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**BON SECOURS MERCY HEALTH**

TIME			LEARNING OBJECTIVES	
8:30	Welcome – Conference Hosts Prayer/Reflection – Father Cardone Keynote – Jeff Doucette		<p><i>At the end of this activity, participants should be able to:</i></p> <p>Desired change(s) in strategy, performance, or patient care</p> <p>More efficient, higher quality, and more timely execution of improvement activities</p> <p>Sharing of improvement interventions and lessons learned</p>	
Time	Presentation Title  Presenter(s)	Presentation Description	As a result of attending this session, participants will be able to...	Presenter Bio
9:00 OPTION #1	Implementing Glycemic Management with Surgical Patients  <b>Presenter</b> Lisa Masterson, DNP, RN	Surgical site infections (SSIs) are one of the costliest healthcare acquired infections in hospital setting. Glycemic management of all surgical patients [except obstetrics and patients < 16] was implemented as part of an evidence-based SSI prevention bundle resulting in reduction in surgical site infection rates, improving patient outcomes	<ol style="list-style-type: none"> <li>1) Review the organizational problem</li> <li>2) Discuss the summary of evidence</li> <li>3) Review the results of the initiative</li> </ol>	<b>Dr. Lisa Masterson</b> is a 26-year employee of Bon Secours Mercy Health and serves as a Nursing Professional Development Coordinator over Perioperative Services in the Cincinnati Market. She enjoys bridging evidence into practice to improve patient outcomes.
OPTION #2	International Nursing: Workforce Enhancement Strategy  <b>Presenter</b> Vince Dindia	This presentation will give an in-depth look into the benefits of implementing an international nursing campaign at BSMH. The session will educate on the process, positive outcomes, and future state results of having an ongoing pipeline of experienced, highly skilled internationally trained nurses entering the system.	<ol style="list-style-type: none"> <li>1) Justify the financial savings associated</li> <li>2) Elaborate on the cultural and professional skillset diversification</li> <li>3) Describe the benefits of continuous pipeline of nurses</li> </ol>	<b>Vince</b> is the Program Manager for Nursing Workforce since Feb 2020. He has a BS in Community Health Promotion & Education, Master of Public Health (MPH) with focus in Health Services Management. Vince Manages staffing vendor relations, contract development and maintenance, issue resolution, vendor negotiations, and system wide strategy and operations around contract labor, primarily in the nursing space but expanded to most clinical areas.
OPTION #3	Cross-Continuum Advance Care Planning: Plan & Prepare with Purpose  <b>Presenters</b> Rebecca Gruszkos, MSW, LCSW, ACHP-SW  Kerri T. Musselman, PharmD, BCACP	Post-mortem chart reviews of COVID+ patients revealed a striking dearth of information regarding patient wishes. A taskforce came together to address critical questions regarding patient preferences for ventilation and resuscitation, the appropriate authorized decision maker, and documentation processes. Within months, achievement rates of target measures more than doubled. Attend this session to learn how to employ organizational processes to	<ol style="list-style-type: none"> <li>1) Describe two goals of the Advance Care Planning (ACP) Process</li> <li>2) Identify key access points and resources available for ACP across the care continuum</li> <li>3) Recognize opportunities to engage patients in ACP</li> </ol>	<b>Rebecca</b> is the Advance Care Planning Director for BSMH. She is a licensed clinical social worker with advanced certification in hospice and palliative care. She held a faculty role in Respecting Choices®, Chairs 3 BSMH System ACP Workgroups and the VA Regional Ethics Committee. She received her BA in Psychology from George Mason University and her MA in Social Work from Virginia Commonwealth University. <b>Dr. Kerri Musselman</b> is the Pharmacy Director Ambulatory Practice & Medication Management for BSMH. She is a Board-Certified Ambulatory Care

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9:30 OPTION #4	Eliminating Hospital Acquired Infections in Critical Care  <b>Presenters</b> Morgan (Morris) Ritsick, RN, BSN  Charmaine Jerman, RN, BSN	At St. Francis Greenville, COVID-19 created many challenges for ICU/CCU, these units expanded across tripling in size. Like other hospitals, we dealt with staffing constraints and the loss of team members to COVID-19. During this time, we saw an increase of hospital acquired infections (HAI). Together Infection Prevention (IP), Critical Care Leadership, and Quality began work to combat the increase of HAI's. Applying the PDCA model, opportunities were identified, and action items launched. IP supported the initiative through new products, training, education, and audits. Gain insight into how we employed the PDCA model and succeeded in reducing HAI's in critical care.	1)Understand the problem with HAI's increasing in our critical care units 2)Visualize how the PDCA model was employed 3)Learn about process improvement and action items implemented that have contributed to the success of reducing HAI's	Pharmacist (BCACP). She is responsible for ambulatory pharmacy practice across BSMH. She co-leads the Advanced Care Transformation (ACT) Team Based Care (TBC) Pathway (2021 focus is Advance Care Planning, Health Care Decision Maker).  <b>Morgan</b> is a nurse raised in Charlotte, NC. She received her BSN from Queens University of Charlotte in 2018, working at St. Francis in SC in the ICU as a bedside and charge nurse. She is the President of the ICU Unit Based Council and an active participant of the HAI reduction team. She appreciates the amazing teamwork and family-like relationships and recently got married in LV! <b>Charmaine</b> serves as an infection preventionist St. Francis Hospital in Greenville, SC. In her role, Charmaine collaborates to provide education, coaching, best practice recommendations, and infection related surveillance/data interpretation. She is a member of the Association for Professionals in Infection Control and Epidemiology with a passion for hand hygiene. She has 20 years of experience in acute care nursing including oncology, neonatal intensive care, and patient safety.
OPTION #5	Rounding to Reduce First Year RN Turnover  <b>Presenters</b> Allison Schlinkert, BSN, RN  Barb Turner, DNP, RN, NE-BC	This session will review the success story of utilizing the 4 Disciplines of Execution (4DX) model to impact first year RN turnover. At the end of 2019 first year turnover was 34.6% with a targeted goal of 34.2% and a stretch goal of 26% by the end of 2020. Opportunities identified for improving RN turnover include enhanced communication, frequent support from leaders and other team members, professional and personalized recognition, coaching, and mentoring. Learn strategies implemented and how barriers were addressed.	1)Gain knowledge about the 4 Disciplines of Execution Framework 2)Define key elements of establishing a WIG 3)Identify barriers encountered and ways to overcome them	<b>Allison</b> is the Director of Nursing Practice and Education for the Cincinnati market since 2019. Previously she served the East market of Cincinnati as the Manager of Staff Development and Education, and the Magnet Program Director. She has been with the ministry since 2012. <b>Barbara</b> is the Director of Nursing Practice and Education for the Youngstown market since 2019. She has served a variety of roles in the Youngstown market including as a clinical nurse, the coordinator of the Youngstown market's forensic nursing program, the Magnet Program Director, and director of nursing operations. She has been with the ministry since 2001.

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OPTION #6	Transforming the Way Patients Access Care Through Contact Center Scheduling  <b>Presenter</b> Isaac Fisher	This session will provide details about a cornerstone aspect of the Access 360 initiative, specifically 'Design Your Day.' Access 360 is a ministry-wide effort that seeks to transform the way BSMH patients access care with a rollout that will continue across specialties throughout 2022. This is an opportunity for attendees to learn about the project team's work to-date, share ideas for aligning work effort at this scale, and also assist others in the ministry to better understand the objectives of Access 360.	1)Increased transparency into the planning and work behind Access 360 2)Describe the primary aspects and benefits of Design Your Day 3)Identify a potentially novel approach to project tracking, technical documentation, change management, and cross-team work effort collaboration	<b>Isaac's</b> background is in instructional design and communication delivery. He began at Mercy Health's headquarters on the CarePATH team in April 2015. He later coordinated data analysis and stakeholder engagement for the medical group's Rapid Access Team. This team, under the management of Kerri Morgan, owns the end-to-end delivery and maintenance of the Design Your Day (DYD) project, the patient access and template optimization segment of the Access 360 initiative. Isaac supported the project team on planning, communication, and implementation of the initial release of Access 360 before moving into his current role. He's now the physician services operations manager responsible for supporting BSMH's more than 850 employed physician offices and advising medical group senior leaders on several NNF initiatives.
10:00 PANEL OPTION #A	Reducing Acute Inpatient Falls  <b>Presenters</b> Rebecca Beamer, BSN, RN, CPHQ  Madonna Peppers, RN, BSN, CNOR	This panel/session will identify that fall prevention requires a multidisciplinary approach to create safe environment for our patients, including fall prevention program and education for nurses. See how the FMEA process identifies potential failures in the fall process such as proper assessment of patient's Schmid score, usage of fall bundle, and understanding of continued use of bed alarms with correct setting. Hear from two BSMH hospitals about interventions and action plans.	1)Identify barriers related to prevention of patient falls 2)Understand methods to keep staff informed of high fall risk patients 3)Acknowledge equipment challenges that impact patient safety related to falls	<b>Rebecca</b> works as the Quality Manager for Tiffin and Willard Hospitals in Ohio. She has 16 years nursing experience in the areas of perioperative services, care coordination, nursing education, and healthcare quality management.  <b>MaDonna</b> works as Quality Improvement Coordinator and Patient Safety Specialist at Southside Medical Center in Petersburg, Va. She earned her Bachelor of Science degree for VCU. She has 34 years of nursing experience with 25 in Surgical Services and the past 2 years in Quality Management.
PANEL OPTION #B	Reducing Hospital Acquired Pressure Injuries (HAPI)  <b>Presenters</b>  Megan Elwell, BSN, RN	This panel/session will demonstrate the value of early risk assessment, concurrent audits and partnering of wound care with direct care nursing staff. A Braden score of 12 and under, brief chart audits, visualization of actual preventative measures were instrumental in identifying	1)Recognize barriers and challenges of early prevention of PI 2)Learn the process to ensure timely and appropriate treatment	<b>Megan</b> works as a Quality Improvement Coordinator at Southside Medical Center (SMC) in Petersburg, VA. She earned her BSN from Liberty University. She has 16 years of nursing experience with 10 of those years being in Quality Management. <b>Lisa</b> works as a Wound Care Nurse at Southside Medical Center in Petersburg, VA. She earned her BSN from Liberty University. She has 34 years of nursing

	<p>Lisa Mears, BSN, RN</p> <p>Anna Fitzgerald, RN, BSN, CWOCN</p> <p>Diana Fowler, BSN, RN, CWON</p>	<p>areas of opportunity. Learn strategies implemented to reduce HA-PIs.</p> <p>This panel/session will also celebrate successes shared by pioneers in implementing the Hospital Acquired Pressure Injury(HAPI) Prevention Quality Improvement Playbook through a multidisciplinary approach. Using new EHR capabilities to drive at risk patient rounding and adopting new products, hear how this team reduced HA-PIs!</p>	<p>3)Understand the value of team collaboration to increase compliance</p> <p>5)Identify improvement opportunities</p> <p>6)Verbalize how to implement a multidisciplinary approach</p>	<p>experience in long term care and acute care settings and nursing leadership.</p> <p><b>Anna</b> has 35 years of nursing experience with the ministry and has been a Certified Wound Care Nurse for 14 years. She serves on the research committee.</p> <p><b>Diana</b> has 42 years of nursing experience as a Certified Wound Care nurse and has been with the ministry for 26 years.</p>
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PANEL OPTION #C	<p>Improving Sepsis Care and Outcomes</p> <p>Bringing Sanity to Sepsis</p> <p><b>Presenter</b> Maureen Connelly, BSN, RN</p> <p>Skip Through QHIP...Meet the New Sepsis Bonus Measure</p> <p><b>Presenter(s)</b> Christi Adams</p> <p>Angie Nixon, MSN, RN, CCRN, GRN</p>	<p><b>Sepsis is the leading cause of death in U.S. hospitals.</b></p> <p>This panel/session will focus on the use of a sepsis specific order set and analyze one hospital's order set change that led to a 10% increase in sepsis bundle compliance and a decrease in sepsis mortality. We will walk through the facility's three P's of change: problem, people, and process and provide concrete explanations and anecdotes for success.</p> <p>This panel/session will also provide an overview of QHIPs new bonus measure, examination of current process, and development of an action plan. We will share the blueprint for an inpatient code sepsis response. We encourage the sharing of best practices to improve overall mortality.</p>	<p>1)Identify the key components and stakeholders of a functional sepsis order set</p> <p>3)Implement key order set changes to improve bundle compliance</p> <p>4)Describe the new QHIP bonus measure for sepsis.</p> <p>5) Identify PI methods that contribute to success in QHIP standards related to sepsis.</p> <p>6)Develop a plan to monitor and evaluate process and outcome measures</p>	<p><b>Maureen</b> joined the BSMH family after several years of ED and travel health nursing. Her passion for healthcare and love of process improvement led her to her role in quality this year. In her short time on the quality team Maureen has collaborated to improve sepsis bundle compliance, decrease sepsis mortality, and decrease overall mortality meeting the market's mortality goals. Maureen is committed to inspiring compassionate care.</p> <p><b>Christi</b> is a Clinical Nurse Specialist at St. Mary's Hospital where she provides primary oversight for sepsis and CLABSI outcomes in collaboration with quality and infection prevention leaders. Her 33 years of nursing experience has been primarily in the critical care setting where she presented sepsis content locally for CCRN review courses and nationally at AACN's National Teaching Institute.</p> <p><b>Angie</b> is a Quality Improvement Coordinator and co-leads the Sepsis RACI Team at St. Mary's. She has 28 years of nursing experience, most of which has been spent in Critical Care before joining the quality team in 2019. She has co-led the sepsis team facilitating sepsis initiatives involving multiple disciplines.</p>

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10:30 PANEL OPTION #D	<p>Protecting Our Nurses &amp; Associates from Workplace Violence</p> <p><b>Presenter</b> Melissa Bennett, DNP, APRN, GCNS-BC, NEA-BC</p> <p>Violence Mitigation in the Behavioral Healthcare Setting.</p> <p><b>Presenter</b> Suzette Miller, MSN, MBA, RN-BC, NE-BC</p>	<p>Providing a safe work environment for our associates and nurses is crucial. It is under recognized, under reported and leads to turnover.</p> <p>An increase in violence in healthcare, especially in behavioral health, is related to a variety of reasons. Nurses must have the tools necessary to predict and prevent harm to themselves, others. This requires multiple factors. The Fordham Risk Screening Tool (focused on historical questions) in conjunction with the current Broset assessment aids nurses in identifying predictive behavior. By identifying specific triggers, prevention strategies can be introduced. This combination significantly decreased assaults on nurses over a four-month pilot period.</p> <p>Both panel/sessions will discuss strategies and tools available to improve the safety of our nurses and associates while providing high quality care to our patients.</p>	<p>1) Identify 3 reasons workplace violence is under recognized and under reported</p> <p>2) List 2 downstream impacts of workplace violence on associates</p> <p>3) Implement 1 leadership activity to improve nurse and associate safety</p> <p>4) Identify additional predictive factors in developing a violence prevention plan of care</p> <p>5) Identify potential triggers toward the propensity of violence acts</p> <p>6) Identify strategies for violence prevention</p>	<p><b>Dr. Melissa Bennett</b> is leading the NNF initiative for Nurse Safety workgroup. She is the manager for professional development and clinical education in Springfield &amp; Kentucky and has held executive and C-suite nursing leadership roles. Her passion for workplace safety follows a personal diagnosis of post-traumatic stress injury / disorder in 2001. Melissa is a doctorally prepared, advance practice clinical nurse specialist with certification in gerontology and advanced nursing executive leadership through the American Nurses Credentialing Center. She has been part of the ministry since 2019.</p> <p><b>Suzette</b> is a Registered Nurse practicing over the past four decades, in behavioral health for the past 15 years. She has held positions such as Nurse Manager, Chief Nursing Officer, Chief Quality Officer, Administrator and most recently Director of Nursing for the Behavioral Health Department in the Mercy Health Youngstown. She holds a master's degree in Business and Nursing and is certified as a Psychiatric Mental Health Registered Nurse and Nurse Executive through the American Nurse's Credentialing Center. She has oversight for behavioral health across the patient care continuum and has a strong passion for nurse safety.</p>
PANEL OPTION #E	<p>Using Data to Identify &amp; Drive Healthcare Improvement</p> <p>Embracing Agile Methodology to Improve Access to Quality Data</p> <p><b>Presenter</b> Susan Jones RN, BSN</p>	<p>Since January of 2021, the analyst team has used the Agile method to develop and continually improve data tools. Key steps include education and communication, monitoring use, improved performance, and strategies to manage PHI. Learn how we continually refine and improve the tools.</p> <p>This panel/session highlights 3 key tools used in Population Health to support all Epic users. 1) Missed Opportunity reports showing Core Quality Measures, Social</p>	<p>1) Describe key concepts of agile methodology</p> <p>2) Describe how the voice of the customer was used to improve the quality data tools</p> <p>3) Learn new ways to leverage data from Epic Analytics Catalog</p>	<p><b>Susan</b> is a registered nurse with 30+ years' with BSMH (14 years in the OR and 18 years in healthcare analyst roles). As a quality analyst, Susan provides an important perspective that can be seen in the tableau dashboards that she has built over the last five years. Susan is a certified Tableau Desktop Specialist.</p> <p><b>Holly</b> is a master's prepared nurse, currently working on her DNP. She has worked with BSMH for 13 years, on the MHS Population Health team for 5 years. She manages a team of 9 Clinical Outcomes Managers that</p>

	<p>Leveraging the Analytics Catalog to Improve Quality <b>Presenter</b> Holly Talmage, MSN, RN</p> <p>Growing Better Data Users: Success of the Quality Advisor User Group <b>Presenter</b> Dave Yost, MHA, RN-BC, CPHQ</p>	<p>Determinants of Health, Transitions Care Management Calls, Advanced Care Planning, &amp; more. 2) Care Everywhere Opportunities Report, this allows Pop Health and practice staff to abstract results from other instances of Epic. 3) Open Orders reports allows BSMH to outreach to patients pulling them in for overdue care</p> <p>Our system has been longtime subscribers to Premier’s QualityAdvisor (QA) clinical benchmarking application. In harmonizing our legacy ministries, opportunities were identified to standardize QA, including methods of data submission, measure definitions, and end user onboarding/training. We will trace the history of the QualityAdvisor User Group at BSMH, describe our strategy for QA user governance, share salient points from the group’s charter, provide examples of monthly topics, growth of the QA user community and future direction.</p>	<p>4) Learn new tools that can be created to help improve Quality 5) Understand how to mine Care Everywhere Data and Open Orders for patients</p> <p>6) Describe the structure and governance of the QualityAdvisor User Group 7) Identify ways in which the User Group has enhanced the ability of application users to leverage self-service analytics and thus drive a data-driven culture.</p>	<p>function as quality improvement specialists. She has presented at Maine and Virginia's Primary Care Associations on QI/PI and at Epic User Group meeting twice to date!</p> <p><b>Dave</b> has held many roles in his 30+ year tenure at BSMH including cardiac and electrophysiology nursing, Business Intelligence, Premier Quality Advisor expert, and Analytics Business Partner, where he partners across the ministry to define, develop, and deliver dashboards and scorecards. Dave is dual board certified, in nursing informatics and in healthcare quality. He was recognized by Modern Healthcare as one of the Top 25 Clinical Informaticists in Healthcare for 2011, earned his BSN Nursing at Lourdes University and MHA at Ohio University, and served as an adjunct professor for Health Informatics.</p>
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PANEL OPTION #F	<p>Reducing Unplanned Readmissions</p> <p>Readmission Reduction Efforts in an Academic Medical Center <b>Presenters</b> Nancy Rampe, PharmD, MHA, CPHQ  Paula Wehri, BSN, RN</p>	<p>This panel/session will describe the efforts put into place at St. Rita's to reduce all-cause 30-day readmission rate. This has both a financial and quality of care impact. Attendees of this session should take away tactics that they can put into place in their organization to reduce their overall 30-day readmission rate.</p> <p>This panel/session will explain work over the past 4 years in the Youngstown Market focusing on readmission prevention from skilled nursing facilities through active</p>	<p>1) Increase overall knowledge related to all-cause 30-day readmission rates 2) Identify tactics and processes that can help to reduce all-cause 30-day readmission rates</p> <p>3) Learn tips for active engagement of Skilled Nursing Facilities</p>	<p><b>Nancy</b> has served in the BSMH ministry for 18 years primarily as a Pharmacist, but most recently as the Lima market quality leader. Her passion for quality and safety found her leading the Medication Safety committee and reviewing medication related SafeCARE events prior to the transition to her new role, a position she loves.</p> <p><b>Paula</b> has 33 years of healthcare experience, beginning her career in Oncology, then Critical Care, Cardiac Cath Lab, finally landing in quality. She lives in Glandorf, OH where she raised her children. She has 3 grandchildren.</p> <p><b>Mike</b> is the Quality Director for the Youngstown market, where his lives with his wife of 35 years. He received his BSN from the University of Pittsburgh and master’s</p>

	Quality's Role in Preventing Unnecessary Readmissions from Skilled Nursing Facilities  <b>Presenter</b> Michael G. Seelman, BSN, MS, CPHQ	engagement. We will share information on the readmission history of Northeast Ohio, our active coordinated care network, process for quality reporting, and finally our work with NaviHealth / Mercy Health Select and the Bundle Payment Performance Initiative.	4) learn about transparent reporting of quality issues 5) Gain insight into new population health processes	degree in human resource management. With over 35 years in healthcare, many of those in senior healthcare leadership including Vice President and Chief Operating Officer before joining BSMH in 2013. During his tenure, Mike was recognized as a finalist for the Ohio Hospital Association, Hospital Employee of the year in 2007. He remains an active member of many boards including the National Advisory Board of Sepsis Alliance (Sepsis.org).
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11:15 OPTION #7	Collaborative Approach to Decreasing Ventilator Associated Events  <b>Presenter</b> Karen Rodgers	In 2019, St. Joseph Warren Hospital (SJWH) experienced a troubling increase in Ventilator Associated Events (VAEs). VAEs are identified using criteria representing deteriorating respiratory status and/or infection after the patient has been stable or showing signs of improvement. Learn how collaborative approach resulted in 0 incidence of VAE during the first quarter of 2020.	1)Discuss interdisciplinary development and implementation of practice guidelines 2) leverage the electronic health record to support practice guidelines 3)Engage shared governance councils	<b>Karen</b> has served for the past 9 years in Nursing Professional Development first as a Clinical Resource Specialist and most recently as a Nurse Professional Development Associate. She has been a certified critical care nurse (CCRN) since 2002 and a Clinical Nurse Specialist in Adult Health since 2006. Her extensive experience collaborating with the interdisciplinary teams on Performance Improvement and EBP projects has led to presentations at both local and national conferences, both in person and virtual.
OPTION #8	The 30-60-90 Day Roadmap to Quality Leadership  <b>Presenter</b> Brooke Putman	This session will guide you and your leadership team through the first 30, 60, and 90 days of orientation as a Quality Leader in any BSMH facility by utilizing the National Associate for Healthcare Quality Competency Framework. Though Quality focus, this session will also discuss how to tailor this model to any department of the leadership umbrella. Direction to the who, what, when and why in the initial stages of quality leadership will be shared and prioritization of necessary tasks. The opportunity for growth and knowledge at your fingertips through resource sharing.	1) Manage time more efficiently 2) Tools/Insight to assist prioritizing responsibilities 3) Organize the first 90 days of orientation to ensure critical agenda is addressed while identifying key roles as a leader	<b>Brooke</b> is the Facility Quality Manager at Mercy Health St. Anne. She started her career in health care in 2006 as a Patient Care Tech and advanced to a Registered Nurse by 2009. By pursuing her Master's in Public Health Administration and expanding her experience in various patient care settings and administration, she discovered her passion for patient safety and improving clinical outcomes. Brooke is determined to build a culture of empathy and compassion in her community and across the ministry.

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OPTION #9	Using Root Cause Analysis to Inform Patient Safety Opportunities  <b>Presenter</b> Stephanie McConnell, MSN, CPPS, RNC-OB	This presentation will focus on performing a root cause analysis (RCA) beginning with the identification of an event or a potential for an event to occur. Once identified, mitigating harm to our patients becomes the goal. Throughout the process of root cause analysis, a cause/s is/are identified, and action items put into place. The session will focus on using the RCA toolkit and RCA modules to ensure action items are strong.	1) Identify cases warranting further investigation or RCA 2) Gain experience in defining high level actions for implementation 3) Gain insight into the utilization of the RCA toolkit	<b>Stephanie</b> has been a nurse for over 20 years. She recently received her Master's in Nursing Leadership and Management, as well as her Certification in Professional Patient Safety. She has a wealth of expertise in Women's Health with a passion for patient safety. Serving as a System Safety Manager for the Providence group, her goal is to make a difference in patient safety across the ministry and to lead change in a positive, fun-loving way.
11:45 OPTION #10	Using Reliability Strategies to Improve Telemetry Safety  <b>Presenter (s)</b> Michelle Greene, RN, BSN, CPHQ  Stephanie McConnell, MSN, CPPS, RNC-OB	This session will provide insight into how a multidisciplinary team identified variations in their processes through performance improvement strategies by utilizing the following: root cause analysis, Gemba walking, A3 methodology, and visual mapping. Through utilizing these strategies, efforts to simplify and standardize telemetry processes, equipment functionality, education, and staff response to telemetry alerts/alarms were performed.	1) Participants will learn the benefit of standardization in processes 2) Participants will learn about a Gemba walk 3) Share methods of communication, including visuals	<b>Michele</b> is a registered nurse with over 20 years of experience. She has served in a quality role for over 6 years, while recently achieving her certification in healthcare quality. Michele is currently the Quality Director at Fairfield Hospital and will complete her Master's in Healthcare Policy in December 2021. She has a passion for continuous improvement and working with interdisciplinary collaborative teams to make healthcare better.  <b>Stephanie</b> (see above)
OPTION #11	BSMH Change Management Model: Planning a Successful EHR Transition  <b>Presenters</b> Stephen Gibson, MBA, PHR, SHRM-CP  Kelley Recker	This session will highlight change management best practices currently being applied to the project implementation plan for the long-awaited EHR consolidation. Central to this work is our BSMH Change Management Roadmap, a scalable change management model designed to help leaders plan for successful transitions both large and small.	1) Review why, when, and how to leverage change management best practices through application of the roadmap 2) Gain insight from subject matter experts sharing resources for their own change projects	<b>Stephen</b> has been with the ministry for 2 years, serving as the Director, HR Strategic Partner for Fairfield and Jewish Hospitals in the Cincinnati Market. Stephen focuses on developing HR strategies that enhances the associate experience and our leader's effectiveness, ultimately supporting patient care and our communities.  <b>Kelley</b> is a 32-year associate of Bon Secours Mercy Health and Vice President of I&T Operations and User Experience serving our ministry and associated Business Partners. She has a clinical background and is passionate about providing the best technology to our caregivers and associates to best perform their jobs.

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OPTION #12	<p>Optimizing Floor Stock Delivery &amp; Management to Nursing Units</p> <p><b>Presenter</b> Amy Downey, RD, LD  Lisa Cumberbatch</p>	<p>Learn more about combining lean concepts of value stream mapping and 5S to optimize processes for all and create systems for sustainability. A case description of a nursing unit's food stock will be presented, while addressing accuracy, rotation, variation, and communication pathways. Key takeaways will include the value in planning and preparation, adequate training and communication, and the importance of maintenance routines.</p>	<p>1)State 3 benefits of standardized inventory management system for nursing unit floor stock 2)Gain insight applying tools and lessons learned to inventory management system 3)Implement ways to address variants to standard processes</p>	<p><b>Amy</b> serves as the Regional Clinical Nutrition Manager for Morrison Healthcare at St. Francis Health System in Greenville, SC since 2013. She shares her expertise through supporting the inpatient and outpatient nutrition teams while giving clinical support to the food services operations. Amy became a Certified Lean Expert in 2015 and currently serves as the Legislative Chair of the Piedmont Dietetic Association.</p> <p><b>Lisa</b> serves as the Patient Service Manager for Morrison Healthcare at St. Francis Health System located in Greenville, SC since 2019. She shares her expertise in managing the patient service side of food service operations to include patient experience, nursing relations, and employee engagement. Lisa has served in many positions in healthcare foodservice since 1987.</p>
12:15				Andrea Mazzoccoli

# Continuing Education Credit Information

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**BON SECOURS MERCY HEALTH**

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## 2021 BSMH Reliability and Performance Improvement Conference

**Date:** Wednesday, October 20, 2021

**Time:** 8:30 AM - 12:30 PM

**Location:** Virtual Conference Room

**Learning Format:** Online

**Link to Landing Page:** [https://](https://www.eeds.com/live/161506)

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**For presentation information / presenter bio, see above**

**Learning Objectives** - At the conclusion of this activity, participants should be able to:

- Desired change(s) in strategy, performance, or patient care
- More efficient, higher quality, and more timely execution of improvement activities
- Sharing of improvement interventions and lessons learned

### **Accreditation Statement:**

In support of improving patient care, this activity has been planned and implemented by Bon Secours Mercy Health and Mercy Health St. Rita's Medical Center. Mercy Health St. Rita's Medical Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Credit Designation: Mercy Health St. Rita's Medical Center designates this live activity for a maximum of 4 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Mercy Health St. Rita's Medical Center designates this live activity for a maximum of 4 Hour(s) Attendance w/ No Credit. Mercy Health St. Rita's Medical Center designates this live activity for a maximum of 4 Hour(s) NCPD (ANCC Contact Hours). Mercy Health St. Rita's Medical Center designates this live activity for a maximum of 4 Hour(s) ACPE. Mercy Health St. Rita's Medical Center designates this live activity for a maximum of 4 Credit(s) IPCE. Commercial Support: This activity is not commercially supported.

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**BON SECOURS MERCY HEALTH**

# Join us for other System Reliability and Performance Improvement Offerings

## Introduction to Lean in Healthcare

Single workday module covering the foundational elements of Lean, application in healthcare, and how Lean is applied at BSMH

Available in Workday

Target audience: all associates

Time expectation: 25 min

## Lean Community of Practice (LCoP)

Monthly hour-long session that features a new Lean tool, method, or concept with practical application presented by a BSMH associate in partnership with a Reliability Team facilitator

Available via Zoom

Target audience: all associates

Time expectation: 60 min

## Lean Foundations & Application (LFA)

Cohort by leader/Reliability invitation for 6 two-hour classes combining didactic and practical application of Lean

Offered via cohort

Email [SystemReliability@bshsi.org](mailto:SystemReliability@bshsi.org) for more info

Target audience: by leader request

Time expectation: 90-day