



THE HEALTH CARE IMPROVEMENT FOUNDATION Building Partnerships For Better Health Care



#### Who Should Attend:

The following individuals from hospitals, LTACs, other healthcare facilities and community providers are encouraged to register:

- Case/Care Managers
- Discharge Planners
- Nurses
- Social Workers
- Physicians
- Pharmacists
- Nurse Leaders
- Administrators
- Quality / Risk / Safety Leaders



# **Regional Symposium on Reducing Readmissions May 26, 2010** *The Union League of Philadelphia*

# 140 South Broad Street Philadelphia, PA 19102

Please join us for this one-day program focused on strategies to improve care transitions and reduce preventable hospital readmissions in southeastern Pennsylvania. Hear from national experts and learn about evidence-based efforts to achieve safer transitions of care. Information will be shared about regional pilots and improvement projects that are already underway. This conference will launch an 18-month collaborative that will address issues related to key aspects of the discharge and care transitions process at our regional hospitals and other healthcare facilities.

### **REGISTRATION FEE** \$65 per individual

### **AGENDA**

7: <mark>30 AM</mark>	Registration
8:30 AM	<ul> <li>Welcome and Opening Remarks</li> <li>Kate Flynn, Health Care Improvement Foundation</li> <li>Victor Caraballo, MD, MBA, Independence Blue Cross</li> </ul>
8:40 AM	Overview of Conference <ul> <li>Patricia Yurchick, RN, MBA, CPHQ</li> <li>Health Care Improvement Foundation</li> </ul>
8:45 AM	<ul> <li>Improving Quality and Safety in Transitional Care</li> <li>Eric Coleman, MD, MPH, University of Colorado</li> </ul>
9:45 AM	Break
10:00 AM	<ul> <li>The Transitional Care Model: Translating Research into Practice and Policy</li> <li>Mary Naylor, PhD, RN, University of Pennsylvania</li> </ul>
10:45 AM	<ul> <li>Project RED: The Reengineered Discharge Reducing</li> <li>30-Day All-Cause Rehospitalization Rates</li> <li>Brian Jack, MD, Boston University School of Medicine</li> </ul>

### **Continuing Education Credits**

An application for 3.2 nurse contact hours has been submitted to the PA State Nurses Association. The Pennsylvania State Nurses Association Continuing Nursing Education Approver Unit is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation. Credit will be awarded based on self-reported attendance, and completion of a program evaluation form will be required. Nurses should only claim credit commensurate with the extent of their participation in the activity. Accreditation refers to recognition of continuing nursing education activities only and does not imply ANCC Commission on Accreditation or PA Nurses approval or endorsement of any commercial product.

	<ul> <li>Eric Coleman, MD, MPH, University of Colorado</li> <li>Brian Lock, MD, Bester, University Colorado</li> </ul>
	<ul> <li>Brian Jack, MD, Boston University School of Medicine</li> <li>Mary Naylor, PhD, RN, University of Pennsylvania</li> </ul>
40.00 DM	
12:00 PM	Lunch
1:00 PM	Federal, State and Regional Data Collection on
	Readmissions
	Pamela Clarke, MSW     Delawara Valley Useth same Council of UAP
	Delaware Valley Healthcare Council of HAP
1:30 PM	Overview of The PAVE Project
	<ul> <li>Patricia Yurchick, RN, MBA, CPHQ</li> </ul>
	Health Care Improvement Foundation
1:45 PM	Breakout Series #1
1.451 M	Choice of Topics:
	Breakout #1-A: The Impact of Community-Based Nurse
	Care Management on Hospitalizations and Readmissions
	Ken Coburn, MD, MPH
	Sherry Marcantonio, MSW, ACSW
	<b>Breakout #1-B</b> : Implementing a Comprehensive Discharge
	Program
	<ul> <li>Brian Jack, MD</li> </ul>
	<b>Breakout #1-C</b> : Coaching Patients to Improve Care
	Transitions in Western Pennsylvania
	Eric Coleman, MD, MPH
	<ul> <li>Naomi Hauser, RN, MPA, CLNC</li> </ul>
2:30 PM	Breakout Series #2
2:30 FM	Choice of Topics:
	<b>Breakout #2-A:</b> Reducing Medicare Readmissions in a
	Community: The New Jersey Care Transitions Project
	<ul> <li>Andrew Miller, MD, MPH</li> </ul>
	<ul> <li>Mary Naylor, PhD, RN</li> </ul>
	Breakout #2-B: Unit Based Clinical Leadership Model:
	Facilitating Improved Transitions In Care Through the Penn
	Medicine Leadership Forum
	Sara Schmidt, BSN, RN
	<ul> <li>Emmanuel King, MD</li> <li>Kristi Pintar, MBA</li> </ul>
	Breakout #2-C: The Camden Coalition's Care Management
	Project for "Super-Utilizers"
	Sue Liu, MA, MPA/MPP     Kathleen Lagkeen ADN
	Kathleen Jackson, APN

3:15 PM

11:30 AM

**O&A** Panel Discussion

**Conference Adjournment** 

# HCIF would like to thank the following sponsors:



DELAWARE VALLEY HEALTHCARE COUNCIL of The Hospital & Healthystem Association of Pennsylvania





# Dolfinger-McMahon Foundation

## **KEYNOTE SPEAKERS:**

### Eric Coleman, MD, MPH

Eric A. Coleman, MD, MPH, is Professor of Medicine within the Divisions of Health Care Policy and Research and Geriatric Medicine at the University of Colorado at Denver and Health Sciences Center. Dr. Coleman is the Director of the Care Transitions Program, aimed at improving quality and safety during times of care "hand-offs". He is also the Executive Director of the Practice Change Fellows Program, designed to build leadership capacity among health care professionals who are responsible for geriatric programs and service lines.

Dr. Coleman bridges innovation and practice through (1) enhancing the role of patients and caregivers in improving the quality of their care transitions across acute and post-acute settings; (2) measuring quality of care transitions from the perspective of patients and caregivers; (3) implementing system-level practice improvement interventions; and (4) using health information technology to promote safe and effective care transitions.

### Brian Jack, MD

Brian Jack, MD, is Associate Professor and Vice Chair for Academic Affairs in the Department of Family Medicine at Boston University School of Medicine / Boston Medical Center. Dr. Jack graduated from the University of Massachusetts Medical School and completed his residency training at Brown University and a fellowship at the University of Washington. He has authored over 80 peer-reviewed papers for major medical journals, served on NICHHD, HRSA, and CDC grant review panels, and is currently PI on grants from HRSA, AHRQ, CDC and NHLBI.

For his work relating to improving patient safety at hospital discharge (Project RED), Dr. Jack received the "Patient Care Award for Excellence in Patent Education Innovation" and the "Paper of the Year" from the Society of Family Medicine and was the AHRQ "Patient Safety Investigator of the Month". He was selected to HealthLeaders Magazine's "People Who Make Healthcare Better" 2010 list and received the CDC "Partner in Public Health Improvement" award. (Only one award is given to an individual outside the CDC each year).

Dr. Jack has also been active in the worldwide development of primary care. He spent a sabbatical year in Budapest, Hungary in 1995, receiving a special citation from the mayor of Budapest. He served as a consultant to USAID, the World Bank, the U.S. Department of State, and the Rockefeller and Kellogg Foundations on the development of family medicine in Lesotho, Albania, Jordan, Romania, and Vietnam. He is a founding member of the American Academy of Family Physicians Center for International Initiatives. Currently, Dr, Jack is the clinical director of a Kellogg Foundation-funded program in Lesotho in southern Africa.

### Mary Naylor, PhD, RN

Dr. Naylor is the Marian S. Ware Professor in Gerontology and Director of the NewCourtland Center for Transitions and Health at the University of Pennsylvania School of Nursing. Since 1990, Dr. Naylor has led a multidisciplinary program of research designed to improve the quality of care, decrease unnecessary hospitalizations, and reduce health care costs for vulnerable, community-based elders.

Dr. Naylor is the National Program Director for the Robert Wood Johnson Foundation-sponsored Interdisciplinary Nursing Quality Research Initiative. She was elected to the National Academy of Sciences Institute of Medicine (IOM) in 2005. She also is a member of the RAND Health Board, the National Quality Forum Board of Directors, and Chair of the recently established Long-Term Quality Alliance.

#### The Partnership for Patient Care (PPC) is a multi-vear patient safety collaborative among the Health Care Improvement Foundation (HCIF). Independence Blue Cross, and health care organizations across Southeastern Pennsylvania. PPC's objective is to accelerate the effective adoption of evidence-based clinical practices by pooling the resources, knowledge and efforts of providers and other stakeholders. PPC is jointly funded by area hospitals and Independence Blue Cross. HCIF is grateful to PPC and other sponsors for underwriting a significant portion of the cost of this event.

### **Description of Breakout Sessions**

# **Breakout #1-A:** The Impact of Community-Based Nurse Care Management on Hospitalizations and Readmissions

Key elements of the community-based nurse care management approach, developed by Health Quality Partners in Doylestown, PA, and its impact on hospitalizations and readmissions among chronically ill older adults, will be described.

- Ken Coburn, MD, MPH
- Sherry Marcantonio, MSW, ACSW

#### Breakout #1-B: Implementing a Comprehensive Discharge Program

This will be an interactive presentation designed for hospitals that are considering beginning readmission reduction programs. The components common to evidencebased programs will be presented and issues of implementation, barriers and benchmarks will be reviewed.

• Brian Jack, MD

# **Breakout #1-C:** Coaching Patients to Improve Care Transitions in Western Pennsylvania

During this session, the presenters will describe the unique transition coach model implemented in western Pennsylvania in collaboration with the Area Agency on Aging and the impact on the community. In addition, the approach used to train the transitions coaches will be discussed.

- Eric Coleman, MD, MPH
- Naomi Hauser, RN, MPA, CLNC

# **Breakout #2-A:** Reducing Medicare Readmissions in a Community: The New Jersey Care Transitions Project

This presentation will include a review of causes of poor transitions of care as patients move between different health care settings, discuss interventions to improve transitions in a community, and provide an in-depth description of the implementation of the Transitional Care Model in a non-academic health care system.

- Andrew Miller, MD, MPH
- Mary Naylor, PhD, RN

# Breakout #2-B: Unit Based Clinical Leadership Model: Facilitating Improved

*Transitions In Care Through the Penn Medicine Leadership Forum* This session will describe a unique and innovative local interdisciplinary leadership structure implemented throughout Penn Medicine: Unit Based Clinical Leadership (UBCL). The presentation will also highlight an executive sponsored, leadership development program for the UBCL teams, and feature the undertaking of one general medicine unit's expansion of Project BOOST.

- Sara Schmidt, BSN, RN
- Emmanuel King, MD
- Kristi Pintar, MBA

**Breakout #2-C:** *The Camden Coalition's Care Management Project for "Super-Utilizers"* This presentation will describe the Camden Coalition of Healthcare Providers and its creation of a citywide Care Management Project to help intervene and direct appropriate outreach attention to the highest utilizers of Camden, NJ's Emergency Departments (ED) and hospitals. Hospital claims data has shown that approximately 50% of Camden residents utilize a city ED or hospital in a one year period, many visits relating to uncontrolled chronic disease or other conditions best managed in the primary care setting. This session will discuss strategies and lessons learned in providing patient-centered care to super-utilizers and the project's direct impact on decreasing utilization, reducing costs, improving patient outcomes, and increasing the coordination of care across provider practices and healthcare institutions.

- Sue Liu, MA, MPA/MPP
- Kathleen Jackson, APN

## REGISTRATION DEADLINE:

## <u>May 19, 2010</u>

Because space is limited, we cannot accommodate walk-in registrations. Early registration is encouraged.

### Cancellation Policy and <u>Refunds:</u>

- Registrants are responsible for the full fee if cancellations are received after May 19, 2010.
- No refunds will be issued for nonattendance.
- Substitutions are permitted.
- Cancellations must be received in writing.

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### **Directions and Parking:**

http://www.unionleague.org/directions-parking.php

### Registration Form /Page 1 (must be completed for each registrant)

Organization:		
Name	Title	-
Email	Phone	

### **Breakout Series**

Number your first, second and third choices for Breakout Series #1 and #2.

### Breakout Series #1

- #1-A: The Impact of Community-based Nurse Care Management on Hospitalizations and Readmissions (Ken Coburn MD MPH; Sherry Marcantonio MSW, ACSW)
- #1-B: Implementing a Comprehensive Discharge Program (Brian Jack MD)
- #1-C: Coaching Patients to Improve Care Transitions in Western Pennsylvania (Eric Coleman, MD, MPH; Naomi Hauser RN, MPA, CLNC)

#### **Breakout Series #2**

- #2-A: Reducing Medicare Readmissions in a Community: The New Jersey Care Transitions Project (Andrew Miller, MD, MPH; Mary Naylor PhD, RN)
  - #2-B: Unit Based Clinical Leadership Model: Facilitating Improved Transitions In Care Through the Penn Medicine Leadership Forum (Sara Schmidt, BSN, RN, Emmanuel King, MD, Kristi Pintar, MBA)
  - #2-C: The Camden Coalition's Care Management Project for "Super-Utilizers" (Sue Liu, MA, MPA/MPP, Kathleen Jackson, APN)

Second page must be completed also.

Your space will be reserved once payment has been received.

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Organization:				
Name	Title			
Email	Phone			
FEE: \$65 per individual. (Space will be reserved once payment is received.)				
Payment:          [ ] Check Payable to:	Health Care Improvement Foundation			
Amount Enclosed	l:			
[] Visa []	MasterCard [ ] Discover			
[ ] American Express	Authorized Charge Amount			
Card Number	Expiration Date			
	Phone			
Cardholder's Signature ( <i>Required</i> )				
Cardholder's Address ( <i>Required</i> )				
Paying by Check:	Fax completed registration form to HCIF. <u>Payment via check</u> (made payable to Health Care Improvement Foundation) <u>must follow in order for you to be registered</u> . Please include a copy of registration form when mailing your check.			
Paying by Credit Card: Fax completed registration form to HCIF. If using credit car cardholder must sign the form in the space provided.				
FAX:	215-563-2442			
MAIL:	Health Care Improvement Foundation 1835 Market Street, Suite 1050, Philadelphia, PA 19103			
EMAIL:	Scan as a .pdf and email to <u>nbuffone@hcifonline.org</u>			
DEADLINE:	May 19, 2010			

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