



**Concurrent Sessions  
Monday, September 15<sup>th</sup> 2008**

10:30 – 11:45 AM

**Partnering with Patients to Improve Quality (201)**

Deborah A Bonin, RHIA CPHQ

Engaging patients and families to partner with their health care providers as one team is a national movement embraced by health care professionals and patients alike. Effective communication and a strong relationship between patient and health care provider have been shown to improve health outcomes and reduce the risk of adverse events. Aurora Health Care (Milwaukee, WI) has embraced patient-centered care by including patients as members of quality improvement teams, patient safety committees and advisory councils. Medication safety significantly improved because of patients working together with their health care providers to develop a personal medication list and educate the community the importance of keeping an updated list with them at all times. As one Aurora nurse stated: "We're finally asking the patients. I've changed my nursing practices based on the comments from the patients."

**Collaboration Management Technology: An Innovation Approach for Quality Improvement Initiatives (202)**

Timothy McNamara, MD MPH

Many hospitals and health systems are attempting to standardize care, clinical guidelines, order sets, and protocols both to improve the quality and safety of healthcare services and to prepare for initiatives like computerized provider order entry (CPOE). However, most healthcare organizations struggle in such standardization initiatives. This presentation discusses contemporary collaboration technologies and how they can be applied in healthcare to achieve rapid consensus and buy-in from clinicians engaged in care standardization and quality improvement initiatives. The topic will be explored through: presentation of study results of interviews with executives from 60 US health systems, survey of relevant technologies (both from healthcare and other industries), two health system case studies, and discussion. At the conclusion of the presentation, participants will leave with a specific set of real-world lessons and techniques that they can use in the evaluation and deployment of contemporary collaborative technologies and approaches at their own institutions.

### **From the "Cockpit to the Nursing Unit" (203)**

Gary L Sculli, RN MSN Airline Pilot

This presentation updates last year's talk that outlined the "culture shock" experienced upon moving from the airline cockpit back to professional nursing. It highlights salient concepts of aviation's Crew Resource Management (CRM), and demonstrates their exportation to nursing practice. Experiences and mishaps both in the cockpit and on the nursing unit are discussed as the cultures are compared and contrasted. Elements outlined include: leadership styles, effective followership, and assertive communication tools. Additional CRM concepts reviewed include the use of briefings, managing automation at the bedside, human factor effects on clinical performance, and the use of simulation to develop critical thinking. A highlight of the presentation focuses on aviation's "sterile cockpit" rule. Research that applies this concept to medication administration is reviewed. Further discussion centers on the presenter's continuation of this research through a structured trial of the "sterile cockpit" concept during peak medication delivery times on a medical surgical unit.

### **Using the Joint Commission 2009 Leadership Standards to Spark Collaborative & Effective Quality Leadership (204)**

Anne L Heins, RN BSN MSBA CPHQ

Increasing demands for health care public reporting, pay-for-performance, the national focus on patient safety, and knowledgeable consumers with choices for providers of health care services are changing the demands on health care leadership. This presentation will show you how The Joint Commission 2009 Leadership Standards can be used as a foundation to create collaborative organizational leadership centered on inspirational Health Care Quality Successful strategies, problematic areas, and best practices will be discussed. This session is relevant to: Hospitals, Critical Access Hospitals, Ambulatory Care, Behavioral Health Care, Home Health Care, Laboratories, Long Term Care, and Office Based Surgery.