

Surgical Safety In-Person Conference

Sept. 15, 2017 | NJHA Conference & Event Center, 760 Alexander Rd., Princeton, N.J. 08540

Registration | 8:30 a.m.

Fee | Complimentary

Program | 9 a.m. – 3:30 p.m.

Optional Lunch: \$30

Seminar | EDU 1733

Program Overview:

Surgical Site Infections are a major contributor to patient injury, mortality and healthcare costs. There are about 30 million surgeries performed in the U.S. each year, and despite advances in surgical and anesthesia techniques and improvements in perioperative care, variations in outcomes continue to occur. SSIs number about 500,000 a year and account for approximately twenty-five percent of the estimated two million HAIs in the United States. Patients with SSIs are five times more likely to be admitted to the ICU, have mortality rates twice that of the average hospitalized patient, and have lengths of stay days longer on average – all of which have significant impact on healthcare costs. Some of these infections are now considered to be hospital-acquired, and the increased costs of hospitalization may not be paid by various payers.

Enhanced Recovery After Surgery protocols have resulted in shorter lengths of hospital stay by 30 percent to 50 percent reductions in surgical complications, readmissions and related costs. Key elements include engaging patients and families, using state-of-the-art analgesia, early mobility and restoration of functional status, avoidance of prolonged periods of fasting and evidence-based best practices for SSI, VTE, and CAUTI prevention.

This full-day conference will explore new, innovative strategies to improve surgical care from best practice innovators in New Jersey and around the country.

Topics for the conference will include:

1. Enhanced recovery after surgery (ERAS)
2. Ethics in surgery
3. Best-practice ERAS in New Jersey
4. SSI and anesthesiology

Learner Outcome:

After successfully completing the course, the learner will identify one innovative strategy to improve surgical safety, transferrable to their organization.*

*"Successful completion of the course" is defined as in-person attendance for 95% of the didactic learning session and a complete course evaluation.

Target Audience:

Physicians, nurses, surgical services staff and anesthesia staff



Medical Society of New Jersey Accreditation Statement

HRET is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians.

HRET designates this live activity for **5.75 AMA PRA Category 1 CreditsTM**. Physicians should claim only the credits commensurate with the extent of their participation in the activity.

New Jersey State Nurses Association Accreditation Statement

Health Research and Educational Trust is an approved provider of continuing nursing education by the New Jersey State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Provider Number P131-1/15-18.

This activity provides **6.0** contact hours.

There is no conflict of interest, sponsorship or financial/commercial support being supplied for this activity. Accredited status does not imply endorsement by the provider or American Nurses Credentialing Center's Commission on Accreditation of any commercial products displayed in conjunction with an activity.

American College of Health Executives:

As an independent chartered Chapter of the American College of Healthcare Executives, the ACHE-NJ is authorized to award **4.0** hours of ACHE Qualified Education credits toward advancement or recertification in the American College of Healthcare Executives.

Participants in this program who wish to have it considered for ACHE Qualified Education credits should list their attendance when they apply to the American College of Healthcare Executives for advancement or recertification.

New Jersey Board of Pharmacy: *(credits pending)*

Application for pharmacy credits has been submitted to the New Jersey Board of Pharmacy.

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Agenda

8:30 a.m. *Registration*

9 a.m. **Welcome and Introduction**

9:15 a.m. **The Evidence Behind Recovery After Surgery (ERAS) Pathways**

Elizabeth Wick, MD

Associate Professor of Surgery

University of California

10:15 a.m. **Ethics in Surgery**

Peter Angelos, MD, PhD, FACS

Linda Kohler Anderson Professor of Surgery and Surgical Ethics,
Chief Endocrine Surgery

Associate Director, *MacLean Center for Clinical Medical Ethics*

University of Chicago Medicine

11:15 a.m. **Perioperative Surgical Home in Obstetrics**

Attila Kett MD, MBA

Chairman, Department of Anesthesiology

Saint Peter's University Hospital

12 noon *Lunch*

12:45 p.m. **Poster Session**

1:30 p.m. **ERAS in Anesthesiology**

Keyur Trivedi

Anesthesiologist/Assistant Professor

Cooper University Medical Center

2:15 p.m. **Implementation of ERAS Pathways**

Monmouth Medical Center Team

3:15 p.m. **Q/A, Evaluation**

3:30 p.m. *Adjournment*



EDU 1733 – Surgical Safety In-Person Conference

FEES | Free

Optional Lunch: \$30

Location: NJHA Conference and Event Center

760 Alexander Road, Princeton, NJ 08540

Directions: www.njha.com/directions.aspx

Guarantee your seat now by paying for your registration online with a credit card. **It's secure and easy.**

Click on the following link:

<http://hret-registration.njha.com>

PAYING BY CHECK

Please fax your registration form prior to mailing with your payment.

A copy of the registration must accompany your check in order to allocate your payment properly.

FAX: 609-275-4271

Make check payable to: HBS

Mail to: HBS – P.O. Box 828709 – Philadelphia, PA 19182-8709

- For registration inquiries, please contact HRET at: HRETEducation@njha.com or 609-275-4181
- If special accommodations are necessary, please call 609-275-4181
- **In the event of inclement weather, call 609-275-4140 before coming to the conference**

Check All that Apply: Member

Non-member

Optional Lunch

REGISTRATION

Name: _____

Designation/Credentials: _____ Job Title: _____

Phone: _____ E-mail: _____

Organization: _____

Organization Address: _____

City, State, Zip: _____

Method of Payment: Check _____ Credit Card _____

Payment Amount: \$ _____ Check# _____ Card#: _____

Cardholder Name: _____

Expiration Date: _____ CCV: _____ Code: _____

Signature: _____

Billing Address (if different from above): _____

