

# Poster Presentations

## ***(101) Case Study: The Effect of Canadian Required Organizational Practices (ROPs) on Patient Safety in a Kuwaiti Hospital***

Syed Ahmed, MBBS MHA CPHQ, sajidahmedz@yahoo.com

### **Objectives**

1. Describe the results of implementing patient safety practices.
2. Describe the impact of implementing a patient safety culture.

## ***(102) Capacity Building for Improved Quality in Healthcare Through Accreditation in Kuwait and Saudi Arabia***

Syed Ahmed, MBBS MHA CPHQ, sajidahmedz@yahoo.com

### **Objectives**

1. Discuss knowledge transfer as a tool for capacity building.
2. Illustrate quality improvement as a change management tool.

## ***(103) Correlation Between the Frequency of Vital Signs and Missed Opportunities for Early Intervention and Rapid Response Teams***

Nancy Avino, BSN RN, nancy.avino@stonybrook.edu

### **Objectives**

1. Describe the correlation between the frequency of vital signs and missed opportunities for rapid response teams.
2. Recognize the importance of increased frequency of vital signs and the avoidance of preventable adverse patient outcomes.

## ***(105) Establishment of a Culture of Patient Safety in an International Setting***

David Bunting, BHSc RN CPHQ, dbunting@tawam-hosp.gov.ae

### **Objectives**

1. Outline a range of interventions to determine and improve a hospital's culture of safety.
2. Describe programs instigated to address deficiencies in the culture of safety.

## ***(108) Improving Communication and Collaboration in a Healthcare Organization Utilizing Plan-Do-Check-Act***

Bonnie Carpenter, MSHS RN CRP CPHQ, bcarpe6007@embarqmail.com

### **Objectives**

1. Describe a framework for developing an effective performance improvement initiative utilizing the revised Plan-Do-Check-Act process.
2. Discuss methods for identifying the actual issue(s) to focus on in order to address the issue as a whole.

## ***(109) Developing a Baseline for a Nurse Line Program***

Griselda Chapa, MPH MS, gchapa@choosehmc.com

## **Objectives**

1. Describe the complexity of doing an audit of a system that collects predominantly textual information.
2. List information on the data collection methodology and explain study results.
3. Discuss the impact of a new algorithm directing members to emergency room services.

### ***(110) Evaluating the Acceptance of an Interactive Voice Response Messaging System for Pregnant Women***

Griselda Chapa, MPH MS, gchapa@choosehmc.com

## **Objectives**

1. Review the history of interactive voice response (IVR) use in health services research.
2. Describe a current study in which the sample was asked about the use of IVR with pregnant women.

### ***(111) Using a Nursing Dashboard to Manage Performance Improvement***

Nancy Claflin, PhD RN CCRN CPHQ FNAHQ, nancy.claflin@va.gov

## **Objectives**

1. Identify criteria to select indicators for a nursing dashboard.
2. Describe methods for ensuring accountability for performance improvement through use of a nursing dashboard.

### ***(112) Quality Research in Radiation Oncology (QRRO): Shifting the Focus to Practice Quality Improvement in Radiation Oncology***

Cheryl Crozier, RN ASQ CQA, ccrozier@phila.acr.org

## **Objectives**

1. Discuss the purpose of QRRO and the QRRO Process Survey.
2. Describe the framework for developing radiation oncology disease site clinical performance measures using National Comprehensive Cancer Network guidelines and currently available scientific literature.
3. Discuss the QRRO Process Survey as an American Board of Radiology Type II Project for Physician Maintenance of Certification and Practice Quality Improvement.

### ***(113) Patient Flow: A Question of Leadership***

Barbara Davis, MA CPHQ, bhdavis19@gmail.com

## **Objectives**

1. Discuss the fundamentals of leadership and the relationship to electronic medical records.
2. Explain how the Lean improvement method can help organizations to understand the complexities of effective flow management.

### ***(114) No One Left Unchecked: Interventions as a Result of Increased Severity of Falls at Mount Carmel East Hospital***

Marci Delson, BSN RN CPHQ, mdlson@mchs.com

## **Objectives**

1. Describe identification of high-risk patients with the use of the Morse Fall Risk Scale.

2. Identify common patient variables present when a fall with injury occurs.
3. Define the benefits of hourly rounding visits on identified high-risk patients.

### ***(115) Implementation of a Fall Reduction Program at Kateri Residence***

Jacqueline Edwards, MPS RN ABQAURP, vpjohnny@aol.com

#### **Objectives**

1. Describe the risk for falls and safety interventions to prevent avoidable falls with injury.
2. Discuss methods of documentation in the care-planning process.

### ***(116) Application of Failure Mode Effect Analysis Methodology in an Egyptian Joint Commission International–Accredited Hospital***

Marwa El Saidy, CPHQ, marwaelsaidy2000@yahoo.com

#### **Objectives**

1. Describe an overview of failure mode and effect analysis (FMEA) methodology.
2. Discuss ways to apply and use FMEA methodology professionally and in a team.

### ***(118) Restraint Use and Documentation: A Process Improvement Journey***

Fran Feltovich, MBA RN CIC CPHQ, ffeltovich@tmhs.org

#### **Objectives**

1. Discuss the Centers for Medicare and Medicaid Services documentation requirements related to use of restraints.
2. Describe one effective intervention for improving documentation and reducing restraint use.

### ***(120) Handoff Challenges and Opportunities***

Mary Ann Friesen, PhD RN CPHQ, mafriesen@cox.net

#### **Objectives**

1. Explain the challenges in providing an effective handoff.
2. Identify strategies to improve the transmission of information in a handoff.

### ***(121) One Academic Medical Center's Approach to Effective Medication Reconciliation at the Point of Transfer***

Karin Ganetis, MSN RN CPHQ, kganetis@notes.cc.sunysb.edu

#### **Objectives**

1. Develop a collaborative process that reconciles the medications that are prescribed, dispensed, and administered to the patient at the point of transfer between levels of care.
2. Demonstrate consistent communication between physicians, pharmacists, and nurses through accurate communication of the reconciliation of medications at the point of transfer

### ***(122) Nursing Fellowship in Quality and Patient Safety: Enhancing the Role Bedside Nurses Play in Quality Improvement***

Karin Ganetis, MSN RN CPHQ, kganetis@notes.cc.sunysb.edu

#### **Objectives**

1. Describe the quality structure for the hospital and nursing and discuss how quality and safety of patient care are implemented.
2. Identify clinical and nursing issues through structured nursing quality venues.
3. Analyze and draw conclusions from quality data.
4. Integrate knowledge of quality improvement methodology and tools into problem identification.

### **(123) Always Zero**

Mary Gruver-Byers, MT (ASCP) SBB CPHQ, mary.gruver-byers@medstar.net

#### **Objectives**

1. Define the process to make zero preventable patient harm a reality.
2. Describe the process of a new hospital-wide project.

### **(124) Reducing Cardiac Arrests with a Rapid Response Team**

Sarit Gutmann, MSc BSN RN, sarit.gutmann@va.gov

#### **Objectives**

1. Describe a realistic framework for developing and implementing a rapid response team.
2. Identify current outcomes related to interventions.

### **(125) Data Management of Patient Survival from In-Hospital Cardiac Arrest**

Sarit Gutmann, MSc BSN RN, sarit.gutmann@va.gov

#### **Objectives**

1. Describe a realistic framework for developing and implementing code data management to meet National Registry of CardioPulmonary Resuscitation guidelines.
2. Discuss methods of improving patient outcome before a code event.

### **(126) Corporate Manager Performance Improvement**

Jane Hooker, MN RN CPHQ, jane.hooker@medstar.net

#### **Objectives**

1. Discuss the issues identified when audits were moved from a paper-chart process to a report from an imbedded system in an electronic health record.
2. Describe the various strategies used to facilitate practice change when working with a variety of individuals and groups.

### **(127) Getting to the Heart of the Matter: The Heart Failure Team Journey**

Leigh Humphrey, LMSW, leigh.humphrey@hcahealthcare.com

#### **Objectives**

1. Describe a framework for developing and facilitating a performance improvement team.
2. Discuss methods of involving frontline patient-care staff in process improvement.

### **(129) Care Transitions: Enhancing Patient Communication Across Healthcare Settings**

Marjorie Jacobs, MSN RN ACM, jacobsma@upmc.edu

## **Objectives**

1. Describe the key steps, quality improvement initiatives, and process changes in the development and implementation of the Care Transition Model into hospital practice.
2. Define the role of care transition nurses and their responsibilities associated with the administration of the Care Transition Measurement Tool (CTM-15).
3. Summarize the tracking and trending of readmission data and qualitative outcomes as a direct result of implementation of the Care Transition Model.

### ***(130) Decreasing Central Line–Associated Bloodstream Infection Rates in a Long-Term Acute Care Hospital***

Patricia Stimac, smahaney@srhs.com

## **Objectives**

1. Discuss challenges associated with preventing central line–associated bloodstream infection rates in a long-term acute care environment.
2. Describe practice guidelines appropriate to caring for central lines in patients who have them in place for extended periods.

### ***(131) Innovativeness Quotient: The Other IQ***

Juli Maxworthy, DNP MBA RN CNL CPHQ, withmax@comcast.net

## **Objectives**

1. Describe a trait of an innovator or early adopter as defined by Everett Rogers.
2. Describe one element of the innovativeness quotient survey.
3. Describe the implications of determining the innovativeness quotient of a team.

### ***(133) Hypothermia Treatment for Comatose Patients After Ventricular Fibrillation or Cardiac Arrest***

Kimberly Muehlberg, MSN RN CCRN, muehlberg@chw.edu

## **Objectives**

1. Describe the theory and research behind the use of hypothermia to salvage brain tissue after ventricular fibrillation and cardiac arrest.
2. Relate the inclusion criteria for hypothermic therapy.
3. List treatments used for hypothermic therapy.
4. Describe patient outcomes from hypothermic therapy.

### ***(134) Successes and Lessons Learned Implementing the Sepsis Bundle***

Kimberly Muehlberg, MSN RN CCRN, muehlberg@chw.edu

## **Objectives**

1. Describe the methodology for the implementation of the severe sepsis bundle.
2. Relate the steps of implementing the bundle.
3. Discuss methods of measuring success of implementing the bundle.

4. Relate the results of implementation of the bundle and describe the lessons learned.
5. Identify the next steps when using small tests of change theory for process improvement.

### ***(135) The Impact of Maintaining Normothermia in the Orthopaedic Patient***

Jean Mueller, MPS BS RN CPHQ, [jmueller@notes.cc.sunysb.edu](mailto:jmueller@notes.cc.sunysb.edu)

#### **Objectives**

1. Discuss four factors influencing perioperative hypothermia in the orthopaedic patient.
2. Identify five strategies to assist in thermoregulation during the perioperative period.

### ***(136) Don't Miss a Beat Utilizing Quality Methodologies to Implement Best Practice***

Karen Nelson, RN CPHQ CPUR, [knelson@nshs.edu](mailto:knelson@nshs.edu)

#### **Objectives**

1. Describe how quality metrics provide objective information identifying variations in care and opportunities for improvement, as well as sustained results.
2. Discuss how an interdisciplinary team utilized quality management methodology across the continuum to improve patient care.

### ***(137) A Graphical Exploration of Behavioral Health Cost-Risk Patterns***

Barbara Okerson, PhD CPHQ PAHM, [bokerson@choosehmc.com](mailto:bokerson@choosehmc.com)

#### **Objectives**

1. Describe data analysis techniques for improved targeting and quality of behavioral health programs.
2. Identify issues that differ for behavioral health that are important for cost effectiveness in the behavioral health arena.
3. Present statistical graphics techniques that can be applied to all areas of healthcare quality programs.

### ***(138) Quality Fusion: Fall Prevention and Customer Satisfaction***

Bernadette Pryor, MA RNC CPHQ, [bpryor@trinitas.org](mailto:bpryor@trinitas.org)

#### **Objectives**

1. Demonstrate the use of the Plan-Do-Study-Act framework in conducting a quality improvement project.
2. Show the merits of hourly rounding in promoting patient safety and customer satisfaction.

### ***(139) The Development and Implementation of a Formalized Intervention Package to Increase Patient Satisfaction Scores***

Jillyn Reid, MHA BS, [jillyn.reid@kindredhealthcare.com](mailto:jillyn.reid@kindredhealthcare.com)

#### **Objectives**

1. Discuss how to develop and implement a formalized intervention package that is designed to increase patient satisfaction survey scores.
2. Discuss how to create a culture of service excellence among hospital staff members.

### ***(140) Sheppard Pratt Aggression Reduction Campaign (SPARK)***

Susan Amrose, MA BS CPHQ, [SAmrose@sheppardpratt.org](mailto:SAmrose@sheppardpratt.org)

#### **Objectives**

1. Identify ways used by one facility to decrease aggression, seclusion, and restraint.
2. Identify pitfalls and successes.

### ***(143) Using Mortality Data to Identify Opportunities for Improvement Regarding Care at the End of Life***

Norma Sheridan-Leos, MSN RN AOCN CPHQ nsheridanleos@comcast.net

#### **Objectives**

1. Describe a process to identify care issues at the end of life using mortality data.
2. Explain a process for gaining support from hospital leadership regarding care at the end of life.

### ***(144) Wired Information Reaps Electronic Decision-Support (WIRED): A Powerful Tool for Stroke Care***

Cristine Small, MPH RHIA CPHQ, csmall@pcmh.com

#### **Objectives**

1. Review the importance of the electronic medical record for the rapid assessment and treatment of stroke patients.
2. Describe improvements in Code Stroke and best practice measures.

### ***(145) Advancing High-Level Clinical Quality Performance***

Theresa Smiley, BSN RN CPHQ, tjsmiley@novanthealth.org

#### **Objectives**

1. Recognize the benefit of a comprehensive system approach.
2. Discuss the importance of senior administrative and physician leadership involvement to facilitate change and improvement in clinical practices.
3. Comprehend compensatory and transparency commitments to advancing and achieving success.
4. Integrate proven methodologies to replicate success.

### ***(147) Implementation of Acute Myocardial Infarction Process Improvements to Help Reduce Door-to-Reperfusion Time Through Systematic Analysis***

John Vo, MSN RN, johnvo@mhd.com

#### **Objectives**

1. Discuss ways to implement strategies to reduce the door-to-reperfusion time.
2. Discuss ways to educate and provide ideas to other hospital systems regarding emergency response to myocardial infarctions.

### ***(148) Implementation of Glucose Control in Surgical Patients to Help Reduce Mortality and Morbidity Associated with Hyperglycemic Levels After Major Surgery***

John Vo, MSN RN, johnvo@mhd.com

#### **Objectives**

1. Discuss evidence-based surgical practices regarding glucose control during the operative experience.
2. List data and findings to enhance the knowledge of proper glucose control in surgical patients.

### ***(149) Catching the Second Wave of Flu Season***

Deanna Watson, RN CPHQ, deanna.watson@va.gov

**Objectives**

1. Demonstrate the steps taken to improve influenza vaccination rates.
2. Describe tools used to identify and overcome barriers to administration of flu vaccinations.

***(150) Innovative Occurrence Reporting Is Changing Practices at McKee Medical Center***

Judy Lenz, RN CPHQ, connie.watson@bannerhealth.com [150-152 LENZ OR CONNIE WATSON? AFFECTS INDEX ALSO]

**Objectives**

1. Demonstrate meaningful improvements made to our system of occurrence report investigation and resolution.
2. Discuss ways to create an awareness of outcomes and performance improvements stemming from occurrence reporting.

***(151) What a Great Catch!***

Judy Lenz, RN CPHQ, connie.watson@bannerhealth.com

**Objectives**

1. Promote recognition models for patient safety awareness.
2. Recognize staff members who take extra steps to prevent patient harm.

***(152) Patient Safety Champions***

Judy Lenz, RN CPHQ, connie.watson@bannerhealth.com

**Objectives**

1. Communicate patient safety concerns and issues to leadership and process improvement teams.
2. Discuss ways to create communication processes to close information gaps between departments.