

Adverse Drug Events In-Person Conference

Nov. 8, 2017 | NJHA Conference & Event Center, 760 Alexander Rd., Princeton, N.J. 08540

Registration | 8 a.m.

Fee | Complimentary

Program | 8:30 a.m. – 4:30 p.m.

Optional Lunch: \$30

Seminar | EDU 1736

Program Overview:

Adverse Drug Events result in more than 770,000 injuries and deaths per year at an average cost of \$5.6 million per hospital, depending on size. This estimate does not include ADEs causing admissions, malpractice and litigation costs, or the cost of injuries to patients. Many ADE injuries and resulting hospital costs can be reduced if hospitals make changes to their systems for preventing and detecting ADEs.

Topics for the conference will include:

1. Outlining Institute for Safe Medication Practices and Joint Commission updates for ADEs.
2. Identifying best practice solutions for adverse drug events
3. Analyzing the Prescription Monitoring Program (PMP) and Board of Medical Examiners (BME) Regulations

Learner Outcome:

After successfully completing the course, the learner will identify one innovative strategy to reduce harm and prevent adverse drug events, transferrable to their organization.*

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

Target Audience:

Physicians, nurses, pharmacists, long-term care facility administrators, quality improvement managers 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 **6.0 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 **6.25** 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.

New Jersey Department of Health Statement:

Participants who successfully complete this educational program will be awarded **6.25** New Jersey Public Health Continuing Education Contact Hours (CEs). HRET has been approved by the New Jersey Department of Health as a provider of New Jersey Public Health Continuing Education Contact Hours (CEs).

American College of Health Executives:

As an independent chartered Chapter of the American College of Healthcare Executives, the ACHE-NJ is authorized to award **6.75** 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.

DISCLOSURE INFORMATION: Full disclosure will be provided at the educational activity.



Adverse Drug Events

November 8, 2017

Agenda

8 a.m. *Registration*

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

8:45 a.m. **Healthcare Quality Strategies Inc. Update**

Healthcare Quality Strategies Inc. Team

9:15 a.m. **ISMP Update**

Michael R. Cohen, RPh, MS, ScD (hon.), DSP (hon.), FASHP
President
The Institute for Safe Medication Practices

10:15 a.m. **Anti-coagulation Therapy and Management**

Kunal Shah, PharmD.
Clinical Coordinator
Department of Pharmacy
Atlantic Health System | Morristown Medical Center

11 a.m. **Alternatives to Opioids**

Alexis Marie LaPietra, DO
Medical Director of Emergency Department Pain Management
St. Joseph's Healthcare System

11:45 a.m. **Adverse Drug Events and Data**

Nicole Skyer-Brandwene, MS, RPh, BCPS, CCP
Network Task Lead- Adverse Drug Events
HQSI as part of Quality Insights Quality Innovation Network

12:30 p.m. *Networking Lunch*



1:15 p.m. **Ending Adverse Drug Events: Optimizing Measurement to Sustain Change**

John Hertig, PharmD

Associate Director of Center for Medication Safety Advancement

Courtesy Clinical Assistant Professor of Pharmacy Practice

Purdue College of Pharmacy

2:15 p.m. **Joint Commission Update**

Jeanell M. Mansur, RPh, PharmD, FASHP, FSMSO, CJCP

Principal Consultant

Joint Commission

3:45 p.m. **Prescription Monitoring Program (PMP) and BME Regulations**

Sindy M. Paul, MD, MPH, FACPM

Medical Director

New Jersey Board of Medical Examiners

4:30 p.m. ***Adjournment***

EDU 1736 – Adverse Drug Events

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): _____

