

2021

DISCHARGE PLANNING & CAPACITY MANAGEMENT SUMMIT

September 13-14, 2021 • ARIA Resort and Casino • Las Vegas, NV

2021 SPEAKING FACULTY



John Vazquez, MD
Assistant Professor
EMORY UNIVERSITY
Associate Director, Operations – Division of Hospital Medicine
Medical Director, System Transfer Service and Patient Flow
EMORY HEALTHCARE



LaTivia Carr MSN, NEA-BC
Vice President and Chief Nursing Officer
RIVERSIDE MEDICAL CENTER



Nilesh Patel, DO, FAAEM, FACOEP
Chair, Emergency Medicine
Assistant Professor, Clinical Emergency Medicine
ST. JOSEPH'S HEALTH



Kathleen M. Matson, DHA, MSN, RN, NE-BC
Nurse Administrator, Nursing Resources
MAYO CLINIC



Hammad Haider-Shah, MD, JD, CHCQM
Chief Medical Officer
AURORA WEST ALLIS MEDICAL CENTER



Michael Chilmaid, MBA
Performance Improvement Coach
UNIVERSITY OF VIRGINIA HEALTH



Joshua Kosowsky, MD, FACEP
Director for Patient Experience and Provider Engagement
Department of Emergency Medicine
BRIGHAM AND WOMEN'S HOSPITAL



Sharon E. Mace, MD, FACEP, FAAP
Professor of Medicine
CLEVELAND CLINIC LERNER COLLEGE OF MEDICINE OF CASE WESTERN RESERVE UNIVERSITY
Director, Research, Emergency Services Institute (ESI)
Former, Director, Observation Unit, ESI
CLEVELAND CLINIC



Sarah Ferrell Souter, MPS
Director, Patient Flow Operations & Strategy
UNIVERSITY OF VIRGINIA HEALTH



Tibian Abramovitz, MD
Medical Director Case Management
ST. JOHN'S EPISCOPAL HOSPITAL



Julie Mirkin, DNP, MA, RN, ACM
Senior Vice President/Chief Nursing Officer
BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER



Christin Ray, BSN, RN
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ADVENTHEALTH ORLANDO



Carol Rajchel, MBA, RN
Director of Operations Center
DIGNITY HEALTH - ST. ROSE DOMINICAN HOSPITAL



Keith Grams, MD, FACEP
Chair, Emergency Medicine
ROCHESTER REGIONAL HEALTH



Kathleen Fraser MSN, MHA, RN-BC, CCM, CRRN, FAAN
Jurisprudence in Healthcare Law, Policy and Management
TEXAS A & M UNIVERSITY SCHOOL OF LAW
CEO/President
FRASER IMAGINEERS, LLC



Nimit Agarwal MD FACP
Internal Medicine & Geriatrics
BANNER UNIVERSITY MEDICAL CENTER-PHOENIX



Mary Noil Pilkington, RN, BSN, CCM
System Director, Care Coordination and Clinical Social Work
UCLA HEALTH



Penny J. Porteous, MSHA, BSN, RN
Executive Director
Mission Control
ADVENT HEALTH ORLANDO



Eric Rebraca
Director of Emergency Services
OHIO HEALTH



Sherry Watson-Lawler, BSN, CPTC, MBA, CPHQ
Director, Quality Management Services
UCLA HEALTH SANTA MONICA

KEY HIGHLIGHTS

- Managing Hospital Capacity Pre and Post Pandemic
- Improving the Emergency Department Discharge Process
- Discharging Patients Recovering from COVID-19
- Improving the Discharge Process with Patient Engagement Technology
- Hospital Capacity and Discharge of the Geriatric Patient
- Leveraging Technology to Improve Patient Flow and Reduce LOS
- Pitfalls and Perils of Emergency Department Discharge
- Discharge Planning and Transitions of Care
- Safe Discharge from the Emergency Department
- Improving Patient Flow Through Better Discharge Processes
- Right Patient, Right Care, Right Time: Improve Clinical Alignment and Standardize Practice in an Open Observation Unit at a Large Quaternary Hospital
- Gold Star: Pushing Discharges Before 11am for Better Flow

CONFERENCE WORKSHOP

HIPAA – What It Is and Why Should I Care?
- TEXAS A & M UNIVERSITY SCHOOL OF LAW

BRINetwork

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About the Conference

Care coordination within hospitals and health systems has never been more important as it helps to align priorities of care teams and minimize waste within the system. Delayed discharges are not just an inconvenience; they lead to poorer experiences for patients and prevent hospitals from providing responsive care for patients requiring acute care, and those requiring admission for planned procedures. Poorly managed hospital-wide patient flow and capacity management has critical implications for both patients and providers.

The COVID-19 pandemic continues to disrupt all aspects of hospital care, and has altered nearly all fundamental practices, including discharge protocols. Discharge planning is an integral part of a hospital's clinical care. On a daily basis, healthcare providers think carefully about how to help patients safely transition back into life outside of the hospital. Patients need up-to-date information about how to keep themselves and those around them safe, and resources and support to help them recover from illness. In response to COVID-19, within an exceptionally short time frame, hospitals have had to rapidly adapt their discharge planning protocols and have had to continue to adapt as new information comes out. The pandemic has highlighted the importance of discharge planning for patient care and has added a new element of public health in that healthcare providers have to take all possible precautions to ensure that patients are not spreading the virus after they leave the hospital.

The conference brings together leaders from hospitals, health systems, home care, health plans and managed care organizations to discuss best practices for improving care coordination, reducing readmissions, preventing avoidable healthcare utilization, and collaborating across the continuum. Network with leading practitioners on discharge planning and learn from the success of others on how to prevent hospital readmissions through comprehensive discharge planning; move patients quickly, efficiently and safely through the hospital system; improve capacity planning and service design; enhance patient care and satisfaction; and much more.

Register Early and Save! Groups of 3 or more can save an additional 10% off the registration fee. To register visit our website at www.brinetwork.com or call us at **800-743-8490**. We look forward to seeing you in Las Vegas!

Who should attend

From Hospitals/Health Systems/Health Plans:

- CEO's
- CFO's
- VP
- Quality Improvement Director
- Emergency Room Director
- Patient Flow Director
- Discharge Planning
- Case Management Director
- Nursing Director
- Care Coordination
- Utilization Review
- ICU Director
- Admissions Director
- Hospitalists
- Billing
- Patient Financial Services
- Medical Directors
- Social Service Director
- Patient Flow
- Clinical Operations Director
- Patient Transportation
- TeleICU

Also of interest to:

- Vendors/Service Providers

DAY ONE • MONDAY, SEPTEMBER 13

7:15am – 8:00am

Conference Registration & Networking Breakfast

8:00am – 8:15am

Chairperson's Opening Remarks

8:15am – 9:00am

Gold Star: Pushing Discharges Before 11am for Better Flow

Boarding patients in the ED is a major patient safety issue, one that leads to decreased patient satisfaction and worse patient outcomes. Creating a process to discharge patients earlier in the morning is one potential answer, yet that solution is much more complex than just an early discharge order. It involves collaboration across multiple disciplines, and processes that incentivize the right things. In this session, we will walk through a case study on how Emory approached this problem, and examine the "Gold Star" discharge process to:

- Identify barriers to discharging patients, and understand what motivations are behind those barriers
- Describe strategies Emory has used to leverage changes in discharge management across disciplines
- Examine ways to sustain innovation in discharge management, and consider unintended consequences of those changes



John Vazquez, MD

Assistant Professor

EMORY UNIVERSITY

Associate Director, Operations – Division of Hospital Medicine
Medical Director, System Transfer Service and Patient Flow

EMORY HEALTHCARE

9:00am – 9:45am

Managing Hospital Capacity Pre and Post Pandemic

Hospitals have been challenged to create efficient patient flow systems that facilitate safe, effective discharge processes and enhance patient movement both in and out of the facility. The Covid 19 Pandemic added additional complexity to the issues of patient movement and capacity management. Learn how one academic medical center accelerated the implementation of patient movement strategies during the pandemic through a series of operational and quality initiatives resulting in improved patient movement metrics and increases in both patient and staff satisfaction.



Kathleen M. Matson, DHA, MSN, RN, NE-BC

Nurse Administrator, Nursing Resources

MAYO CLINIC

9:45am – 10:15am

Networking & Refreshments Break

10:15am – 11:00am

Improving the Emergency Department Discharge Process

Millions of patients visit hospital emergency departments each year for a variety of ailments and injuries. A sizable minority of ED patients return to the ED frequently and account for a disproportionately large share of overall visits and costs. High revisit rates also signal potentially significant clinical implications for the patients themselves, including unfinished treatments and progression of illness. This session will examine factors that drive patients' frequent ED use, as well as possible ways to better address patients' needs through ED-based interventions, as well as the impacts of ED discharge processes and how they can be improved.



Joshua Kosowsky, MD, FACEP

Director for Patient Experience and Provider Engagement

Department of Emergency Medicine

BRIGHAM AND WOMEN'S HOSPITAL

11:00am – 11:45pm

Discharge Planning: Tales from the Trenches, Common Mistakes and How to Avoid Them

Efficient discharge planning is an important factor in the financial stability of the hospitals. There are many challenges that hospitals need to overcome in discharging a patient, and the Covid pandemic just added some more. Sometimes the obvious challenges are overlooked. We will examine some of those, with suggested solutions.



Tibian Abramovitz, MD
Medical Director Case Management
ST. JOHN'S EPISCOPAL HOSPITAL

11:45am – 12:30pm

Discharging Patients Recovering from COVID-19

Hospitals and health systems that have treated patients with coronavirus encounter many challenges in discharging them, from discerning when discharge is clinically appropriate to determining where these discharged patients can or should go. At the same time, home healthcare agencies and post-acute facilities face their own set of challenges in accepting recovering patients and caring for them, such as the ongoing need to protect staff from infection. This session will address these issues, lessons learned, and best practices that are emerging from the pandemic.



Carol Rajchel, MBA, RN
Director of Operations Center
DIGNITY HEALTH - ST. ROSE DOMINICAN HOSPITAL

12:30pm

Lunch Break

1:30pm – 2:15pm

Improving the Discharge Process with Patient Engagement Technology

To optimize patient outcomes during care transitions, healthcare providers must integrate discharge planning across the entirety of the care continuum. Successful discharge planning should start at admission, as this is a continuous process. When providers prioritize the critical components of discharge planning throughout the course of inpatient treatment, adequate resources can be identified to better support the patient upon discharge. By utilizing technology, healthcare organizations can develop data-driven structures to enhance the discharge process and ultimately, improve the patient experience. Topics to be discussed will include:

- Establishing and maintaining an organizational culture of safety and improvement
- Creating processes that drive improvements
- Empowering patients with the right information at the right time



Nimit Agarwal MD FACP
Internal Medicine & Geriatrics
BANNER UNIVERSITY MEDICAL CENTER-PHOENIX

2:15pm – 3:15pm

PANEL: Handling Discharges During the Pandemic

The COVID-19 pandemic has forced healthcare leaders nationwide to rethink how their organizations approach safe discharges, as virus-related visitor restrictions mean many family members cannot be at the patient's bedside to hear discharge instructions. The pandemic is also placing great demand on hospitals' bed capacity, further underscoring the need for efficient discharge processes. This panel will discuss how they are handling discharges during the pandemic, including:

- How they have adopted or expanded virtual video capabilities for discharge planning purposes
- Exceptions made to visitor restrictions for patients and family members who would benefit from in-person discharge planning
- Communication and collaboration efforts
- Safely expediting discharges

Panelists:



LaTivia Carr MSN, NEA-BC
Vice President and Chief Nursing Officer
RIVERSIDE MEDICAL CENTER



Eric Rebraca
Director of Emergency Services
OHIO HEALTH



Hammad Haider-Shah, MD, JD, CHCQM
Chief Medical Officer
AURORA WEST ALLIS MEDICAL CENTER

3:15pm – 3:45pm

Networking & Refreshments Break

3:45pm – 4:30pm

Hospital Capacity and Discharge of the Geriatric Patient

The geriatric patient can be the most difficult patient to discharge home safely. The proportion of emergency department visits made by older patients is increasing at a rate greater than any other demographic group. Within the next 20 years, the elderly are expected to comprise one fourth of all ED patients. The geriatric patient is more complex, uses more resources, is admitted more often than younger individuals, and has longer ED and hospital stays. Processes for streamlining the care of the elderly patient in order to improve the transition from hospital to discharge, decrease hospital length of stay and even prevent an inpatient admission will be discussed.



Sharon E. Mace, MD, FACEP, FAAP
Professor of Medicine
Cleveland Clinic Lerner College of Medicine of Case Western Reserve University
Director, Research, Emergency Services Institute (ESI)
Former, Director, Observation Unit, ESI
CLEVELAND CLINIC

4:30pm – 5:15pm

Leveraging Technology to Improve Patient Flow and Reduce LOS

Effective discharge planning is critical to promoting effective and efficient patient flow as well as reducing length of stay. The key to effective discharge planning is ensuring that robust interdisciplinary rounds occur on a daily basis. Successful interdisciplinary rounds align the healthcare team to identify patients' goals of care as well as ensure that barriers to care and discharge are removed. Daily milestones for patient discharge and throughput need to be identified and discussed among the healthcare team to ensure that patient care is effective and efficient. The challenge is how to communicate and intervene when barriers to care/patient flow are identified. Leveraging technology to align the healthcare team to promote a smooth transition of care is a solution that has been proven to be extremely effective. This presentation will share examples of leveraging technology to create "real time" interdisciplinary dashboards, discuss key factors required for "best in class" interdisciplinary rounds and demonstrate innovative solutions to enhancing communication among the healthcare team. It is through collaboration and communication among the healthcare team that we can ensure that daily patient management and the discharge planning process will result in positive patient outcomes. The attendees of this session will understand the importance of innovation and utilizing technology to develop processes and systems to enhance daily patient management and effective discharge planning.



Julie Mirkin, DNP, MA, RN, ACM
Senior Vice President/Chief Nursing Officer
BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER

5:15pm

End of Day One

7:15am – 8:00am
Networking Breakfast

8:00am – 8:15am
Chairperson's Recap

8:15am – 9:00am
Pitfalls and Perils of Emergency Department Discharge

In the emergency department, failure to comply with discharge instructions has been associated with an increased rate of adverse outcomes for patients. There is tremendous variability in the information that is provided to patients in discharge paperwork. In some EDs, a simple handwritten discharge note is given to the patient, while in others, extensive, diagnosis specific pre-created instructions are provided to patients at time of discharge. This session will examine how to reduce risk at discharge, key elements that healthcare providers must recognize as part of all discharge processes in the ED, and some suggest "best practices" to improve patient outcomes.



Keith Grams, MD, FACEP
Chair, Emergency Medicine
ROCHESTER REGIONAL HEALTH

9:00am – 9:45am
Discharge Planning and Transitions of Care

Transitions of care refer to the movement of patients between different healthcare settings such as from an ambulance to the emergency department, an intensive care unit to a medical ward, and the hospital to home. The transition from hospital to home can be challenging as patients and families become responsible for care coordination. Hospital discharges are complicated and often lack standardization. Patients receive an onslaught of new information, medications and follow-up tasks such as scheduling appointments with primary care providers. Suboptimal transitions of care increase the risk of readmissions and adverse drug events after discharge. The discharge process can be influenced by characteristics and activities of the health system, patient and clinician. Discharge instructions may differ between providers or may not be tailored to a patient's level of health literacy or current health status. This session will explore how early discharge planning can significantly decrease hospital length of stay readmission risk and mortality risk.



Mary Noil Pilkington, RN, BSN, CCM
System Director, Care Coordination and Clinical Social Work
UCLA HEALTH



Sherry Watson-Lawler, BSN, CPTC, MBA, CPHQ
Director, Quality Management Services
UCLA HEALTH SANTA MONICA

9:45am – 10:15am
Networking & Refreshments Break

10:15am – 11:00am
Safe Discharge from the Emergency Department

Millions of patients are seen in the emergency department annually for various reasons, and it is essential that these patients receive appropriate preparation for their return home in order for them to properly manage their recovery. A large minority of ED patients return to the ED frequently and account for a disproportionately sizable share of overall costs and visits. ED discharge failure, such as ED return within 72 hours or more, poor compliance, and/or lack of comprehension of discharge instructions, carries significant clinical implications for patients, including unfinished treatments and progression of illness. Topics to be discussed will include:

- Educating the patient on their diagnosis, prognosis, treatment plan, and anticipated course of illness, as well as post-ED discharge care
- Post-ED discharge care, which may include medications, home care for injuries, medical equipment or devices, additional diagnostic testing, and

further healthcare provider evaluation

- Coordinated ED care within the context of the within the context of the healthcare system including other referrals, social services, or other types of follow-up services.



Nilesch Patel, DO, FAAEM, FACOEP
Chair, Emergency Medicine
Assistant Professor, Clinical Emergency Medicine
ST. JOSEPH'S HEALTH

11:00am – 11:45am
Improving Patient Flow Through Better Discharge Processes

Hospitals are facing a dramatic challenge: improve the quality of care while simultaneously lowering costs. They need to improve efficiency so that capacity can be expanded while still providing quality care. One way hospitals can achieve this is to improve patient throughput, and the key to improving throughput is to focus on patient flow. This session will examine how to create a more consistent and predictable discharge schedule to improve patient flow.



Michael Chilmald, MBA
Performance Improvement Coach
UNIVERSITY OF VIRGINIA HEALTH



Sarah Ferrell Souter, MPS
Director, Patient Flow Operations & Strategy
UNIVERSITY OF VIRGINIA HEALTH

11:45am – 12:30pm
Right Patient, Right Care, Right Time: Improve Clinical Alignment and Standardize Practice in an Open Observation Unit at a Large Quaternary Hospital

Collaboration between hospitalists, emergency physicians, case management, nursing, and hospital administrators helps to promote high-quality observation care. When many parties are involved, as in a large unit, reaching agreement on criteria and protocols to use can be challenging.

- Develop a strategy to increase consistency in initial patient assessment, inclusion and exclusion criteria, and testing
- Establish agreed-upon turnaround times and procedures for labs, diagnostic tests, and consultations
- Leverage case management and nursing teams to streamline approaches
- Establish escalation pathways and rounding accountabilities to ensure throughput and quality care
- Optimize interdepartmental collaboration to meet the financial and flow needs of the hospital



Christin Ray, BSN, RN
Director of Nursing / Psychiatric Medicine, Observation Medicine, Dialysis Services, Suture Clinic, Direct Care Center
ADVENT HEALTH ORLANDO



Penny J. Porteous, MSHA, BSN, RN
Executive Director
Mission Control
ADVENT HEALTH ORLANDO

12:30pm
Conference Concludes

Mention promo code **BR100** for an additional \$100 off the registration fee.

WORKSHOP SESSION

Tuesday, September 14, 2021 • 12:45pm – 2:45pm

HIPAA – What It Is and Why Should I Care?

The Health Insurance Portability and Accountability Act (HIPAA) establishes rules that protect and secure patient health information. But what is it really and why should I care? HIPAA can be a really misunderstood body of law. However, to understand and appreciate HIPAA, it is important to learn its origin and what it means to you as an individual. Once you understand the basic tenets, you can then help others to understand and appreciate the intent of HIPAA. It is the analysis, acquirement, and protection of medical information. However, in order to properly analyze, acquire and protect valuable individually identifiable health information, it is important to know the security and privacy laws governing protected health information, understand the terminology and identify who is responsible for complying with the laws to safeguard Personal Health Information (PHI). Privacy and Security is the foundation of the Administrative Simplification Rules which demands the confidentiality, defense, and safety of protected health information. It takes a deeper dive into appropriate use and disclosure of PHI while also focusing on breaching and supplying you with helpful tools to counter a breach or unauthorized disclosure if and when one arises.

HIPAA is a very daunting body of law encompassing both privacy and security requirements for healthcare plans, clearing houses, and providers alike. While the covered entities strive to improve on healthcare standards, practices, and outcomes, they must protect, safeguard, and keep confidential the same information needed to use and disclose for the expansion of healthcare. This is no small feat and requires those tasked with the responsibility to know what they know, know what they don't know and seek help to successfully manage HIPAA related obligations. There is a recurring theme. HIPAA at its roots, provides fundamental privacy rights, which must remain protected and unscathed, while still balancing the need to deliver palpable health care to society at large. What are the ethical obligations of health care professionals and how those duties ultimately protect individual rights?

OBJECTIVES:

Upon completion of the presentation, attendees will be able to:

- Demonstrate the general rules governing protected health information at the federal and state levels

- Construct tools to assist with compliance and breach management regarding such matters as cloud computing, research, and emergency response
- Critique and explain the interplay of HIPAA with the coordinated care of Discharge and Capacity Management
- Describe the standards used for determining when state law preempts HIPAA.
- Describe the basics of a compliance program, including the 7 elements of an effective compliance program
- Explain the ethical obligations of healthcare professionals and identify common situations in which breaches occur and when to seek help



Kathleen Fraser MSN, MHA, RN-BC, CCM, CRRN, FAAN
Jurisprudence in Healthcare Law, Policy and Management
Texas A & M University School of Law
CEO/President
FRASER IMAGINEERS, LLC

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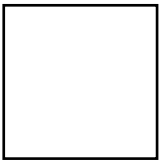
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** All Payments must be received four weeks prior to the event. If you need to cancel four weeks prior to the event there will be a full refund minus a \$225 administrative fee. If you need to register a substitute please contact us or email us at support@brinetwork.com. All cancellations received under four weeks will be provided a pass to a future event for either yourself or a colleague which will be valid for two years from the date of conference.