are sent. In addition, uneven scheduling of surgical cases can be a significant contributor to “boarding” patients who need to be admitted in the Emergency Department. This session will describe strategies for “smoothing” the flow of elective surgical patients through the OR to decrease artificial variability and to create more predictable flows of patients from the OR to downstream units.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe how CCHMC focused on capacity management and patient flow to achieve reductions in OR wait times for urgent surgical cases and increased OR throughput • Identify the critical importance of “flow” management for correct patient placement and its influence on safety at the bedside • Discuss how proactive capacity management reduces stress and waste frequently experienced by downstream units |
| <p>3:00 PM – 3:15 PM</p> | <p>Break and Transition to Breakouts</p> |
| <p>3:15 PM – 4:30 PM</p> | <p>Shaping Demand: An ACOs Success in Reducing Emergency Department Visits and Hospital Admissions (Breakout 1) <i>Pippa Shulman, DO, MPH, Senior Chief Innovation Engineer, Atrius Health Innovation Center</i></p> <p>Atrius Health is the Northeast’s largest nonprofit independent multi-specialty medical group. The Atrius Health practices together with VNA Care Network & Hospice serve 675,000 patients across eastern Massachusetts. A national leader in delivering high-quality, patient-centered coordinated care, the Atrius Health</p> |

medical groups and home health agency & hospice work together, and in collaboration with hospital partners, community specialists and skilled nursing facilities, to develop innovative, effective and efficient ways of delivering care in the most appropriate setting, making it easier for patients to be healthy. As a Pioneer Accountable Care Organization (ACO), Atrius Health has had strong clinical and financial performance -- decreasing unnecessary hospital admissions, helping people recover safely at home and reducing avoidable ED visits. Atrius Health applies the savings from the avoidance of high-cost care to investments in care coordination, training, data analytics, information technology, and other resources serving its Medicare beneficiaries and other patients.

After this session, participants will be able to:

- Describe an innovative medical group's strategies for delivering "the right care, at the right time, in the right place"
- Identify valued-based care principles utilized by a successful ACO
- Discuss various innovative care models, community-wide collaborations and coordination of care to effectively meet the needs of Medicare beneficiaries

Shaping Demand: Respecting Individual's Wishes for End of Life Care (Beth Israel Deaconess Medical Center) (Breakout 2)

Laughe Sokol-Hessner, MD, Associate Director of Inpatient Quality, Beth Israel Deaconess Medical Center

Structured around the aims of The Conversation Project (an initiative to ensure every person's wishes for end-of-life care are expressed and respected), this session will present the five principles of Conversation Ready and will identify how health care systems can be ready to receive, record, and respect those wishes for every individual, every time. Clinicians and staff at Beth Israel Deaconess Medical Center have developed reliable ways to engage patients and families to ask what is important to them about their end-of-life care. They record those wishes in the medical record so that they are available at future points of care. At those future points of care, they want to then can retrieve that information and, thereby, do a better job of respecting patient wishes, whatever those wishes may be.

After this session, participants will be able to:

- Describe strategies to engage patients and family members in discussions to understand what matters most to them at the end-of-life
- Identify the five Conversation Ready principles with examples of each in action
- Describe how this approach for advanced illness planning supports your hospital system's strategies for patient-centered, value-based care

**4:30 PM –
5:15 PM**

Action Planning

Day Five- Friday, May 11, 2018

| Time | Topic |
|------------------------|--|
| 7:00 AM– 8:00 AM | Continental Breakfast <i>Georgian Foyer</i> |
| 8:00 AM– 8:15 AM | Reflections, Questions, Review Plans for the Day <i>Jane Taylor, EdD</i> |
| 8:15 AM – 9:30 AM | Case Study (Cincinnati Children’s Hospital Medical Center) <i>Frederick C. Ryckman, MD and Uma Kotagal, MBBS, MSc, Executive Leader, Population and Community Health, Senior Fellow, Cincinnati Children’s Hospital Medical Center</i> |
| 9:45 AM – 11:00 AM | Open Space <i>Jane Taylor, EdD</i> |
| 11:00 AM – 12:30 PM | Case Study (Beth Israel Deaconess Medical Center) <i>Sarah Moravick, MBA, Director, Office of Improvement and Innovation, Beth Israel Deaconess Medical Center</i> |
| 12:30 PM – 1:15 PM | Lunch <i>Arlington Room</i> |
| 1:15 PM – 2:15 PM | <p>Utilization of Hospital-wide Metrics to Guide Learning within and across Projects for Achieving Results <i>Lloyd Provost, MS</i></p> <p>Summarize the various measurement strategies that have been presented throughout the workshop. Discuss the use of Run charts and Shewhart charts to display and analyze flow data. Connect flow project measures to system measures.</p> <p>After this session, participants will be able to:</p> <ul style="list-style-type: none"> • Describe a flow dashboard for their organization • Prepare data collection strategies for flow measures in their organization • Describe outcome and process measures for flow improvement projects |
| 2:15 PM – 3:30 PM | <p>Putting it All Together: Strategies to Achieve System-wide Results <i>Pat Rutherford, RN, MS; Lloyd Provost, MS; and Jane Taylor, EdD</i></p> <p>Quality and safety occupy a prominent place in the strategic plans of many health care organizations. However, a common organizational response to this emphasis on quality and safety is a long list of worthwhile projects and measures that are not well coordinated, let alone capable of achieving system-level results. IHI uses a simple mantra to describe the essential elements for strategic improvement: will, ideas, and execution. You have to have the will to improve, you have to have ideas about alternatives to the status quo, and then you have to make it real — execution. Organizations can have good ideas and the will to make changes but</p> |

fail in their improvement efforts due to the lack of skilled execution. Three important components of execution will be overviewed in this final session.

After this session, participants will be able to:

- Analyze and identify relevant strategies for creating a plan for executing a sustainable system for patient flow, so that patients receive the right care, in the right place, at the right time
- Select high leverage strategies and interventions, and prioritize short-term and long-term initiatives to achieve established performance goals

3:30 PM

Next Steps and Adjourn