CLICK HERE TO REGISTER

About the Conference

Every day in ICUs across the country, clinicians make dozens of decisions under conditions that would break most systems—beds that don't exist, staff who haven't slept, patients whose families haven't been told the truth yet and downstream facilities that won't take another complex discharge. Sepsis kills patients when recognition is delayed by hours. Delirium sets in when sedation protocols aren't followed. Experienced nurses leave for travel contracts because no one has fixed the staffing math. Goals-of-care conversations happen too late, in crisis mode, when they should have started days earlier. Survivors of critical illness return home to face months of cognitive impairment, weakness and psychological trauma with little structured support. These are not random failures—they are predictable consequences of ICU operations that haven't kept pace with the evidence, and they are solvable with the right systems, leadership and commitment to doing the work.

Business Research Intelligence Network's Critical Care Summit brings together ICU medical directors, nursing leaders, respiratory therapists, pharmacists and operations managers from adult medical, pediatric, neurocritical care, cardiac, trauma and surgical ICU settings—as well as community and regional hospitals—to address what actually determines whether patients survive, recover and return to meaningful lives. Attendees will explore strategies for building sustainable 24/7 staffing models, implementing ventilator liberation and delirium prevention bundles, developing post-ICU recovery programs, integrating palliative care before the crisis point, managing capacity during surges, integrating tele-ICU technology and creating nursing-led improvement cultures that outlast any single initiative. This year's program also addresses the distinct clinical and coordination challenges of caring for veteran populations across VA and community settings. Whether leading a 300-bed academic medical center ICU or a 12-bed community hospital critical care unit, this summit provides actionable frameworks for organizations committed to closing the gap between what the evidence says is possible and what their patients are actually experiencing. The patients who survive their ICU stay deserve more than survival.

Agenda

Day One – Monday, July 20, 2026

7:15am – 8:00am
Conference Registration & Networking Breakfast

8:00am – 8:15am
Chairperson's Opening Remarks

8:15am – 9:00am
Monitoring Intensive Care Provider Burnout and Stress
This talk will present our ongoing work on monitoring stress, workload, and burnout among intensive care unit (ICU) providers using a combination of wearable sensing technologies, physiological data, and qualitative methods. Building on prior studies of ICU nurses that used eye-tracking, heart rate variability, and wearable sensors to assess cognitive workload and occupational stress in naturalistic clinical settings, our research examines how demanding ICU environments, communication burden, and patient care complexity contribute to provider stress and burnout. Findings highlight the potential for real-time monitoring approaches to identify periods of elevated stress and inform interventions to improve clinician well-being and patient safety. We will also discuss our emerging work on nurse-family communication and its impact on nurses' stress, particularly in high-acuity, emotionally demanding care situations.
Farzan Sasangohar, Ph.D., CPAHA
Associate Professor and Mike and Sugar Barnes Faculty Fellow II
Wm Michael Barnes '64 and Department of Industrial and Systems Engineering
Texas A&M University
Director of Research, Center for Critical Care
Houston Methodist

9:00am – 9:45am
Enhancing Post-Cardiac Surgery Resuscitation: Implementing the Society of Thoracic Surgeons (STS) Guidelines for Improved Outcomes
Post-cardiac surgery patients face resuscitation challenges that standard ACLS protocols are not designed to address — including heightened risk for bleeding, arrhythmias and cardiac tamponade. This session presents findings from a retrospective analysis of code blue events comparing outcomes under standard ACLS versus STS Expert Consensus guidelines. Patients managed under STS protocols had significantly better survival rates and shorter hospital stays (6–9 days versus 10–56 days), supporting the case for specialized resuscitation protocols in cardiac surgery units. Attendees will leave with a framework for implementing STS-aligned protocols, building staff competence and positioning their institution as a leader in evidence-based cardiac care.
Angelica G. Tobias, MSN, RN, CCRN-CSC-CMC, CES-A
ECMO Specialist
Baylor Scott & White The Heart Hospital Plano

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

10:15am – 11:00am

Critical Care Workforce Crisis: Retention Strategies That Work

Losing experienced ICU nurses to travel contracts or burnout costs you $40K-$64K per replacement. Intensivists? Over $250K. This session covers what actually keeps teams intact—sustainable staffing ratios, career paths, real recognition and dealing with moral distress from tough cases. You'll learn approaches that work when you can't match competitor pay and how to address the burnout drivers specific to critical care.

Lucio Barreto, DNP, AGACNP-BC, APRN-BC, RN, CCRN, CWCP, NE-BC, CPXP, CLSSBB, MICN
Clinical Program Director of Nursing Operations
Director of Wound & Ostomy Care Services
Nursing Operations Management
Mount Sinai Health System

11:00am – 11:45am

Healthy Work Environments: Driving Nurse Engagement, Retention, and Patient Experience

AACN's Healthy Work Environment standards directly influence the outcomes healthcare organizations measure most. Units that demonstrate skilled communication, true collaboration, appropriate staffing, and authentic leadership consistently show higher nurse engagement scores, reflected in improved commitment, well-being, and willingness to recommend the organization as a workplace. These same standards are strongly associated with lower voluntary turnover and vacancy rates, reducing reliance on premium labor, and protecting institutional knowledge. From the patient perspective, healthy nursing work environments correlate with higher patient experience scores, fewer safety events, and better care consistency—because engaged and supported nurses are better positioned to deliver compassionate, reliable care. Investing in AACN's Healthy Work Environments is therefore a measurable strategy to strengthen nursing culture while advancing workforce stability and patient-centered outcomes.

Jarrod A. Atkinson, MSN, RN, NEA-BC, CCRN
Associate Chief Nursing Officer
Rochester Regional Health - Unity Hospital

11:45am – 12:30pm

Responding Justly: High Reliability Principles When ICU Care Does Not Go as Planned

When ICU care does not go as planned, a just and reliable response is essential to preserving trust and advancing safety. This session explores how high reliability principles guide transparent communication, physician disclosure processes, and compassionate engagement with patients and families. Using the Agency for Healthcare Research and Quality CANDOR (Communication and Optimal Resolution) framework, participants will learn structured approaches to disclosure and resolution. The presentation also highlights effective Root Cause Analysis (RCA) tools and system-focused event analysis methods to transform adverse events into meaningful organizational learning and sustained improvement.

Tamara Awald, DHA, MS, MBA, RN
Vice President Quality, Patient Safety, and Risk Management

Franciscan Alliance

12:30pm – 1:30pm
Networking Lunch

1:30pm – 2:15pm
Tele-ICU Implementation: Extending Specialist Coverage
Tele-ICU promises great things—extended intensivist hours, support for community hospitals, multi-site monitoring. Reality often includes integration failures, bedside staff pushing back and alert fatigue. This session covers what actually works including hub-and-spoke versus regional models, defining remote and bedside roles, managing resistance and proving ROI. You'll learn equipment needs, credentialing issues, optimal monitoring ratios and whether tele-ICU improves outcomes or just moves work around.
Anthony Roggio, MD
Medical Director of Telehealth
University of Maryland Medical System and Access Center
Interim Chair of Emergency Medicine
Emergency Department
University of Maryland Medical Center – Midtown

2:15pm – 3:15pm
Panel: Optimizing ICU Operations: Balancing Quality, Capacity and Cost
ICU leaders face relentless pressure to improve clinical outcomes while managing capacity constraints and cost pressures. This panel brings together medical directors, nursing leaders and operations experts to discuss real-world strategies for optimizing ICU performance across multiple dimensions. Panelists will explore staffing models that maintain quality during shortages, patient flow strategies reducing boarding and throughput delays, technology investments that actually deliver ROI, measuring what matters beyond mortality rates, and building the business case for ICU improvements to secure leadership support. The discussion will address how organizations balance competing priorities—clinical excellence, operational efficiency and financial sustainability—while maintaining staff morale and patient safety. Attendees will gain practical approaches to common ICU operational challenges they can apply in their own settings.
<u>Panelists:</u>
Jarrod A. Atkinson, MSN, RN, NEA-BC, CCRN
Associate Chief Nursing Officer
Rochester Regional Health - Unity Hospital

Tamara Awald, DHA, MS, MBA, RN
Vice President Quality, Patient Safety, and Risk Management
Franciscan Alliance

Dayna Dixon, PhD, RN, NPD-BC, CPHQ
Founder/CEO

Breaking Glass
Clinical Associate Professor
Mount Sinai Phillips School of Nursing

3:15pm – 3:45pm
Networking & Refreshments Break

3:45pm – 4:30pm
Quality and Safety Metrics That Drive Improvement
Too many metrics, not enough improvement. This session focuses on what's worth tracking—infections, line days, VAEs, delirium, mobility rates, unplanned extubations. You'll learn how to get frontline staff to care about the data, balance compliance reports with actual improvement, build dashboards people use and prove the business case. We'll cover moving past just counting bad things to fixing root causes and creating cultures where reporting problems leads to solutions instead of blame. Framing applies across adult, pediatric and specialty ICU environments.
Dayna Dixon, PhD, RN, NPD-BC, CPHQ
Founder/CEO
Breaking Glass
Clinical Associate Professor
Mount Sinai Phillips School of Nursing

4:30pm – 5:15pm
Sepsis Recognition and Protocol Implementation
Sepsis still kills too many people despite years of guidelines and quality programs. Inconsistent recognition, delayed antibiotics and poor protocol adherence cause preventable deaths and longer stays. This session covers automated EHR screening, response protocols and measuring time to intervention. Audience will learn how to address protocol compliance barriers, engage clinicians in early recognition, coordinate across whole hospital and prove sepsis program ROI.
Vitaly Herasevich, MD, PhD
Professor Anesthesiology and Medicine
Department of Anesthesiology and Perioperative Medicine, Division of Critical Care
Mayo Clinic

5:15pm
Day One Concludes

Day Two – Tuesday, July 21, 2026

7:15am – 8:00am
Networking Breakfast

8:00am – 8:15am
Chairperson's Remarks

8:15am – 9:00am

Critical Care for Veterans: Unique Clinical Profiles and Coordinated Care Across VA and Community Settings

Veterans represent a disproportionately complex ICU population — higher rates of TBI, PTSD, chronic pain, substance use disorders and military-related exposures, combined with a care ecosystem that spans VA medical centers, community hospitals and, increasingly, home-based veteran care programs. This session covers the clinical considerations that distinguish veteran critical care patients, VA-specific discharge planning pathways, the challenges of care coordination when a veteran is treated at a non-VA facility and models for connecting ICU survivors to veteran-specific post-acute resources. Physicians and care coordinators from VA health systems will join community hospital leaders whose patient populations include veterans who don't primarily use VA care.

Eric Marshall
Founder | CEO
Warrior's Legacy Care | Psybr Health

9:00am – 9:45am

Managing Family Presence and Engagement in the ICU

Open visitation helps patients and reduces PICS-Family but creates significant workflow disruptions and privacy challenges for clinical staff. This session covers the evidence for flexible visiting, how to address staff pushback, bringing families into rounds and making physical space work. Adult and pediatric ICU approaches to family-centered care will both be represented, including the distinct dynamics in pediatric units where parents are often primary caregivers.

Paul S. Kuzmickas, JD
Enterprise Director | Clinical and Operational Improvement
Cleveland Clinic

9:45am – 10:15am

Networking & Refreshments Break

10:15am – 11:15am

Panel

Building High-Performing Critical Care Teams: Workforce, Training and Retention

Critical care faces a workforce crisis affecting physicians, nurses, respiratory therapists and advanced practice providers. This panel examines strategies for building and maintaining high-performing ICU teams amid persistent shortages and burnout. Panelists will discuss innovative recruitment approaches attracting critical care professionals, training models developing capabilities efficiently, retention strategies addressing burnout and workplace culture, leveraging advanced practice providers to extend physician capacity, building interdisciplinary team effectiveness, and succession planning ensuring leadership continuity. The conversation will explore what actually works in organizations successfully navigating workforce challenges, including compensation strategies, work-life balance initiatives, professional development

opportunities and creating environments where critical care professionals want to stay long-term.

Panelists:

Angelica G. Tobias, MSN, RN, CCRN-CSC-CMC, CES-A
ECMO Specialist
Baylor Scott & White The Heart Hospital Plano

11:15-12:00pm
Adapting Tele ICU Model for Small Rural Hospitals
This session will highlight a practical, low-resource tele-critical care model designed to help rural hospitals care for higher-acuity patients closer to home. Rather than relying on a centralized, infrastructure-heavy tele-ICU approach, this model uses decentralized virtual intensivist support, bedside team collaboration, and clear escalation workflows to strengthen local capacity. The presentation will also focus on how rural hospitals can measure value through both clinical and financial outcomes, including reduced transfers, improved care coordination, better bed utilization, retained revenue, and overall margin impact. This approach is directly aligned with rural health transformation efforts by expanding access to specialty care, supporting rural clinicians, and creating sustainable models of technology-enabled inpatient care.
Saurabh Chandra
Chief Telehealth Officer
University of Mississippi Medical Center

12:00pm – 12:45pm
Anatomy of a Medical Malpractice Case
In the US, medical errors are the third leading cause of death only behind heart disease and cancer. Despite the alarming numbers, many healthcare providers are unaware of this information or how a medical malpractice case operates. This session will breakdown a medical malpractice case from the initial patient injury to the filing of the lawsuit and named parties to the final resolution of the case. It will identify pertinent points on the continuum where practitioners can make an impact on the outcome of the lawsuit. In addition, risk management recommendations will be provided to help prevent and also mitigate the impact of a medical malpractice case.
Arlene Lu, RN, BSN, JD, CPHRM
Lead Senior Risk Solutions Consultant
Medical Protective

12:45pm
Conference Concludes

1:00pm – 3:00pm
Workshop
ICU Capacity Management: Beyond Counting Beds Systems-Engineering Abstract (Two-Hour Session)

ICU capacity is often reduced to “staffed beds,” yet true operational capability depends on the interplay of multiple constrained resources: ventilators, monitors, specialized clinicians, procedural throughput, and post-acute placement. This session applies a systems-engineering lens to redefine ICU capacity as a dynamic, interdependent network rather than a static count. Using principles from queuing theory, constraint management, and variability reduction, we will identify the system’s true limiting factor, whether equipment, staffing skill mix, procedural volume spikes, PACU boarding, or downstream flow. Procedural smoothing strategies will be highlighted as a core method for reducing artificial variability, stabilizing demand, and preventing the cascading congestion that destabilizes ICUs during peak periods.
Participants will learn how to design tiered surge capacity, activate escalation pathways before the system becomes unstable, and engineer reliable flow to long-term care and skilled nursing facilities through standardized handoffs and aligned capacity signals. We will also examine decision-support structures that guide prioritization as resources approach saturation.
Attendees will leave with a streamlined systems-engineering framework for ICU capacity management—one that moves beyond bed counts to optimize flow, reduce variability, and build a resilient and predictable critical care ecosystem.

Hallie Kreul
Consultant
Patient Flow Strategies LLC

CLICK HERE TO REGISTER