



2019 Hospital Observation Patient Management Conference

Innovations in Observation Patient Management – Prevent Unnecessary Admissions, Maximize Reimbursements and Leverage Evidence-Based Triage Protocols to Improve Short-Term Care Quality

October 7 – 8, 2019 • Palmer House, A Hilton Hotel • Chicago, IL

About the Conference

Faced with increasing patient volumes, declining reimbursements and overworked ED staffs, hospitals must be prepared to leverage Observation Patient Management. Well-structured Observation Units have resulted in financial gains, improved clinical outcomes and superior patient satisfaction ratings.

The 2019 Hospital Observation Patient Management Conference will highlight the pertinent challenges facing Observation Unit staffs – ED physicians, Hospitalists, Case Managers and Billing and Coding professionals. Additionally, the conference will highlight how and why hospitals that are not utilizing Observation Patient Management, are leaving money on the table.

The 2019 Hospital Observation Patient Management Conference will allow you to walk away with an understanding of current trends and market practices, and innovative strategies to prepare yourself for the challenges that lie ahead. In addition to providing the latest, evidence-based intelligence on Observation Patient Management, the Summit will provide you with unprecedented networking and professional development opportunities. All sessions are designed to facilitate a high degree of interaction between speaker faculty members and fellow attendees.

Intended Audience

From Hospitals & Healthcare Centers:

Chief Executive Officers, Chief Medical Officers, Chief Nursing Officers, Chief Finance Officers, Chief Operating Officers

Also, Vice Presidents, Directors, Managers, and Senior Level Executives Responsible for:

- Observation Medicine
- Hospital Medicine
- Clinical Decision Making
- Emergency Nursing
- Utilization Management
- Reimbursement
- Compliance
- Medical Affairs
- Emergency Medicine
- Internal Medicine
- Billing & Coding
- Case Management
- Patient Access
- Denial Management
- Quality Management
- Discharge Planning

This conference will also benefit physician advisor firms, solution providers, healthcare consulting firms and healthcare information technology firms.

Agenda

Day One – Monday, October 7, 2019

7:15 *Conference Registration & Morning Breakfast*

8:00 *Chairperson's Opening Remarks*

8:15 Nuts and Bolts of Observation Services: Making the Business Case for Creating an Observation Unit

Mitch Babb, MBA, MHA, RN

Vice President, Operations

Duke Regional Hospital

Duke University Health System

9:00 A Proven and Effective Blueprint for Implementing a Short Stay/Observation Unit at Your Hospital

Sharon Mace, MD, FACEP, FAAP

Director, Observation Unit

Cleveland Clinic

9:45 *Networking Break & Refreshments*

10:15 Achieving Success in Clinical Decision Making and Management of the Observation Unit

Stephanie Figueroa, MPAS, DFAAPA, PA-C

Director, Observation Services

Department of Emergency Medicine

Johns Hopkins Health System

11:00 Post-Acute Transitional Care Planning for the Observation Patient

Ron Martinson, MD, MSM, CPE

Medical Director & Physician Advisor

Knox Community Hospital

11:45 Evaluating Patients for Observation vs. Inpatient to Optimize Care & Cost Management

12:30 *Luncheon for All Attendees & Speakers*

1:45 How to Effectively Integrate Observation Services into Hospital Operations

Jessica Codjoe, MD, MHA, FAAFP

Medical Director, Hospital Based Practices

Chairperson, Department of Family Medicine

Capital Health

2:30 Optimizing Quality and Efficiency in Observation Units: A Multidisciplinary Approach

Amit Bansal, MD, SFHM, FACP, FCCP, CHCQM

Director, Quality

Rochester General Hospitalist Group

3:15 *Networking Break & Refreshments*

3:45 The Use of Lean Principles to Develop, Implement and Sustain an Observation Unit

4:30 What Now – Achieving Peak Performance in Your Observation Unit

5:15 *End of Day One*

Day Two – Tuesday, October 8, 2019

7:15 *Morning Breakfast*

8:00 *Chairperson's Recap of Day One*

8:15 How to Setup and Manage a Unit for Psychiatric Observation: Making Money from Psychiatric Boarders

Leslie Zun, MD, MBA

Professor & Chair, Department of Emergency Medicine

Rosalind Franklin University of Medicine & Science

9:00 Optimizing Advanced-Practice Providers (APPs) and Residents into Observation Care at Rush University Medical Center

Brian Wagenaar, MD

Medical Director, Observation Unit

Rush University Medical Center

Suparna Dutta, MD, MPH

Chief, Division of Hospital Medicine

Rush University Medical Center

9:45 *Networking Break & Refreshments*

10:15 The Do's and Don'ts of a Successful Observation Unit: A Unique Perspective

Kristine Tenebruso, MD, FACP

Attending Physician, Observation Unit

Department of Emergency Medicine

Rochester General Hospital

11:00 The Role and Value of Physician Assistants in an Observation Unit

Jordan Dourmashkin, PA-C

PA Leader/Manager

NYU Langone Medical Center

11:45 Applying Care Protocols within an Observation Unit to Optimize Patient Outcomes, Improve Throughput and Ensure Financial Success

12:30 *Conference Concludes*

Workshop Session

Monday, October 7, 2019 · 5:30 p.m. – 7:30 p.m.

How to Organize, Implement and Manage a Sustainable Observation Unit

Need for Observation Patient Departments emerged as one of the solutions to the challenges most large U.S. hospitals face today. Some of those challenges are capacity constraints in the ED, lack of inpatient beds, and the movement toward greater reliance on outpatient services by CMS and other payers. Effective Observation Patients Units allow hospitals to address those concerns and allow clinicians to provide better, faster, and more affordable care.

Patients typically coming through the ED are admitted to these units for testing and observation for 8 hours (minimum) and up to 24-72 hours. Observation units can help streamline ED throughput by moving patients with more complex conditions into an area better suited for treatment. In effect, Observation can help hospitals increase the case-mix index. With proper management, observation units keep healthier patients requiring shorter LOS out of the patient flow of the hospital's inpatient units. As a result, the hospital's case mix is based on sicker patients needing more intensive care.

With federal health reform law, which penalizes hospitals for "excessive readmissions ratios," hospitals are expected to continue relying on observation stays. Among hospital administrators, when talking about the Observation patient management, major struggle is an adequate documentation for the anticipated treatment protocols, patients' projected stay and subsequent billing needs. For strategic planning and implementation of observation patient units, major area of focus is patient mix, staffing and bed need and cross utilization.

About the Workshop Leader:

Shelly Turner RN, DNP, CPHQ is a *Manager of Transformational Advisory Services* at **Press Ganey Strategic Consulting**. Shelly has over 25 years of healthcare experience, providing consulting and leadership expertise. She has worked in senior leadership as a Chief Nursing Officer, Chief Operating Officer, and Associate Vice President, as well as Director-level roles in ICU, Perioperative Services, Respiratory, and Obstetrics. Her expertise is in budgeting, process improvement, data management, and regulatory issues. Her experience covers various areas including Surgical Services, Emergency Room, Pharmacy, survey preparedness, human resources, risk management, patient safety, employee health, worker's compensation, education, and public relations. She has drawn from her years of management experience to provide results-oriented project management, consulting, and interim management at healthcare organizations throughout the United States.

Shelly has a broad and diverse skill set derived from multiple healthcare settings including hospitals, critical access hospitals, and independent diagnostic testing facilities (IDTFs). Shelly has a strong track record of successes including significant improvement of patient satisfaction scores, navigating surveys, new product line implementation, revised staffing model development and implementation, and turnaround of financial as well as efficiency metrics.