13th Annual Ambulatory Care Conference: Quality and Safety—Passwords to Success
October 2-3, 2008
Convened by The Joint Commission and Joint Commission Resources, Inc.
The Westin River North Hotel
Chicago, Illinois
Draft Agenda

Overview: According to the 2005 National Ambulatory Medical Care Survey, ambulatory medical care is the predominant method of providing health care in the United States and ambulatory care in physicians’ offices is the largest and most widely used segment of the American health care system with more than 900 million visits made to physician offices in this country during 2005. In its annual report on the health status of the nation, Health, United States, 2006 notes the health of the nation and life expectancy of Americans continues to improve overall. The report also notes that there is increasing use of preventive services, with the advances in medical technology such as diagnostic imaging technologies extending and improving the quality of life. While the Joint Commission Sentinel Events Data Base reveals less than 3% of sentinel events occur within ambulatory settings, other research reveals that adverse events—ranging from medication errors to diagnostic and treatment errors—can and do occur and were considered preventable.

Today’s health care environment is changing rapidly, and ambulatory care providers are experiencing new competitive pressures in the health care marketplace. Providing high-quality care to patients and continually improving performance are benchmarks of success, but it is increasingly important to demonstrate quality of care to payers, regulatory agencies, and managed care organizations. Health care and business both depend on good communication and developing a culture of compassion through excellent customer service is a cornerstone of American health care.

The 13th Annual Ambulatory Care Conference is designed to address these concerns and is a must for all of professionals who provide health care across the ambulatory continuum. The conference examines major issues in depth, and offers strategies and solutions leading to enhanced performance or improvement through plenary session topics that complement all settings as well as through individualized track sessions. You will learn about new Joint Commission initiatives as well as how to create a culture of superior customer service. You will join peers in setting-specific moderated track sessions dedicated to ambulatory surgery centers, free standing ambulatory care, and hospital based ambulatory care and taught by colleagues whose organizations are successfully addressing current issues such as challenging standards and implementing National Patient Safety goals concerns. There is ample opportunity for networking including an informal information exchange. And, you will leave the conference with materials from the faculty presentations aggregated into a CD-ROM tool kit to enable you to lead the way to change.

Objectives: Upon attending this Joint Commission Conference, participants will be able to:
1. Relate the purpose of new Joint Commission initiatives and correlate how these will benefit their organization
2. Evaluate the principles that constitute a culture of service excellence in order to select and apply those needed within their own organizations
3. Assess the content within self-selected track sessions for relevance in both problem-solving and implementation
4. Examine the current research in ambulatory adverse events as a preventive mechanism
5. Analyze the setting-specific approach taken to achieve medication reconciliation a method for organizational self-improvement

**Target Audience:** The conference is designed for those who provide care across all ambulatory health care settings including nurse managers, staff nurses, quality improvement professionals, physicians, laboratory technicians, and administrative staff.

<table>
<thead>
<tr>
<th>Day One</th>
<th>Morning</th>
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| 8:00 – 8:15 am | Opening/Welcome  
Greetings: Michael Kulczycki, MBA, CAE  
Executive Director, Ambulatory Care  
Moderator: Leslie LaBelle, RN, MSN, MBA, CPHQ  
Associate Director, Conferences  
Joint Commission Resources, Inc |  
8:15 – 9:15am | Keynote  
Mark Chassin, MD, MPP, MPH  
President, The Joint Commission  
(Confirmed) |
| 9:15 – 10:15 | Plenary: Standards Improvement Initiative  
Accreditation standards and evidence of performance compliance help guide organizational efforts to ensure safe, quality care. The Standards Improvement Initiative (SII) was launched in response to a need to improve The Joint Commission's standards through clarifying standards language, ensuring that standards are program-specific, deleting redundant or non-essential standards and consolidating similar standards. This session will provide an overview of the process and new scoring and accreditation decision model.  
Carol Gilhooley  
Director  
The Division of Standards and Survey Methods  
(Confirmed) |
<p>| 10:15– 10:45 am | Break |</p>
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<tr>
<th>Time</th>
<th>Session</th>
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| 10:45 – 12:15pm | Plenary: | *Customer Service in Health Care: Is This An Oxymoron?*  
**Kristin Baird, RN, BSN, MHA**  
*Author: Customer Service in Health Care: A Grassroots Approach to Creating A Culture of Service Excellence*  
Kristin Baird understands the development of health care culture and through her presentation will share steps to help you create a service-centered approach by sharing implementation strategies and practical tips.  
(Confirmed) |
| 12:15 – 1:00pm | Lunch   |         |

### Afternoon - Tracks

<table>
<thead>
<tr>
<th>Time</th>
<th>Ambulatory Surgery Centers and OBS</th>
<th>Free Standing Ambulatory Care</th>
<th>Hospital Based Ambulatory Care</th>
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| 1:15 – 2:30pm | **Track 1A**  
*Risks of Inaccurate or Incomplete Pre-Operative Assessments in Free-Standing ASCs: Turning Research into Action*  
Recent research on pre-operative nursing assessment in ambulatory surgery centers analyzed the risk analysis component of a Failure Mode and Effects Analysis (FMEA). The resulting information can assist ASC’s in identifying risks and prioritizing and developing intervention strategies  
*Nancy Kupka, DNSc, MPH, RN*  
Project Director  
The Joint Commission  
(Confirmed)  
**Deliverable:** Tip Sheet | **Track 1B**  
*Involving Patients in Their Care*  
*Colleen Karanovich RN, CPHQ*  
Director PI & Compliance  
Radiation Oncology Services Inc  
Austell, GA 30106  
(Confirmed)  
**Deliverable:** | **Track 1C**  
*MRI Safety*  
What are indicators of MRI accidents? Risk mitigation strategies for prevention of MRI accidents from 3 perspectives—clinical, operational, and physical—will be investigated.  
*Tobias Gilk, M. Arch*  
President & MRI Safety Director  
Mednovus, Inc  
Overland Park, KS  
(Confirmed)  
**Deliverable:** MRI Calculator |
<p>| 2:30 – 2:45pm | <strong>Break</strong> |         |</p>
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<tr>
<th>Time</th>
<th>Track 2A</th>
<th>Track 2B</th>
<th>Track 2C</th>
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| 2:45 – 4:00 pm | **Heightened Surgical Site Infection Surveillance**  
Paul Thomas, RN, BSN, CIC  
Infection Prevention & Control Coordinator  
Saint Clare’s Hospital  
Weston, WI  
(Confirmed)  
As a new facility which is entirely computer based, Saint Clare’s Hospital reduced (and sustained) their surgical site infection rate through a comprehensive approach of SSI surveillance using a multidisciplinary team  
**Deliverable:** Protocol | **Practical Approaches to Performance Improvement for the Free-Standing Ambulatory Health Care Settings**  
Steve Chinn, DPM, MS  
Consultant  
Joint Commission Resources  
(Confirmed)  
Working with Dr Chinn, you will have the opportunity to hear about practical and applicable approaches to performance improvement gleaned from many organizational sources and personal experience.  
**Deliverable:** | **Fire Risk Assessment: A Score for Patient Safety**  
Judith Townsley, RN, MSN, CPAN  
Director, Clinical Operations, Perioperative Services  
Kenneth L. Silverstein, MD  
Chair, Department of Anesthesiology  
Denise Dennison, RN, BSN  
Staff Development Specialist, Perioperative Services  
Christiana Health Care System  
Newark, DE  
(Confirmed)  
Learn how Christiana Health Care improved their approach to surgical fire prevention by linking their protocol to the Universal Protocol process.  
**Deliverables:** Protocol Policy Forms |

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<tr>
<th>Time</th>
<th>Moderator A leads panel discussion</th>
<th>Moderator B leads panel discussion</th>
<th>Moderator C leads panel discussion</th>
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<td>7:00-8:30 am</td>
<td><strong>Information Exchange</strong></td>
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<td>Invigorating and free-wheeling discussions, exchanging information and</td>
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<td>good practices and sharing resources with colleagues from similar work</td>
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<td>environments moderated by your colleagues!</td>
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<td>▪ Surgery Center: What is currently the biggest challenge in controlling</td>
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<td>▪ Diagnostic &amp; Therapeutic:</td>
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<td>o Imaging: What are strategies you have implemented to prevent accidents</td>
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<td>in MRI and other imaging settings?</td>
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<td>o Correctional: How have facilities attended to the medical needs of</td>
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<td>a patient population that is in transit?</td>
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<td>o Indian Health Service: How do organizations facilitate patient flow?</td>
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<td>▪ Hospital-Based Ambulatory Care: How have organizations implemented</td>
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<td>Participants will select the session they wish to attend and are asked to</td>
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<td>email ahead of time a solution to the question supported by any</td>
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<td>organizational tools they wish to share.</td>
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<td>secure website to enable participants to download ahead of time and the</td>
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<td>session moderator will lead the group though the challenges, successes,</td>
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<td>and lessons learned in getting to this point.</td>
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<td>Send your material via email to: <a href="http://www.jcrinc.com/callforpresentations">www.jcrinc.com/callforpresentations</a>.</td>
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<td>7:00-8:30 am</td>
<td><strong>Community Health Center Information Update</strong></td>
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<td>Lon Berkeley, MS</td>
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<td>8:45 – 9:00 am</td>
<td>Update/Announcements</td>
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<td>9:00– 10:00 am</td>
<td><strong>Plenary Session</strong></td>
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<td><strong>Adverse Events in Ambulatory Care: What Research and Data Tell Us</strong></td>
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<td>Donna Woods</td>
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<td>Institute for Health Care Studies</td>
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<td>Feinberg School of Medicine</td>
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<td>Northwestern University</td>
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Recent epidemiological research concerning adverse events across different ambulatory settings revealed that events such as missed diagnoses, medication errors, therapeutic events led to an estimated 75,000 hospitalizations, and included both serious or permanent injuries as well as deaths. The author of this study will guide you through how this research may serve to alert health care professionals to potential problems and as a means to formulate preventive strategies.

10:00 – 10:30 am  
**Break**

10:30 – 12:00 am  
**Plenary Session: The New 4H Club: Healthy Patients, Healthy Workers, Healthy Outcomes and Healthy Environment**

Janet Brown  
Practice Program Manager  
Practice Greenhealth  
(Confirmed)

Expertise in managing environmentally challenging waste products generated by health care facilities is of concern to everyone: patients, staff and to those outside of our immediate sphere of care but who are still affected by our patient-provider interactions. The topic of waste management and a healthy environment is receiving world-wide interest yet will require an organizational culture shift to enable organizations to follow and sustain methods resulting in a safer environment. Janet Brown will guide you through a session that tackles the issues of waste across all settings, offers useful and applicable solutions for safe reduction, and provides you with information to help you make safe yet effective choices for cleaning materials and processes.

12:00-1:00 pm  
**Lunch (box lunch)**

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**Afternoon – Tracks Medication Reconciliation**

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<th>Track 3A</th>
<th>Track 3B</th>
<th>Track 3 C</th>
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<tbody>
<tr>
<td><strong>Medication Reconciliation in Ambulatory Surgery Centers and OBS</strong></td>
<td><strong>Medication Reconciliation in Free Standing Ambulatory Care</strong></td>
<td><strong>Medication Reconciliation The Electronic Medical Record in Hospital Based Ambulatory Care</strong></td>
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1:00-2:15 pm

- Ambulatory surgery centers perform over 6 million surgeries a year in addition to a significant percentage of diagnostic tests for a wide variety of patients. With medication errors being the number one reason for patient
- A look at how one community health center addressed the question of Medication Reconciliation.
- Children’s Hospital and Regional Medical Center in Seattle took an innovative approach to medication reconciliation by combining the process with their ambulatory CPOE initiative. Their results
### Injury, Implementing a Successful Medication Reconciliation System

Implementing a successful medication reconciliation system is one way to reduce errors. Surgical Care Affiliates will share successful strategies and best practices for implementing medication reconciliation along with discussing the ongoing challenges that ambulatory surgery centers continue to struggle with today.

#### W. Jan Allison, RN
- Director Quality & Accreditation
- Surgical Care Affiliates
- Birmingham, AL
  (Confirmed)

**Deliverable:**

### Emergency Preparedness for Ambulatory Care Facilities: The Challenging Standards

Knowing what to do in the event of a major emergency such as a natural or man-made disaster depends on planning ahead and the Joint Commission Standards on Environment of Care can be used to help you create such a plan for your free-standing ambulatory care facility. You will have the opportunity to fine tune your plan by attending this session led by Jerry Gervais, Associate Director Standards Interpretation Group, who will guide you through the compliance issues and concerns centering on the Challenging Standards.

#### Jerry Gervais
- Associate Director
- Standards Interpretation Group
- The Joint Commission
  (Confirmed)

### Ambulatory Care Facilities: The Challenging Standards

#### Nina Magsamen, RHIA
- Quality & Compliance Manager
- West Side Community Health Services
- St Paul, MN
  (Confirmed)

**Deliverables:**
- Policy
- Forms
- Visit
- Summary Sheet

### Showing Families Had Better Explanations for Medications while Physicians Improved Their Communications and Handoff Information

Sallie Kirsch, PhD, RN
- Director, Ambulatory Quality & Clinical Practice
- Seattle Children’s Hospital & Regional Medical Center
  (Confirmed)

### Break

#### 2:15-2:30 PM

- **2:30-3:45 PM**
  - **Emergency Preparedness for Ambulatory Care Facilities: The Challenging Standards**
    - **Jerry Gervais**
      - **Associate Director**
      - **Standards Interpretation Group**
      - **The Joint Commission**
        (Confirmed)

Knowing what to do in the event of a major emergency such as a natural or man-made disaster depends on planning ahead and The Joint Commission Standards on Environment of Care can be used to help you create such a plan for your free-standing ambulatory care facility. You will have the opportunity to fine tune your plan by attending this session led by Jerry Gervais, Associate Director Standards Interpretation Group, who will guide you through the compliance issues and concerns centering on the Challenging Standards.

(Confirmed)

### Conference Adjourn

#### 3:45-4:00 PM

- **Conference Adjourn**
  
Once again, the conference will offer the **Asking Questions and Getting SIGNificant Answers** with Ginny McCollum, Associate Director, Standards Interpretation Group, The Joint Commission. This will not be featured on the actual agenda but will be featured in the brochure offering the first 12 teams to register earning a scheduled time to meet with Ginny.