Thursday, March 30 – 11:00 – 11:50 AM

ID-160  Care Coordination Program Evolution: Successes and Pitfalls
The Affordable Care Act challenges hospitals to deliver care with greater efficiency. Decreasing length of stay (LOS) and readmissions while also improving patient satisfaction can be difficult. However, one community hospital was able to develop a successful, care management model, spanning the entire continuum of care. Early successes were realized but diminished as time went on, necessitating re-evaluation of the model. In addition to leadership and operational changes, the model was augmented with a Community Paramedic. Since the revisions, LOS and readmission rates continue in a downward trend despite increased patient acuity, and patient satisfaction has improved by 10%.
Kimberly Sgouroudis, RN, BSN, director of patient care services, quality care coordination, St. Mary Medical Center; Tammie Jones, DNP, MS, RN, CENP, vice president and chief nursing officer, St. Mary Medical Center

ID-184  Catalyzing Promising Practices to Improve Interprofessional Collaboration
Collaboration between and among nurses, physicians, pharmacists, behavioral health providers and other clinical and administrative professionals will play an increasingly important role in the future of healthcare delivery. This session will highlight findings from a national project designed to identify and catalyze practices in effective interprofessional collaboration. We will present a behind-the-scenes video that showcases practices from several different organizations across the healthcare continuum, and then demonstrate how patient-centered care has been improved through sharing the experience of the CNO and CMO of a regional system of community health centers.
Jennifer Tomasik, SM, FACHE, vice president, CFAR, Inc.; Susan Hassmiller, PhD, RN, FAAN, senior nursing advisor, Robert Wood Johnson Foundation; Mary Blankson, DNP, APRN, FNP-C, Chief Nursing Officer, Community Health Center, Inc.; Veena Channamsetty, MD, chief medical officer, Community Health Center, Inc.

ID-097  Emotional Intelligence & Transformational Leadership in Nurse Managers
This session will discuss the state of the science of Emotional Intelligence and Transformational Leadership in nursing and other industries integrating theory and the results of a descriptive exploratory study of 148 front-line acute care nurse managers. Correlations between Emotional Intelligence and Transformational Leadership in Nurse Managers (NM) will be presented. The session will focus on the practical implications for Nurse Executives to consider when sourcing future high potential NMs, hiring NMs and leading efforts to advance education to align with organization needs for business and strategic essentials necessary for NM effectiveness.
Lauraine Spano-Szekely, DNP, MBA, BSN, RN, senior vice president, patient care services and chief nursing officer, Northern Westchester Hospital - Northwell Health

*Times and schedule subject to change.*
ID-534  **Ignite Sessions**  
Hear several five-minute passionate presentations on a variety of engaging topics. Choose which presentation sparks your interest and join in the ensuing discussion.

“Over-Engaged: Strategies and Discussion to Achieve Work/Life Balance”  
*Nick Escobedo, MSN, RN, OCN, NE-BC, clinical manager-outpatient infusion services, Houston Methodist*

“Talent Round-Up: Innovative Solution for Coaching & Mentoring”  
*Jill Larkin, MSN, MBA, DNP, CMQ/OE, senior director of strategic initiatives, University of Pittsburgh Medical Center*

“WIN WIN Recruitment Program for New Graduate RNs”  
*Joleen Lonigan, RN, MSN, NE-BC, director, patient care services, UC Davis Medical Center*

“Creating a Culture of Innovation to Transform Care”  
*Bonnie Clipper, DNP, RN, MA, MBA, CENP, FACHE, chief clinical officer, Cornerstone Hospital of Austin*

ID-209  **Leader Storytelling: Inspiring Skillful Leadership among Emerging Leaders**  
Leader Storytelling Roundtable with executive and frontline leaders, allows emerging nurse leaders to hone the art of their leadership skillset during the emerging phase of leadership development. Stimulating a leadership art growth spurt drives superior outcomes and professional fulfillment on quadruple aim results. The process of sharing, hearing, and reflecting inspires lasting refinement of leadership skills and ultimately becomes a bi-directionally rewarding experience for executive and emerging leaders resulting in more satisfied staff, patients, and a healthy culture. Presentation to include using mixed structured presentation and experiential opportunity for attendees to reflect and unlock their next best idea.  
*Todd Griner, MSN, RN, NEA-BC, nursing director, critical care services, Cedars Sinai; Linda Burnes-Bolton, DrPH, RN, FAAN, system chief nurse executive, vice president, nursing and chief nursing officer, Cedars Sinai; Mary Cirricione, BSN, MBA, RN, Nursing Director Women's and Children's, Cedars Sinai*

ID-541  **Meet the Editors: Writing for Publication**  
A Panel of Editors from nursing leadership publications will discuss the mission of their journal, how articles of interest are selected for publication, characteristics of good manuscripts and the kind of support or feedback authors might expect if they are asked to revise a manuscript along with other tips for nurse leaders who are interested in publishing.  

*Times and schedule subject to change.*
ID-279  Succession Planning and Academic Progression via Academic/Service Partnership
Organizations are seeking ways to advance the educational preparation of talented nursing staff and to secure a pool of well-prepared leaders for the future. By establishing partnerships with schools of nursing, service organizations can more readily achieve these objectives. Support for staff, including financial support, can be provided in a way that is cost neutral to the hospital. We describe a highly successful, example of an academic/service partnership that has achieved these objectives.
Laurie Bloom, RN, MA, associate chief nurse for professional development and research, Beth Israel Deaconess Medical Center; Marsha Maurer, RN, MS, senior vice president for patient care services and chief nursing officer, Beth Israel Deaconess Medical Center; Judy Beal, DNSc, RN, FNAP, FAAN, dean and professor, school of nursing and health sciences Simmons College

ID-335  The Relationship-Based Nursing Workforce Pipeline Model
The Relationship-based Nursing Workforce Pipeline Model is a framework for creating an individual healthcare organization’s workforce plan, with an emphasis on nursing that draws from systems science, stakeholder theory of business ethics, brand marketing, and the ANCC Magnet model. The framework deepens the understanding required to effectively and comprehensively assess nursing supply and demand at the organizational level, and provides guidance to build and launch strategies and tactics that serve to meet the overall organizational care delivery needs over time.
Richard Ridge, PhD, RN, CENP, director, nursing innovation and outcomes, Texas Children’s Hospital

ID-456  Transformation and Team Work: Creation of Accountable Communities
Nurses are leading the transformation to value-based payment in one community setting. Using the medical home foundation of primary care and retooling of acute care clinicians (nurses, pharmacists, social workers, diabetes educators) based on the needs in the community, we have been successful in meeting the goals of the triple aim. Using results from a community gap analysis, clinical and community partners are collaborating to achieve an accountable community of care delivery, maximizing appropriate utilization of resources and engaging individuals to engage in healthier living to meet their goals for the future. We are charting the course for the future.
Billie Lynn Allard, MS, RN, administrative director of ambulatory care and transitions of care, Southwestern Vermont Healthcare; Jennifer Fels, MS, RN, director of Bennington Blueprint, Southwestern Vermont Healthcare

ID-524  Utilizing Predictive Volume Analytics to Drive Staffing Decisions
Efficient staffing of our talented resources, which typically comprises over fifty percent of costs to an organization, has been and will continue to be a focus of optimization. Nurse leaders are taught to utilize midnight census to develop staffing plans based on average daily census, and then flex those staffing plans based on workload indicators; however, the opportunity exists to maximize use of the robust amount of data available on volume and workload activity trends to aid the empowered nurse leader to help predict and stabilize their department through creative scheduling and shift alignment as well as workload redesign.
Jamie Sanchez-Anderson, RN, MSN, MBA, manager, Deloitte Consulting, LLP; Debbie Hays, RN, BSN, MS, nurse executive Deloitte Consulting, LLP

*Times and schedule subject to change.*
Thursday, March 30 – 11:00 – 11:50 AM

ID-258  Achieving the Quadruple Aim through Oncology Financial Navigation
With skyrocketing cancer care costs, particularly related to pharmacologic interventions, oncology care must include discussions about expenses as a barrier to care as well as provide realistic interventions to remove barriers for safe, timely, effective, efficient, equitable, and patient-centered (STEEP) care. Oncology patient financial navigation, implemented in a multidisciplinary community cancer center, has proven to be effective in reducing healthcare costs, improving health of cancer patients, improving patient experience in cancer care, and enhancing the joy and meaning for the team providing patient care. It is a replicable program to provide STEEEP care meeting the quadruple aim.

Joni Watson, MBA, MSN, RN, OCN, director, Baylor Scott & White Health; Janpen “JP” Taylor, financial navigator, Baylor Scott & White McClinton Cancer Center; Lia Schlitz, RPhT, CPhT, pharmacy technician, Baylor Scott & White McClinton Cancer Center; Paul Sulak, RPh, pharmacist, Baylor Scott & White McClinton Cancer Center

ID-358  Communicating the Value of Nursing
Nurse leaders have observed that many of the new care models being developed - particularly in primary care and ambulatory settings - do not include Registered Nurses (RNs). Subsequently, a collaborative approach was used to demonstrate the value of RNs in team based care in these settings. Three aspects of value were addressed, resulting in the development of talking points to communicate the work of nurses, an interdisciplinary crosswalk to detail the expertise of various members of the health care team, and a return on investment formula to demonstrate cost savings (or revenue generation associated with innovative approaches to care).

Judith Berg, MS, RN, FACHE, executive director, HealthImpact; BJ Bartleson, MS, RN, NEA-BC, vice president of nursing and clinical services, California Hospital Association

ID-501  Creating a Culture of Evidence-Based Practice
Evidence-based practice (EBP) is held as one key way that nurses can deliver high-value, high-quality patient care. This session will describe one institution's journey to creating and sustaining a culture of evidence-based practice through the engagement of nurse leaders and clinical nurses. We will discuss our three central strategies 1) engage and leverage support of nurse leaders, 2) make EBP accessible to clinical nurses, and 3) developed a consistent EBP message. We will review how we overcame barriers, what was successful, what failed miserably and where we are heading.

Noel Arring, DNP, RN, OCN, manager, nursing research, Mayo Clinic; Teresa Connolly, DNP, RN, NEA-BC, chief nursing officer chair, department of nursing, Mayo Clinic; Jocelyn Pearson, MSN, RN, ACNS-BC, nursing administrative specialist, Mayo Clinic; Kara Mangold, DNP, RN-BC, unit based educator, Mayo Clinic

ID-262  Data, Communication, and Education Drive Care Transformation
In a health care system fraught with inefficiencies and ballooning costs, health plans are looking at post-acute care (PAC) management to improve outcomes while controlling costs. As one non-profit health

*Times and schedule subject to change.
plan learned, a successful PAC management strategy could generate measureable results—reduced PAC utilization, costs, and avoidable readmissions—but only if key stakeholders buy in. Through this case study, attendees will learn how to make the case for more efficient PAC management to providers, doctors, and patients; how to bridge the gap between acute and post-acute settings; and how using data-driven custom discharge plans for patients can improve outcomes.

*Jennifer Coffman, senior vice president, health services, naviHealth - a Cardinal Health Company*

**ID-031  Just Culture 20 Years Later**

Twenty years ago James Reason and David Marx published their seminal works on the concepts of Human Factors and Just Culture. Since then, hospitals have made little progress in aligning safety conceptual models and clinical practice. This highly interactive session will provide an overview of emerging wisdom regarding the role of the transformative nurse leader and engagement of frontline staff. An intuitive Just Culture Decision-Tree will be shared and applied to powerful case studies. Attendees will walk away energized with an improved understanding of Just Culture and armed with a number of approaches to improve organizational culture of safety.

*Joanne Sorensen, DNP, RN, FACHE, clinical director regulatory readiness and women’s hospital, UPMC Hamot; Anne Pedersen, MSN, RN, NEA-BC, director of nursing, UPMC Hamot*

**ID-527  Nurse Leaders and Partnerships: Impactful Community Health Programs**

Nurse Leaders have a pivotal role in advocating for community health initiatives. Our profession is held in high esteem and we are known as trusted healthcare advocates. Through our vast knowledge of the healthcare environment and our valued connections with other health professionals, we can coordinate collaborative relationships with key organizational and community stakeholders to launch vital and relevant community health programs that are effective and impactful. This session will provide insightful information that guides the nurse leader through translating community healthcare gaps into programs that utilizes or organizes and community resources to impact engagement in health and wellness.

*Joan L. Pleta, MSN, RN, department administrator, Kaiser Permanente; Jenevieve Chua, BSN, RN, assistant department administrator, Kaiser Permanente; Claudia Gonzalez, BSN, RN, assistant department administrator, Kaiser Permanente; Diana Rivera Beltran, LCSW, program manager, Kaiser Permanente*

**ID- 535  Nursing Thought Leader: Pamela Thompson**

Tap into the experience and knowledge of AONE’s top thought leader, Pamela Austin Thompson, as she discusses her passion as a nurse leader followed by dialogue with the audience. Join the conversation and walk away with ideas and perspective from this influential nurse leader.

*Pamela A. Thompson, MS, RN, CENP, FAAN, AONE chief executive officer emeritus*

**ID-394  Successful Strategies when Growth is Out of Control**

The attendee will hear the strategies implemented when a children’s hospital and a pediatric physician’s group joined forces. They will learn about the methods used by nursing and other leaders to establish high quality teams capable of safely caring for more than 93,000 children annually. They will hear how

*Times and schedule subject to change.*
the nursing staff themselves made many improvements which led to their successes. Finally, they will walk away with the many "lessons learned" that those working within the clinics gained during the past five years as they have identified and executed multiple strategies allowing them to provide superior care to their patients.

*Charles McGlasson, MSA, RN, NEA-BC, administrative director of nursing, Le Bonheur Children's Hospital & UT Le Bonheur Pediatric Specialists*

**ID-250  Sustaining Workforces: An Accumulation of Nurse Leaders' Strategies**
This presentation showcases how a group of nursing leaders, from different organizations, utilized the AONE Nurse Executive Competencies (2015), differently, to improve nursing retention. Multiple improvement strategies all aimed to ensure longevity of a nursing workforce are illustrated. Inclusive in each illustration are: rationale for the strategy start-up, costs, benefits, barriers, and outcomes associated with each strategy. Strategies include innovate relationships between nurse academia and healthcare organizations, nurse leader financial development, and unique C-suite engagement methods, and community succession planning. Nurse leaders from almost any healthcare setting can easily adapt the nurse retention improvement strategies to one’s own organization.

*Morgan Talley, MSN, RN, AONE Nurse Manager Fellow 2013, nurse manager, Methodist Hospital; Kathleen Williams, CWCN, CNML, CPHRM, MSN, RN, U.S. public health service officer, Bureau of Prisons and the Indian Health Service; Sonia Lopez, MSN, RN, director of nursing - women's services, Hospitals of Providence - East Campus; John Duran, MSN, RN, service line administrator for acute care services, Hospitals of Providence - Sierra Campus; Jose Saucedo, MSN, RN, nurse manager, Midland Memorial Hospital; Ron Samuel, MSN, RN, nurse manager, Medical City Las Colinas*

**Friday, March 31 – 10:15 – 11:05 AM**

**ID-230  Eagle’s Nest: Transforming Underprivileged Youth to Employed Professionals**
Nothing stops a bullet like a job. That has become a call to action in our community. Rising gun violence, coupled with high poverty and high school drop-out rates spurred nurse leaders at this hospital to partner with community activists to create a novel jobs program. A total of 65 underprivileged youth have completed the rigorous program to shift them from that ignominious label to that of trained healthcare professional in a matter of months. This powerful session will detail the program as well as the challenges, insights, wisdom and outcomes gained through working with these students.

*James Donnelly, BSN, MBA, RN, chief nursing officer and vice president patient care services, UPMC Hamot; Mary "Muffi" Mascaro, MSN, RN, director nursing administration, UPMC Hamot*

**ID-539  Ignite Research**
Hear nurse researchers provide a 5-minute overview of different leadership related studies. Choose which presentation sparks your interest and join in the ensuing discussion on application of research to practice.

*“Exploring Nursing Leadership across Gender and Generations”*

*Jennifer Mensik, PhD, RN, FAAN, executive director, OnCourse Learning*

*Times and schedule subject to change.*
**“Appreciating Complexity: Learning Organization Journey”**
Denise Foster, DNP, RN, NE-BC, division director for women's and children's services, Oregon Health & Science University

**“Nurse Director Impact on Staff Satisfaction”**
Debra Burke, RN, DNP, MBA, NEA-BC, associate chief nurse, Massachusetts General Hospital

**ID-517 Individual Nurse Turnover Cost and Financial Break-Even Point**
Nurse leaders play a critical role in calculating, monitoring, and preventing nurse turnover. This session will guide attendees through the completion of an innovative turnover and replacement cost assessment instrument using real-world examples, and will provide groundbreaking insight into turnover and replacement cost previously limited by the complexity of traditional calculation methodologies. This presentation will prepare nurses leaders to determine the direct turnover and replacement cost and financial break-even point of newly licensed nurses within their organizations. The ability to self-generate internal benchmarks will position nurse leaders to directly assess and impact nurse turnover in an unprecedented manner.
Elena Cappannelli, MS, BSN, RN-BC, nursing education specialist, Yale New Haven Hospital; Mary Cleary, MSN, RN-BC, nurse manager, center for professional practice excellence, Yale New Haven Hospital

**ID-543 Key Learnings & Future Directions from APIN**
Come hear the key findings and outcomes from the national academic progression in nursing (APIN) grant that was awarded to the Tri-Council in 2012 and administered by AONE. Staff from the national program office will share lessons learned and the future directions for academic progression at the national level. While there has been significant movement to meet the recommendation that 80% of the nursing workforce be prepared at the baccalaureate degree or higher, there is still need for national leadership to meet this goal. Staff from the national program office will share lessons learned and the future directions for academic progression at the national level.
Tina Gerardi, MS, RN, CAE, deputy director, APIN National Program Office, AONE; Bryan Hoffman, MA, program manager, APIN National Program Office, AONE

**ID-378 Nursing QPS WalkRounds as a Patient Safety Strategy**
The Nursing led Quality and Safety WalkRounds program has proven to be a key enabler for promoting culture change and for consolidating the quality and safety structure within the organization where the program started. The session highlights the structure and process of the program and the positive impact on senior nursing leaders’ commitment to patient safety as well as frontline staff engagement in activities related the safety culture. The session discusses some of the improved process and outcome measures as result of this program.
Rosemarie Paradis, BSN, MS, NEA-BC, CENP, FACHE, executive director nursing affairs, chief nursing officer, King Faisal Specialist Hospital & Research Centre (Gen. Org.)-Riyadh; Naser Shwaihet, BSN, MSN, CPHQ, CPPS, acting program director, nursing quality, King Faisal Specialist Hospital & Research Center

*Times and schedule subject to change.*
**ID-379  The AONE/ASU Executive Fellowship in Innovative Health Leadership**  
Attendees will understand the history and evolving growth of the Executive Fellowship in Innovative Health Leadership, including mentors, fellow experiences, outcomes, current interprofessional efforts, and the process for application and selection of fellows.  
*Jeffrey Adams, PhD, RN, FAAN, director, AONE/ASU executive fellowship in innovative health leadership, executive director, Workforce Outcomes Research and Leadership Development (WORLD-Institute), Arizona State University College of Nursing and Health Innovation Brigham and Women’s Hospital Dana-Faber Cancer Institute; Marcie Peterson, MSN, RN, CCRN, CNML, director of clinical operations, Children’s Hospital & Medical Center; Sue Behrens, RN, DNP, ACNS-BC, NEA-BC, director emergency and ambulatory services, interim director advanced practice, Cleveland Clinic Abu Dhabi*

**ID-433  Think Outside the Lines to Optimize Staffing**  
With boundary lines for acute care blurring, CNOs must think differently and beyond original acute care structures for workforce planning and management. This well-known large urban health system expanded and modified the float staff to now cover 23 inpatient units, multiple procedural areas, the emergency department and 36 physician practices. One hundred-fifty employees comprise four pools: critical care, medical/surgical, behavioral health and outpatient. Outcomes are extensive including improved teamwork, improved analytics and improved coverage. Come to this session to hear a success story of the changing oversight perspective for nursing leadership today.  
*Sandra Connolly, BSN, RN, unit director, clinical staffing office, Rush University Medical Center; Connie Weissman, CPA, CITP, MS, information system senior analyst, Rush University Medical Center*

**ID-349  Top Ten Lessons for Chief Nurse Executives**  
Attendees will learn how seasoned nurse leaders transformed a large, diverse health system with wide geographic footprint to that “tipping point” where the embers suddenly ignited into flames. The system CNE and system leader for professional practice will share their experiences during their journey to transform the culture for nursing across a diverse group of organizations. They will share their “top ten list” of lessons for leaders to ignite and standardize to a single professional practice culture. Session includes descriptions of career tracks for direct care nurses, professional practice model, peer feedback process, shared governance, and care delivery model redesign.  
*Joan Shinkus Clark, DNP, CENP, FAAN, senior vice president and system chief nurse executive, Texas Health Resources; Paula Spears, DNSc, RN, NEA-BC, vice president professional practice, research and Magnet program, Texas Health Resources*

**ID-151  Workplace Factors Which Facilitate Nurse Engagement**  
Participants attending this session can expect to discover key factors in the workplace that may facilitate nurse engagement. Results of an IRB approved study which used a correlational descriptive design, a staged causal model, with path analysis for a sample of 400 nurses will be reported. For this sample, compassion satisfaction had the most effect and mattering to others had a considerable effect.  
*Times and schedule subject to change.*
value of participating in this session derives from suggesting ways nurse leaders may enhance nurse compassion satisfaction and/or feeling that the work they do “matters”, ultimately strengthening the positive meaning of nurse work and engagement. Kimberly Kerr, MSN, NEA-BC, RN-BC, CRRN, director of nursing professional practice, development and research, Cleveland Clinic Akron General

ID-481  Workplace Support for Hospital-Based Paraprofessionals Pursuing a BSN
This presentation describes a collaborative partnership between a tertiary care hospital and a school of nursing that developed a program to enable working health care paraprofessionals from historically underrepresented groups to access and successfully progress through a baccalaureate nursing program. Success of underrepresented, working students in baccalaureate nursing programs is dependent on a concerted workplace, academic, and community team effort to maximize resources and integrate students into the social and academic life of such a rigorous educational program. Lynne Borucki, PhD, RNC-OB, clinical associate professor, Rutgers School of Nursing-Camden

ID-311  World-Class Ambulatory Nursing: Strategies for Success
Gain an overview of one health system's strategy to hard-wire best practice across over 180 ambulatory clinics. Practical strategies for creating a shared governance structure to engage ambulatory nurses, as well as tools for monitoring practice and evaluating outcomes in the outpatient setting will be discussed. Quanna Batiste, DNP, HCSM, RN, NEA-BC, ambulatory chief nursing officer, UCLA Health; Toyin Lawal, MSN, RN, director of ambulatory nursing, UCLA Health; Jennifer Zanotti, MS, RN, Clinical Nurse Specialist, UCLA Health

Friday, March 31 – 1:15 – 2:15 PM

ID-467  Improving Safety and Efficiency with Mobile Clinical Communications
Carrying as many as eight devices while delivering patient care, nurses in a 162-bed not-for-profit hospital faced numerous distractions from this technology as well as the alarms sounding from patient-monitoring devices. When the hospital implemented a HIPAA-compliant, integrated mobile clinical communications platform, nurses were able to reduce the number of devices they carried while having much greater control over how they were alerted concerning incoming communications and alarms. With the clinical context embedded on this EHR-integrated clinical communications platform, nurses have the crucial data they need at their fingertips to work more efficiently and deliver safer care. Autumn Foy, RN, director of clinical informatics, Onslow Memorial Hospital

ID-275  Leveraging Technology in Surgical Services: Remote Video Auditing
Remote Video Auditing (RVA) has recently been imported from the food preparation industry to the surgical setting as a novel approach to enhance performance and safety. This case study outlines RVA implementation and the first year of activity, outcomes and measurable successes in a busy surgery department in the United States. Low resolution cameras, as well as large screen displays and use of

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phone technology aligned an interdisciplinary team to make significant progress in three domains which included application of the Universal Protocol, cleaning compliance and efficiency metrics. This thought provoking and cutting edge topic will excite and inform leaders.

Anne Pedersen, MSN, RN, NEA-BC, director of nursing, UPMC Hamot; Elizabeth Ritter, BS, MHA, director of operations and assistant administrator to the president of RHS, UPMC Hamot; Megan Beaton, BSN, RN, CNOR, director surgical services, UPMC Hamot

ID-537 AONE 50th Anniversary Panel Discussion
Tap into the experience and knowledge of AONE’s current and past leaders to explore the future and history of AONE, as well as nursing leadership’s role throughout the transformation of the health care environment. Join the conversation and walk away with ideas and perspective from these nurse leaders. Pamela A. Thompson, MS, RN, CENP, FAAN, AONE chief executive officer emeritus; Rhonda Anderson, RN, DNSc(h), FAAN, FACHE, AONE past president; Cole Edmonson, DNP, RN, FACHE, NEA-BC, FAAN, AONE board member; Maureen Swick, RN, MSN, PhD, NEA-BC, AONE past president and current chief executive officer, AONE, senior vice president of nursing, AHA

ID-531 Patient Safety Benefits of Real-Time Video Observation
The fundamental goal of healthcare systems is to deliver safe, injury free patient care. With bedside sitter costs rising, this hospital sought to increase the capacity of constant patient observation while decreasing bedside sitter hours and inpatient falls. The centralized monitoring system was chosen for its portability and two-way communication capabilities. In the first seven months of 2016, the goals were exceeded with the following results: Fall rates decreased 13% with zero reported injuries, physical sitter hours decreased an average of 21%, and constant patient observation hours increased 42%, allowing more patients to be monitored.

Trudy Sanders, PhD, RN, NEA-BC, vice president patient care services, JPS Health Network; Elisabeth Rodgers, MSN, RN, LSS-BBC, fall prevention coordinator, JPS Health Network; Krystle Gandhi, BSN, RN, clinical manager of house operations, JPS Health Network

ID-530 Reducing Mortality with an Early Warning System
Participants will learn how: the complexities of hospitalization impact a nurse’s ability to assimilate multiple data elements quickly enough to identify early patient deterioration, how Early Warning Systems work, selection of an EWS that is most appropriate for current clinical population, how nurses can drive the reduction in mortality through the implementation of an EWS and future implications for patient care.

Katherine Walsh, MS, Dr PH, RN, vice president and chief nursing officer, Houston Methodist Hospital; Meredith Cowan, MS, RN-C, RNC-OB, nursing education specialist, Houston Methodist Hospital

ID-538 Roundtable Presentations
Join one of the roundtable conversations to share experiences and glean practical advice. Some of the topics will be on patient safety, nurse fatigue, an acuity tool, caring for unique populations, innovative approach using new grad pool, and finding joy in practice. There will be no slide shows during these sessions, only discussion. Presenters will lead the conversation and attendees are encouraged to share

*Times and schedule subject to change.
their stories and experiences; to ask plenty of questions of each other and the subject matter experts. This session format is a great way to build relationships with your peers who have similar goals, objectives, and struggles.

**A Nurse Fatigue Countermeasure Program**
*Paula Doyle, DNP, RN, MPH, CNML, nurse manager, Connecticut Children's Medical Center; Ruth Lucas, PhD, RN, nurse scientist institute of nursing research and evidence based practice, Connecticut Children's Medical Center*

**A View from the Field**
*Roberta Fruth, RN, MS, PhD, FAAN, consultant, Independent Consultant*

**Creating and Implementing an Acuity-Based Classification Tool**
*Laura Gardner, MSN, NE-BC, patient care supervisor, Allina Health-Abbott Northwestern Hospital; Louise Jacobs, MS, RN, CNML, NEA-BC, director of patient care, Abbott Northwestern Hospital*

**Flourish! Optimize Joy and Meaning in Nursing Practice**
*Lee A. Galuska, PhD, RN, NE-BC, director, nursing practice, education and research, UCLA Health; Judith M. Hahn, PhD, RN, NEA-BC, director, professional practice, nursing research and magnet, Yale New Haven Hospital; Carol Polifroni, RN, EdD, CNE, NEA-BC, ANEF, dean and professor school of nursing, director, office of public engagement, University of Connecticut; Gregory Crow, EdD, RN, senior consultant, Tim Porter O'Grady Associates*

**From Inspiration to Execution: A Nurse Executive Scorecard**
*Lisa Rowen, DNSc, RN, CENP, FAAN, chief nurse executive, University of Maryland Medical System; Anna Schoenbaum, DNP, RN, director, enterprise portfolio, epic clinical applications, University of Maryland Medical System*

**Generation Z: What a Difference "We" Will Make!**
*Debra C. Hampton, PhD, MSN, RN, FACHE, NEA-BC, academic program coordinator, executive nursing leadership, and MSN to DNP programs, assistant professor, University of Kentucky College of Nursing*

**Implementation of Human Trafficking Education and Treatment Algorithm**
*Amber Egyud, DNP, RN, chief nursing officer, vice president of patient care services, Forbes Hospital, Allegheny Health Network*

**Innovative Approach to New Graduate RN Float Pool**
*Elena D. Memoracion, DNP, RN, NEA-BC, senior administrative director, patient care services, North Shore University Hospital; Kerri Anne Scanlon, MSN, RN, deputy chief nurse executive, North Shore University Hospital*

*Times and schedule subject to change.*
Northwell Health, chief nursing officer, North Shore University Hospital; Mary Anne McNamee, MA, RN-BC, director of nursing education and professional development, North Shore University Hospital

Nursing Leadership in Advancing an Academic-Practice Partnership
Gaurdia E. Banister, RN, PhD, NEA-BC, FAAN, executive director, The Institute for Patient Care, Massachusetts General Hospital; Inez Tuck, PhD, MBA, Mdiv, RN, professor and dean, Massachusetts General Hospital Institute of Health Professions School of Nursing; Trisha Zeytoonijan, MSN, RN, clinical nurse specialist, Ellison 7, Ellison 7 general inpatient surgical unit, MGH Instructor, Clinical Faculty Coordinator, Interprofessional Clinical Experience (IPCE), MGH Institute of Health Professions School of Nursing

Nursing Shortage? A Bold and Accountable New Approach
Cy Wakeman, MS, CSP, president, Reality-Based Leadership

Strategies for Optimizing Nurse Resilience and Patient Experience
Christina Dempsey, MSN, MBA, RN, CNOR, CENP, FAAN, senior vice president, chief nursing officer, Press Ganey; Barbara Reilly, PhD, senior vice president, employee, nurse and physician engagement, Press Ganey

The Value of Nursing Characteristics to Pediatric Outcomes
Patricia A. Hickey, PhD, RN, NEA-BC, FAAN, vice president and associate chief nurse, Boston Children's Hospital

Transgender Patient Care: Fundamentals for Nursing Leaders
Paula M. Neira, MSN, JD, RN, CEN, clinical program director, John Hopkins Center for Transgender Health

Workplace Bullying Between Nurses: Solutions for Nurse Leaders
Robin M. Wood, PhD, RN, CEN, NEA-BC, nurse manager, emergency services, Hospital of the University of Pennsylvania

*Times and schedule subject to change.*
Saturday, April 1 – 9:15 – 10:05 AM

ID-226  Board Member Duties: Does Nursing Presence Matter?
This session addresses the national call for nurses to serve on governing boards to enhance quality and safety in health care. Nurse leaders will participate in interactive case studies that provide for the examination of how their presence on boards relates to the execution of their legal duties. Nurses who desire to or who are currently serving on boards will benefit from the self-assessment of their skills and developing a deeper understanding of their presence on governing boards.
Yvonne Smith, PhD, APRN-CNS, assistant professor, Kent State University; Kimberly Cleveland, JD, MSN, RN, C-MBC, instructor, Kent State University

ID-193  Effective Communication for a Global Workforce
This session will describe the process for curriculum development and successful deployment of an innovative and supportive educational program which is changing the way foreign born nurses enculturate, communicate and interact within our complex healthcare setting.
Carol Gregory, MSN, MBA, NEA-BC, chief nursing executive, HCA North Texas; Kathy Walton, BSN, MBA, CPN, administrative director of the patient experience and organizational learning, Medical City Dallas Hospital; Marci Ayers, MSN, CMSRN, RN-BC, division manager of onboarding programs, HCA North Texas; Beatrice Bisombi, RN, BSN, clinical educator, Las Colinas Medical Center

ID-263  Follow the Money: VBP and Nurse Sensitive Indicators
Nurse executives are responsible for the delivery of high quality care and the financial health of their organization. This presentation will share critical changes in government and private sector payers aligning payment and quality outcomes. Integration of nationally recognized standards of care with the knowledge, skill and abilities of “point of care” nurse competency in Core Measures, Hospital Acquired Conditions, patient engagement, population health management, outcomes measured by NDNQI and the connection to reimbursement will be discussed.
Rhonda Anderson, RN, DNSC(h), FAAN, FACHE, Global Healthcare Accreditation, consultant and accreditor, RMAConsulting of Arizona; Anne McNamara, PhD, RN, principal and owner, McNamara Solutions LLC

ID-156  Hospital and Post-Acute Partnerships: LINCT for Success
The rapidly changing healthcare landscape along with an aging nation, have escalated the need for post-acute inter-organizational partnerships to assure optimal patient outcomes. Traditional post-acute medical management networks are expensive and may not be sufficient, as readmissions are largely influenced by broader social and operational factors. The emergence of nurse-driven interdisciplinary post-acute models, focused on shared accountability, risk stratification, and transparency of information, are realizing significant gains. With successful implementation, resulting post-acute care becomes more predictable, patient-centered, and efficient. This session will illustrate the building blocks of a successful nurse-driven post-acute care model in a collaborative environment.

*Times and schedule subject to change.
Dina Lipowich, RN, MSN, NEA-BC, executive director, care coordination, Northwest Community Healthcare

ID-210 Igniting the Best You: Nurse Director Fellowship Program
AONE Nurse Director Fellowship will be described and the need for competent nurse leaders to help drive healthcare changes and advocate for change will be identified. Explore how cohort formation is key to igniting the adult learner. The learner will be able to describe four examples of projects that seek to drive change in healthcare organizations led by nurse leaders who have been armed with tools and resources to ensure success.

Tonja Thigpen, MSN, CCNS, NEA-BC, director critical care services, Mary Washington Hospital; Janet Winebar, MSM, BSN, RN, CNML, director of perioperative services, Texas Children’s Hospital; Ann McNeil, MSN, RN, NE-BC, director of critical care transport, UCLA Health System

ID-105 Implementing Shared Governance in a Rural Healthcare System
The attendee will leave this presentation with the knowledge that implementing a Shared Governance practice structure is a highly effective method of igniting and engaging the nursing workforce. This session will provide leaders with several practical, proven strategies to ensure successful implementation of a Shared Governance practice structure, even in a "challenging" environment. Additionally, the attendee will be armed with several examples of innovative and "fun" initial projects that will generate enthusiasm among the novice councils and ignite a spark across the organization, thus promoting sustainability.

David Mader, BSN, RN, CCRN, assistant vice president of patient care services, Adirondack Health; Linda McClarigan, MSHA, BSN, RN, BC-HA, chief nursing officer and vice president of patient care services, Adirondack Health

ID-399 Improve where you C-FIT: Clinical Financial Integration Team
Discover how one organization took a proactive approach to addressing the financial changes that are affecting healthcare, while focusing on superior patient care. Clinical Financial Integration Team (C-FIT) demonstrate how a structured framework led to improved patient outcomes and substantial savings of over $66 million dollars. Learn ways to focus on not only providing the best to the patients we serve, but also embrace the changes to reimbursement such as the affordable care act implementation and the advent of accountable care. Integrating C-FIT into this large academic medical center has proven to be imperative in the success of this organization.

Julia Dexter, RN, BSN, clinical project manager, OSF Saint Francis Medical Center; Jennifer Hopwood, DNP, NE-BC, chief nursing officer, vice president of nursing, OSF Saint Francis Medical Center; Cassy Horack, MS, BSN, PSL, vice president quality and safety, OSF Saint Francis Medical Center; Julia Dexter, RN, BSN, clinical project manager, OSF Saint Francis Medical Center; Robert Garcia, MBA, manager clinical strategy analysts, OSF Saint Francis Medical Center

ID-525 Nurse Succession Planning From Bedside to the CEO
The presenters, a nurse CEO and Ph.D. in Organizational Psychology, will leave attendees excited to return to any size healthcare entity across the continuum to share data and outcomes to fully support

*Times and schedule subject to change.
the case that effective succession planning leads to an organizational culture of internal promotion for nurses from the bedside to the CEO. Attendees will leave with a toolkit that will enable immediate implementation of a one page leadership dashboard profile and a program that defines how to assess talent, design a development plan, and complete a succession plan from the clinical nurse to the CEO role.

Lamont M. Yoder, MBA, MSN, RN, NEA-BC, FACHE, chief executive officer, Banner Health; Keturah R. Hallmosley, MBA, PhD(c), SPHR, director, talent development nursing and provider leadership, Banner Health

ID-312  Nursing Programs Facilitate Seamless Care and Patient Transitions
Ensuring timely patient discharge and helping patients safely transition to post-discharge care are among the most difficult challenges facing health care providers. In this session, the presenters describe two complementary programs that facilitate effective discharge planning, patient transitions, and continuity of care. The programs have yielded financial benefits by decreasing hospital length of stay and unplanned 30-day readmissions, while highlighting nursing’s leadership role in ensuring safe and effective care across the continuum.

Marsha Maurer, RN, MS, senior vice president, patient care services and chief nursing officer, Beth Israel Deaconess Medical Center; Mary Jo Brogna, RN, MS, associate chief nurse for patient throughput and case management, Beth Israel Deaconess Medical Center; Sarah Moravick, MBA, project manager, Beth Israel Deaconess Medical Center

ID-035  Optimizing Nurse Staffing: Creating the Staffing Ecosystem
Our traditional approaches in determining human resource needs to provide care for all patients who are serviced in our organizations and units have missed the mark. The one-dimensional approach has created chaos in daily staffing with significant nurse leader’s effort in finding flexible resources, associate dissatisfaction with staffing levels, and has cost health care organizations significant dollars in premium labor. The session will highlight how a large healthcare system successfully optimized staffing at the unit and enterprise level by utilizing operations research methodologies, and process improvement for standardization of staffing systems and work rules across the enterprise.

Margaret Gavigan, MBA, MSN, RN, system vice president, nursing business operations, Advocate Health Care; Therese Fitzpatrick, PhD, RN, principal and practice operations leader, Philips Healthcare; Carole Miserendino, DrPH, RN, FACHE, Nurse Executive & Senior Consulting Manager, Philips Healthcare

*Times and schedule subject to change.*