

Readmissions In-Person Conference

Sept. 13, 2017 | NJHA Conference & Event Center, 760 Alexander Rd., Princeton, N.J. 08540

Registration | 8 a.m.

Fee | Complimentary

Program | 8:30 a.m. – 3:45 p.m.

Optional Lunch: \$30

Seminar | EDU 1735

Program Overview:

Potentially avoidable readmissions are a significant issue in New Jersey, which has struggled with the highest readmissions rates in the country and in Fiscal Year 2015 has the highest proportion of hospitals (98 percent) penalized as part of Medicare's Hospital Readmissions Reduction Program (AHRQ, 2011)

Recent efforts by hospitals and the Partnership for Patients network to reduce readmission rates have resulted in modest improvements. During the first round of NJHEN, participating hospitals saw an 11.5 percent reduction in 30-day-all-cause readmissions for all payers. However, the factors associated with the likelihood of a patient being readmitted extend far beyond the reach of hospitals

Rather than serving as a marker of hospital performance, 30-day readmissions are more likely to vary in response to the composition of the patient population and the resources of the community, with the most important drivers being mental illness, chronic ambulatory care sensitive conditions, poor social support and poverty (Joynt & Jha, 2012; Kirby et al., 2010).

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

Topics for the conference will include:

1. Care transitions
2. The Medicare Hospital Readmissions Reduction Program
3. Patient and family engagement

Learner Outcome:

After successfully completing the course, the learner will identify one innovative strategy to reduce preventable readmissions, transferrable to their organization.*

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

Target Audience:

Physicians, nurses and public health professionals



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 **5.5** 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 a.m. *Registration*

8:30 a.m. **Welcome and Introduction**

8:45 a.m. **Integrating Care for Communities & Populations**

Jane Brock, MD, MSPH

Chief Medical Officer and Clinical Coordinator
Colorado Foundation for Medical Care

9:45 a.m. **Updates from Healthcare Quality Strategies Inc.**

Healthcare Quality Strategies Inc. Team

10:15 a.m. **Designing & Delivering Whole Person Transitional Care**

Amy Boutwell, MD, MPP

President
Collaborative Healthcare Strategies

11:15 a.m. **Care Transitions Practice Pearls: meds to beds to homes**

Jessica Bente, PharmD, BCPS

Transitions of Care Clinical Pharmacist
RWJBarnabas Health

Joseph Voelkel, RPH

Corporate Director
Barnabas Health Retail Pharmacy

Lucio R. Volino, PharmD

Clinical Pharmacist
Barnabas Health Retail Pharmacy



12:15 p.m. **The Medicare Hospital Readmissions Reduction Program**

Berna Demiralp, Ph.D.
KNG Health Consulting, LLC

1:00 p.m. *Lunch*

1:45 p.m. **Practical Lessons in Reducing Readmissions**

Matthew J. Schreiber, MD
Chief Clinical Officer
Newark Beth Israel Medical Center

2:45 p.m. **The Case for Family Engagement: How One Family's Tragedies in Hospital Care are Transformed to Tools**

Karen Curtiss
President
Partner Health

3:45 p.m. **Q/A & Adjournment**

EDU 1735 – Readmissions 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**
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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): _____

