

Nursing's  
Contributions  
To Fostering  
Successful Patient  
Engagement

NAOQC  
Nursing Alliance  
*for* Quality Care

# The Nursing Alliance For Quality Care National Consensus Conference

NOVEMBER 12-13, 2012 | THE HYATT DULLES | 2300 DULLES CORNER BOULEVARD | HERNDON, VIRGINIA | 20171





## Guiding Principles for Patient Engagement

Patient engagement is a critical cornerstone of patient safety and quality. NAQC has grounded its approach to this topic by recognizing the primary importance of *relationships* between engaged patients and families and their clinicians, including but not limited to nurses. The following are key assumptions that guide NAQC in addressing care that is patient-centered.

1. There must be an active partnership among patients, their families, and the providers of their healthcare.
2. Patients are the best and ultimate source of information about their health status and retain the right to make their own decisions about care.
3. In this relationship, there are shared responsibilities and accountabilities among the patient, the family, and clinicians that make it effective.
4. While embracing partnerships, clinicians must nevertheless respect the boundaries of privacy, competent decision making, and ethical behavior in all their encounters and transactions with patients and families. These boundaries protect recipients as well as providers of care.
5. This relationship is grounded in confidentiality, where the patient defines the scope of the confidentiality.
6. Clinicians must recognize that the extent to which patients and family members are able to engage or choose to engage may vary greatly based on individual circumstances. Acknowledgment and appreciation of diverse backgrounds is an essential part of the engagement process.
7. Advocacy for patients who are unable to participate fully is a fundamental nursing role. Patient advocacy is the demonstration of how all of the components of the relationship fit together.
8. This relationship is grounded in an appreciation of patient's rights and expands on the rights to include mutuality. Mutuality includes sharing of information, creation of consensus, and shared decision making.
9. Health care literacy is essential for patient, family, and clinicians to understand the components of patient engagement. Providers must maintain awareness of the health care literacy level of the patient and family and respond accordingly.

Developed by the Nursing Alliance for Quality Care

Approved by the NAQC Board of Directors, December 2011

## Welcome Letter

On behalf of the Nursing Alliance for Quality Care and the George Washington University School of Nursing, I welcome you to the Washington, DC area for what promises to be a practice changing experience.

We have designed the next two days for you to take away new knowledge and skills that you can employ in your own work environments, as well as new ways of thinking about your roles as nurses and care providers in maximizing the health and health improvements of your patients. Equally important, you will be weighing in as contributors to a national consensus-based White Paper that reflects the nursing profession's critical role and plan for improved relationships among nurses and patients to foster greater engagement in health. The Agency for Healthcare Research and Quality has provided funding in support of this conference reflecting nursing's contributions to fostering successful patient engagement as well as support for the development of the White Paper.

While we as nurses recognize that caring for patients is our business, we are being reminded in new and more visible ways just how important it is to provide quality care. As a result of the Affordable Care Act, federal agencies have placed a value on the patient's care experience. More than just a statement of priority, there are new approaches to measuring this experience and positive reports of care by patients are a factor driving reimbursement. The National Quality Strategy goes even further, to say that unless patients are involved in their own care decisions and in health care self-management, we as a country will not be able to drive down or contain the costs of care. Many speak of this as "Patient Engagement" and make the assumption that effective engagement is in the control of consumers.

The Nursing Alliance for Quality Care, in conjunction in conjunction with its nursing and consumer organization partners, believes that it is time to stop assuming that responsibility for engagement falls only on the consumers of care, our patients. Effective engagement is at least a two-way responsibility. Think about your own experiences. We each have either had a personal health care experience, or know someone close to us that has had a personal experience

that was not positive, despite our being engaged consumers of that care. What went wrong in those situations? Could a nurse have made a difference there? Did we try to get the system to do something different and no one listened or believed us? Did we expect a nurse to intervene and it didn't happen?

We believe our actions as nurses and health professionals are major factors in successful patient engagement, as are the responses of our work environments. This conference is not about telling patients what to do. It is about how we as nurses, working more effectively with patients and families, can support them in being engaged. Doing so may require a paradigm shift in our own and our organizations' views of the patient as the competent core of the health and health care-related decision-making. If we believe the patient competent, it changes our own and our organizations' mental models and approaches regarding how and what information is shared and communicated with the patient and family.

We believe that the many plenary sessions and breakout sessions over the next two days will reinforce or demonstrate new knowledge and ways of thinking about the nurse-patient relationship, based on the changing practices your colleagues will be sharing. We hope you interact with and enjoy the poster presenters who have brought what they have learned.

I challenge you to make a commitment to yourself that you will make at least one change to your practice when you return home, in order to make a difference for your patients.

**Mary Jean Schumann**

**Executive Director, Nursing Alliance for Quality Care**

## CE Guidelines

### Contact Hour Credit:

Participants will earn up to a maximum of 11.75 contact hours for successful completion of the entire conference.

An application has been made for contact hours to be awarded for this continuing education activity through the Maryland Nurses Association, accredited as an approver by The American Nurses Credentialing Center's Commission on Accreditation.

### Conference Learning Objectives:

1. Describe at least three different approaches that can be implemented by attendees in their own settings to improve the engagement of patients in their own care.
2. Identify at least two best practices that attendees will use to jump start their own behavior changes to foster successful patient engagement.
3. Identify multiple strategies that they, as nurses, will use to influence change within individual health care systems – to improve the system's response to engaged patients.

### Requirements for Successful Completion of the Conference:

1. In order to receive full contact-hour credit for this CNE activity, you must:
  - Be registered as a participant
  - Be seated in the session room no later than 15 minutes after it has started
  - Remain in the session until the scheduled ending time.
  - Sign the roster with your name and contact information,
  - Complete and submit the Evaluation Form as directed before you leave at the conclusion of the conference. Certificates will be provided at the end of the conference. For any post-conference certificate requests, please contact

Mina Shyu at [mshyu@gwu.edu](mailto:mshyu@gwu.edu) or 202-994-9660.

2. **Conflicts of Interest.** A conflict of interest occurs when an individual has an opportunity to affect educational content about health-care products or services of a commercial company with which she/he has a financial relationship. The planners of this conference have disclosed no financial relationships with any commercial companies pertaining to this conference. Presenters who have disclosed a relevant financial relationship will be identified prior to their presentations.
3. **Commercial Support and Non-commercial Sponsor Donations.** Funding for this conference was made possible [in part] by grant 1R13 HS21600-01 from the Agency for Healthcare Research and Quality (AHRQ). The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

# General Information

## Registration and Sign-In:

**Room:** Cirrus Foyer

**Hours:** Monday, November 12  
11:30 am-5:30 pm

**Hours:** Tuesday, November 13  
7:45 am-12:00 pm

## Headquarter Office/PresenterReady Room:

**Room:** Chesapeake Resource Room

Presenters are asked to check in at least one hour in advance of their presentation.

## General Sessions:

**Cirrus AB**

## Posters Sessions:

**Room:** Cirrus CD

**Hours:** Monday, November 12  
6:00 pm-7:30 pm

Hors d'oeuvres and a cash bar will be available. Poster presenters are required to put up posters no later than 5:30pm. The room will be available between 11:30 am and 5:30 pm for mounting posters.

## Meals: Coffee/Refreshment

**Room:** Cirrus Foyer

**Hours:** Available continuously

## Breakfast

**Room:** In front of Layton

**Hours:** Tuesday, November 13  
7:45-8:30 am

## Box Lunch

**Room:** Cirrus Foyer

**Hours:** Tuesday, November 13  
12:30-1:15 pm

**Emergency:** Please dial 911 directly. Follow hotel staff to the clearly marked emergency exits.

**Session PowerPoints/Handouts:** Presentation PowerPoints and handouts submitted in advance of the conference are available online and may be downloaded at: <http://www.gwumc.edu/healthsci/departments/nursing/naqc/downloads/index.cfm>

The **username** is **engagepatients** and the **password** is **engagepatients**.

**Internet Access:** Complimentary wireless connection is available in the hotel lobby, as well as in guest rooms. Wireless connections are available in the meeting area for \$10 daily.

**Business Center:** The Business Center at the Dulles Hyatt is located past the main lobby and offers business and concierge services. It features a 24/7 Technology Room, complete with computer and laptop workstations with high-speed internet.

**Restaurants:** Hotel dining options include: Elements on Level One, Express-O's, and the Lobby Bar.

# Sessions At-A-Glance

## Monday, November 12

11:30am-5:30 pm	Registration	Cirrus Foyer
12:30 pm	Greeting/Opening Remarks	Cirrus AB
12:45-1:45 pm	Keynote-Why is A Fully Engaged Patient So Important?	Cirrus AB
1:45-2:15 pm	Plenary-The Framework for Thinking about Patient Engagement	Cirrus AB
2:15-2:30 pm	Break	
2:30-3:30 pm	Plenary-Consumer Views of Patient Engagement	Cirrus AB
3:30-4:15 pm	Plenary-Providers: A Vital Piece of the Puzzle	Cirrus AB
4:15-5:30 pm	Listening Session: Comment on Content and Recommendations of White Paper	Cirrus AB
6:00-7:30 pm	Poster Session/Networking	Cirrus CD

## Tuesday, November 13

7:45-2:00 pm	Registration and Sign-In	Cirrus Foyer
7:45-8:30 am	Breakfast	In front of Layton
8:30-9:15 am	Plenary-Patient Activation: A Critical Piece of the Puzzle	Cirrus AB
9:15-9:30 am	Break	
9:30-10:30 am	Breakout Sessions	
	A. Decision Aids Change the Dialogue	Cirrus D
	B. Patient Access to Information Changes the Dialogue	Cirrus AB
	C. Consumer Understanding of Genetic Screening Changes the Dialogue	Cirrus C
10:30-10:45 am	Break	
10:45-11:45 am	Breakout Sessions	
	A. Shared Decision Making/ Preference-Sensitive Care	Cirrus AB
	B. Helping Patients and Nurses Navigate the Curative/Palliative Care Continuum	Cirrus C
	C. Family Participation in Change of Shift Rounds	Cirrus D
11:45am-11:50 am	Break	
11:50am – 12:30 pm	Listening Session – White Paper	Cirrus AB
12:30-1:15 pm	Networking/Box Lunch	Cirrus Foyer
1:15pm-2:00 pm	Plenary-Transforming Informed Consent through Shared Decision Making: Federal and State Action	Cirrus AB
2:00pm-2:45 pm	Plenary-Patient Engagement: Policies and Strategies to Effect Change in Light of Political Challenges	Cirrus AB
2:45 pm	Wrap Up and Next Steps	Cirrus AB
3:00 pm	Adjourn	

## Speakers

**James B. Conway, MS** is an adjunct lecturer at the Harvard School of Public Health in Boston, and principal of the Governance and Leadership Group of Pascal Metrics in Washington, DC. From 2006-2009 he was Senior Vice President of IHI and from 2005-2011, Senior Fellow. During 1995-2005, Jim was Executive Vice President and Chief Operating Officer of Dana-Farber Cancer Institute, Boston. Prior to that, he had a 27-year career as a health administrator at Children's Hospital, Boston. He holds a Master of Science degree from Lesley College, Cambridge, MA. Jim is the winner of numerous awards including: the 1999 ACHE Mass. Regents Award, the Individual Leadership Award in Patient Safety by the Joint Commission and the NCQA, the Picker Award for Excellence in the Advancement of Patient Centered Care, the Institute for Patient and Family Centered Care Leadership, and the 2008 Mary Davis Barber Heart of Hospice Award. A Life Fellow of the American College of Healthcare Executives, he is a member of health system, professional association, public advocacy, and health care advisory boards.

**Jessica Greene, PhD** is Professor and Director of Research in the George Washington University School of Nursing. She is a health services researcher whose focus is evaluating health policies intended to improve health care quality. In one area of her research, she examines the impact of financial incentives on consumers and health care providers. In another area, she investigates how patient engagement influences health outcomes. Her research has been published widely, including in *Health Affairs*, the *Journal of General Internal Medicine*, and the *Milbank Quarterly*. She holds a PhD from the Robert F. Wagner Graduate School of Public Service at New York University and an MPH from Columbia University.

**Rosemary Gibson, MSc, RN** is a national leader in health care quality and safety and a Section Editor of the Archives of Internal Medicine "Less is More" series. She led national health care quality and safety initiatives at the Robert Wood Johnson Foundation for 16 years and was instrumental in launching QSEN and other nursing quality and safety initiatives. She was chief architect of the foundation's 12-year strategy to establish palliative care in the mainstream of U.S. health care. She worked with Bill Moyers and Public Affairs Television on the PBS documentary, "On Our Own Terms," which showed to more than 20 million viewers how the U.S. health care system can better care for seriously ill patients and their families. She is principal author of *The Wall of Silence* which puts a human face on medical errors, *The Treatment Trap* which tells the human story of overtreatment, and *The Battle Over Health Care: What Obama's Health Care Reform Means for America's Future*, a non-partisan analysis of the future state of health care and its impact on the economy. Rosemary is a member of the ABMS Public Policy Committee and the ACGME CLER Evaluation Committee that is examining quality and patient safety in sponsoring institutions for residency training. She is a graduate of Georgetown University and has a master's degree from the London School of Economics.

**Helen Haskell, MA** is founder and president of the patient organization Mothers Against Medical Error. Since the medical error death of her young son Lewis in 2000, Helen has devoted herself to patient safety advocacy in a variety of fields including medical education reform, patient-activated rapid response, infection prevention, medical error disclosure, and patient empowerment, among others. She is a director of Consumers Advancing Patient Safety, the Nursing Alliance for Quality Care and the Institute for Healthcare Improvement and a member of the National Patient Safety Foundation board of governors and the AHRQ National Advisory Council. She is

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author of numerous articles and patient educational materials and regularly conducts educational sessions for patients on navigating the healthcare system and avoiding medical harm.

**James Padilla, JD** became involved in patient safety after his family lost their six-year old son, Christian, to medical error. While in the hospital, Christian suffered a herniated brain a day following surgery to repair a blockage of his aorta. Following this tragedy, Jim has dedicated himself to patient safety. He currently serves as a Board Member for the Nursing Alliance for Quality Care (NAQC). He has also served on the Patient and Family Advisory Council for The Joint Commission and as past-President of Consumers Advancing Patient Safety. Jim has participated and spoken at numerous events on patient safety around the country about the nurse's role in providing safe care at the bedside and patient and family involvement in root cause analysis when something goes wrong. Among others, Jim has spoken at the 2011 American Society of Health-System Pharmacists Summer Meeting (Denver, CO), 2009 Health Care Quality and Patient Safety Summit (Chicago, IL), 2009 Michigan Society of Healthcare Risk Management Annual Conference (Traverse City, MI), Indiana Association of Student Nurses 2008 Annual Conference (Indianapolis, IN) and the Indiana University – East 2008 Annual Student Nurses Conference (Richmond, IN).

Jim is currently an Associate Professor at Tiffin University in Tiffin, OH. He has previously taught sports management and business law courses at Grand Valley State University (Allendale, MI) and Ball State University (Muncie, IN). He also is an expert in the sports insurance industry where he has worked with hundreds of collegiate and professional athletes and organizations over the past 15 years.

**Jean Johnson, PhD, RN** is Dean and Professor of the new School of Nursing (SON) at The George Washington University (GW). She is responsible for all aspects of the school and provided leadership in the establishment of the SON by the Board of Trustees in May 2010. Prior to serving as Dean, Dr. Johnson was Senior Associate Dean for the Health Sciences Programs. During that time she expanded the Health Sciences Programs from a small student enrollment to nearly 1,000 students and added several important programs including the Doctor of Physical Therapy as well as Clinical Research Administration and the nursing programs. She has been extensively involved in the national leadership of nurse practitioner education throughout her career and has served as President of the National Organization of Nurse Practitioner Faculties, and President of the American College of Nurse Practitioners. She has also been active in legislative and regulatory policy focusing on nursing issues. Dr. Johnson has co-chaired the National Task Force on Evaluation Criteria for Nurse Practitioner Programs and has also facilitated the Advanced Practice Registered Nurse Consensus Group that established a new regulatory model for advance practice nursing. In addition, she has served on the Pew Health Professions Commission, the National Fund for Medical Education, and the Institute of Medicine's Committee on the Future of Primary Care. Dr. Johnson was also a fellow in the Primary Care Health Policy Fellowship.

**Nancy L. Falk, PhD, MBA, RN** joined The George Washington University's, Department of Nursing Education Department as an Assistant Professor in the fall of 2009 and has been a Nursing Alliance for Quality Care team member since joining the university. She has served as the primary NAQC staff member serving as a liaison with and supporting the patient engagement subcommittee. She conducted the environmental scan on behalf of the subcommittee. Additionally, she has served as primary advisor for

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two Doctor of Nursing Practice students working on patient/provider engagement projects on: (1) The Patient Centered Medical Home: Do Provider Attributes Matter? and (2) Patient and Clinician Activation and Use of a Patient Portal. She earned a PhD in Nursing in 2008 from George Mason University in Fairfax, Virginia with a focus in aging and policy, an MBA from the School of Management - University at Buffalo, and a BS in Nursing from Alfred University in Southwest, NY State. From 2004-2005, Dr. Falk served as the John Heinz U.S. Senate Fellow in aging policy in the Office of U.S. Senator Jeff Bingaman (New Mexico) where she worked on a multitude of legislative issues to support the Senator's work on the Senate Health, Education, Labor, and Pensions Committee and the Finance Committee. In the summer of 2004, she was a veteran's health team member at the U.S. Government Accountability Office. She was nominated for and accepted membership in the National Academy of Social Insurance in 2010. In September 2011, she will be supported by the National Library of Medicine to attend their renowned interdisciplinary Biomedical Informatics Institute in Woods Hole, Massachusetts. Dr. Falk has worked in clinical, business development, and educational roles within private and public corporations, nonprofit organizations, and government agencies – in the healthcare, medical informatics, and policy arenas.

**Joanne Pohl, PhD, ANP-BC, FAAN, FAACP** is Professor Emerita at The University of Michigan School of Nursing. She has more than 33 years' experience as a Nurse Practitioner working primarily in nurse managed health centers with underserved populations. At the University of Michigan she directed the Adult Nurse Practitioner Program and served as Associate Dean for Community Partnerships. Her research has focused on the outcomes of care and cost of care in nurse-managed health centers, student experiences in these centers, and community responses to the centers.

She was the PI for the Institute for Nursing Centers which created the only national standardized data warehouse for nurse managed health centers. Dr. Pohl was awarded an Agency for Healthcare Research and Quality Health Information Technology grant which included implementation of EHRs in three NMHCs and three FQHCs. She served on an Institute of Medicine Committee on Geographic Adjustment Factors in Medicare Payments and the Bipartisan Policy Center's Expert Advisory Panel on Healthcare Workforce. She has published extensively and presented at numerous national and international conferences. Dr. Pohl is a Past-President of the National Organization of Nurse Practitioner Faculties and recently received their Lifetime Achievement Award. She also was awarded the first Loretta Ford Award from the American Academy of Nurse Practitioners. She currently serves on the Advisory Board for the Nursing Alliance for Quality Care.

**Shoshanna Sofaer, DrPH** is the Robert P. Luciano Professor of Health Care Policy at the School of Public Affairs, Baruch College. She previously held academic positions at George Washington University Medical Center and the UCLA School of Public Health. She completed her M.P.H. and Dr.P.H. degrees at the UC Berkeley School of Public Health. Dr. Sofaer conducts research and publishes on topics including: the development of quality measures that resonate with consumers and patients; the design and dissemination of public reports on comparative health care quality; the development of tools patients and families can use to engage productively in their health and health care; the response of the public and policy makers to the use of cost-effectiveness analysis to make societal resource allocation decisions; ways to improve the effectiveness of health care professionals in caring for older people; and the development of state and local partnerships to pursue community health and health care improvement objectives. She also conducts evaluations of both individual health care programs

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and clusters of programs. Dr. Sofaer is nationally known for her expertise in qualitative and mixed methods research and consults and trains widely on these issues. She is privileged to teach a highly diverse and motivated group of graduate students such subjects as the US health care system, health care policy, program evaluation, and management of public and non-profit organizations.

**Judith Hibbard, DrPH** is a Senior Researcher and Professor Emerita at the University of Oregon. Over the last 28 years she has focused her research on consumer choices and behavior in health care. She has a particular interest in testing approaches that give consumers and patients more knowledge and control over their health and health care. Her studies examine such topics as: how consumers understand and use health care information, how health literacy affects choices, enrollee behavior within high deductible health plans, and assessments of patient and consumer activation. Dr. Hibbard is the lead author of the Patient Activation Measure (PAM). The PAM measures an individual's knowledge and skill for self-management. It is being used by researchers and practitioners nationally and internationally to more effectively tailor support for patient self-management. Dr. Hibbard advises many health care organizations, foundations, and initiatives. She has served on several advisory panels and commissions, including the National Advisory Counsel for AHRQ, the National Health Care Quality Forum, United Health Group Advisory Panel, and National Advisory Council for the Robert Wood Johnson Foundation.

She is the author of over 100 peer reviewed publications. Her recent work appears in issues of: Health Affairs, Medical Care, and Health Services Research. Dr. Hibbard holds a masters degree in Public Health from UCLA and her doctoral degree is from the School of Public Health at the University of California at Berkeley. She is recognized as an international expert on consumerism in health care

and is frequently invited to speak at national and international health conferences.

**Don Kemper, MPH** is chairman and CEO of Healthwise, a not-for profit organization whose consumer health information and decision tools have been turned to over a billion times to help people make better health decisions. Mr. Kemper is a passionate advocate for raising the quality of patient engagement in health care. By prescribing prevention, self-management, and decision-support tools relevant to each person's needs, clinicians can engage and motivate their patients to become active partners in their health and wellness. In 2002 Kemper co-authored "Information Therapy: Prescribed Information as a Reimbursable Medical Service." The book presented the concept and the practicalities of how information prescriptions to each patient would become a core and expected part of health care, as is now required through the Meaningful Use rules for electronic medical records. More recently Kemper has championed the concept of "patient response" in which the patient's use of and reply to information prescriptions are recorded in the clinical record. Mr. Kemper has coauthored five medical self-care and health promotion handbooks that together have sold over 37 million copies. Mr. Kemper serves as a Board member for both the National Quality Forum and the eHealth Initiative. The Foundation for Accountability named Mr. Kemper a health care "visionary" for his dedication to responding to the needs of America's patients. Mr. Kemper has also been recognized by Advance for Health Information executives as one of the top 25 most influential forces in health care IT. The Wall Street Journal named Healthwise one of the fifteen top small workplaces in America. Mr. Kemper holds master's degrees in Health Systems Engineering from Georgia Institute of Technology and in Public Health from the University of California, Berkeley.

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**Kim Nazi PhD, FACHE** is a Management Analyst for the Department of Veterans Affairs (VA), working in the Veterans/Consumer Health Informatics Office of the Veterans Health Administration (VHA). Kim is a Board-Certified Healthcare Executive and a Fellow in the American College of Healthcare Executives (FACHE). She holds a Masters degree in Strategic Communication from Seton Hall University and a PhD in Sociology with a specialization in Communication from SUNY Albany. Kim's research interests include technology and personal health records, health communication, organizational sociology, and behavioral interventions. Kim is a frequent presenter on the topic of Personal Health Records and has authored multiple journal publications.

**Kathleen Painter, RN** has been a Registered Nurse since 1971, working both in the private sector as well as within Veteran Affairs. My clinical career includes experience as a staff nurse, nurse manager, nursing director (for an ambulatory Surgical Center and Urgent Care Centers), clinical instructor for senior nursing students (Shenandoah University), Coordinator for Dental/Anesthesia/Surgical Services, and currently as the Health Content Manager and Patient Education Lead for VA's Personal Health Record (My HealtheVet). During my 40 years as a nurse, there have been many wonderful advancements in health care. The most rewarding is seeing patients move from being docile bystanders to engaged partners of the health care team.

**Kathleen Calzone, PhD, RN, APNG** is a Senior Research Nurse Specialist in the Genetics Branch of the Center for Cancer Research at the National Cancer Institute. She is credentialed in genetics by the Genetic Nursing Credentialing Commission and is a Fellow of the American Academy of Nursing. Dr. Calzone is a past president of the International Society of Nurses in Genetics.

**Natasha Bonhomme** has led initiatives in the healthcare field for over 6 years. Since joining Genetic Alliance in 2006, she has worked to improve the state of newborn screening. For the past 3 years, she has overseen maternal and child health initiatives for the organization, with a particular focus on bringing the families perspective into policy setting around newborn screening, and maternal and child health overall. Natasha led and managed the largest study of women (with more than 2,000 expectant and new mothers) to gain an understanding of their attitudes towards screening and their preferences on how and when to be educated. She also supervised four federally funded projects having to do with newborn screening and prenatal diagnoses. As vice president at Genetic Alliance, she launched the nation's first center on newborn screening education, Baby's First Test. Natasha serves on a range of committees including: as a Co-Chair of the Genetics and Bioethics Committee, Maternal and Child Health Section, American Public Health Association; the Association of Public Health Laboratories Committee on Newborn Screening and Genetics in Public Health; and the Subcommittee on Education and Training of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children. In 2011, she obtained a Certificate from Georgetown University in Non Profit Executive Management to better serve other non-profit partners. Outside of the office, Natasha volunteers at the Planned Parenthood Metropolitan Washington (PPMW) as a member of the Young Professionals Board.

**Lawrence E. Morrissey Jr., MD** is a pediatrician at Stillwater Medical Group. He attended medical school at the University of Illinois and completed residency training at the University of Minnesota. He has worked at Stillwater Medical Group since completing residency in 1996. He also serves as the Chair of the Minnesota Shared Decision Making Collaborative and is on the board of the Minnesota chapter of the American Academy of Pediatrics. He has been working on

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Shared Decision Making and Patient Engagement since 2006. He has been involved in clinical implementation projects, research and community engagement projects. His areas of special interest include: shared decision making, teaching, attention problems in children, and preventative services for children.

**Ashley Umbreit, RN, CBPN-C** is an oncology nurse with education and experience in caring for patients who are faced with cancer. She provides education and support for patients and their families at the initial cancer diagnosis as well as navigates them throughout the health system throughout their cancer journey.

**Marguerite Russo, CRNP-F, ACHPN** is a Nurse Practitioner board certified in both Family Practice and Advanced Hospice and Palliative Nursing with commensurate knowledge and clinical capabilities. She works as clinician leader for the Palliative Supportive care consultation service at the University of Maryland Medical Center. Her diverse nursing background includes expertise in quality improvement, patient education, informatics, staff development across different clinical settings. As a doctoral candidate at the University of Maryland School of Nursing she is studying subjective well-being as a patient reported outcome for individuals treated for heart failure.

**Beverly Lunsford, PhD, RN** is Assistant Professor at George Washington University (GW) School of Nursing (SON). Dr. Lunsford is Director of The GW Center for Aging, Health and Humanities and PI on several grants to improve the care of older adults, including: The Washington DC Area Geriatric Education Center Consortium (2010-15) funded by the Health Resource and Services Administration (HRSA), Geriatric Education Utilizing a Palliative Care Framework

(2009-13) funded by HRSA, the Adult Gerontology Nurse Practitioner Education 2015 (2012-15) funded by HRSA, Continuity of Meaning (2011-12) funded by the National Collaborative on Aging, and In Our Time (2012) funded by the DC Humanities Council. Dr. Lunsford is also conducting a survey of Faith Community Nurses in collaboration with the Health Ministries Association to describe their professional scope and practice. Previous research endeavors include: Co-PI on Improving the Knowledge, Skills and Leadership of RNs in Long Term Care Utilizing Rapid Cycle Quality Improvement, a 3 year HRSA funded project and Co-PI for Integrating Spirituality and Health to Increase Compassion and Patient Centered Care to refine a model intervention for improving health care systems in hospitals. Each of these projects improved the care of older adults by increasing the knowledge and skills of healthcare professionals and health professions students in the holistic care of older adults.

**Mary Ann Friesen, PhD, RN, CPHQ** is a Registered Nurse with more than 30 years of broad experience and a Certified Professional in Healthcare Quality (CPHQ), Dr. Friesen has worked in nursing education, patient education, utilization management, performance improvement and consulting. She has clinical experience in critical care, cardiac, home health and geriatric nursing. The majority of her professional career has been focused on the improvement of patient care and developing processes and systems to promote high-quality and safe patient-centered care. Dr. Friesen has written articles, presented at numerous professional conferences, and developed continuing education programs on patient safety, communication and conflict. Her publications include articles in Nursing Management, Journal of Nursing Care Quality, and Birth. She has also completed a doctoral nursing internship at the Agency for Healthcare Research and Quality and co-authored the chapter on handoffs in Advances in Patient Safety and Quality: An Evidence-

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Based Handbook for Nurses (AHRQ, 2008), which won the American Journal of Nursing Book of the Year 2008. She is currently the principal investigator for the Picker Institute funded Always Events Challenge Events Program Developing a Patient Centered Handoff Project at the Inova Health System. This project encompasses all five hospitals in the Inova Health System.

**Susan Grant, MS, RN, NEA-BC, FAAN** is the Chief Nurse Executive of Emory Healthcare and an Associate Dean at the Nell Hodgson Woodruff School of Nursing. Susan served a 10 month term as interim Dean for the Nell Hodgson Woodruff School of Nursing in 2009. Prior to her joining the Emory University community, Ms. Grant served as the Chief Nursing Officer and Senior Associate Administrator for Patient Care Services at the University of Washington Medical Center and the Assistant Dean for Clinical Practice at the University of Washington School of Nursing. Susan's work in healthcare over the last several years has been focused on patient safety and patient and family-centered care. Susan's passion for patient and family-centered care and the patient's role in patient safety was inspired by her experience while at the Dana-Faber Cancer Institute after a tragic sentinel event. She has spoken nationally and internationally and published on patient safety and patient-centered care.

**Ben Moulton, JD, MPH** provides educational outreach to key stakeholders and policy makers regarding shared decision making. Prior to joining the Foundation, he served as the executive director of the American Society of Law, Medicine & Ethics for over 15 years where he engaged as Principal Investigator for legal research for a variety of public and private grants. As head of the American Society of Law, Medicine and Ethics he convened over 100 medial legal conferences and oversaw the production of two peer-reviewed

journals, the Journal of Law, Medicine & Ethics and the American Journal of Law & Medicine. He is an adjunct professor at the Harvard School of Public Health where he teaches a course on health law in clinical practice within the department of health policy & management. He received his BA from Harvard University. In addition, he holds a JD from Georgetown Law Center and an MPH from Harvard University.

**Bob Blancato, MPA** is President of Matz, Blancato and Associates, a firm founded in 1996, with offices in Washington and New York providing a wide array of services for clients ranging from consulting and lobbying to advocacy services and association and coalition management. Preceding this, Bob had a career in public service spanning more than 20 years in both the Congress and the Executive Branch. He was appointed by President Clinton to be the Executive Director of the 1995 White House Conference on Aging. Ten years later he was named to the Policy Committee for the 2005 Conference by Rep. Nancy Pelosi. Bob currently services as the National Coordinator of the 3000 member nonpartisan Elder Justice Coalition. He also serves as Executive Director of the National Association of Nutrition and Aging Services Programs. As a volunteer, Bob serves on the Board and Executive Committee of the American Society on Aging. He is also on the Board of the National Council on Aging and Generations United. He was also appointed in 2008 by Governor Tim Kaine of Virginia to be on the Commonwealth Council on Aging, served as Chair from 2009-2011 and was reappointed for another 4 year term by Governor Robert Mc Donnell in August of 2012. Bob holds a BA from Georgetown University and an MPA from American University. He has been on the adjunct faculty for a number of schools including the New School for Social Research, George Washington University, the University of Maryland and the Brookdale Center at Hunter College. Bob has received a number of awards for advocacy and service including the Arthur

## Speakers

Flemming Award and the highest advocacy awards from the Older Women's League and the National Association of Area Agencies on Aging. In 2012 he was awarded the Riland Medal of Public Service from the New York Institute of Technology. Finally, in 2011 Bob was knighted by the Italian Republic for his commitment to the relationship between the United States and Italy.

### **Mary Jean Schumann, DNP, MBA, RN, CPNP, FAAN**

is Executive Director of the Nursing Alliance for Quality Care (NAQC), supported by grants from the Robert Wood Johnson Foundation and the Agency for Healthcare Research and Quality, and Assistant Professor at The George Washington University School of Nursing. Dr. Schumann is a Fellow of the American Academy of Nursing, a member of Sigma Theta Tau International and a nationally certified pediatric nurse practitioner. She is a co-author of a 2008 book along with Dr. Margretta Styles, Kathleen White and Carol Bickford, called Specialization and Credentialing in Nursing Revisited, and chapter author of Policy Implications Driving National Quality and Safety Initiatives in a 2012 book by Wiley-Blackwell, Quality and Safety in Nursing: A Competency Approach to Improving Outcomes. Schumann previously served at the American Nurses Association, first as the Director of Nursing Practice and Policy, and more recently as the Chief Programs Officer. Dr. Schumann has also served as the Executive Director of the national Pediatric Nurses Certification Board and the National Organization for Adolescent Pregnancy, Parenting and Prevention.

## Sessions

### Monday, November 12, 2012

12:30 pm-12:45 pm  
Cirrus AB

#### **Greeting/Opening Remarks**

**Presenter:** Mary Jean Schumann, DNP, MBA, RN, CPNP, FAAN,  
Executive Director, NAQC

#### **Objectives:**

1. Articulate at least 2 reasons why the need is so great for nurses to gather new information regarding approaches to fostering patient engagement.
2. Describe role as attendees in the development of consensus around the White Paper that details nurses' contributions to fostering successful patient engagement and what strategies can be employed to move the nursing profession forward as leaders in this effort.

12:45 pm-1:45 pm  
Cirrus AB

#### **Keynote: Why is a Fully Engaged Patient so Important?**

**Presenter:** Jim Conway, MS, Principal, Governance and Executive Leadership at Pascal Metrics; Adjunct Lecturer, Harvard School of Public Health

#### **Objectives:**

1. Describe the key principles of patient-, parent-, and family-centered care.
2. Outline the leadership progress already made through specific examples.
3. Describe at least one way to apply this learning in your organization and practice to advance progress and a high likelihood of success.

1:45 pm-2:15 pm  
Cirrus AB

#### **Plenary: The Framework for Thinking about Patient Engagement**

**Presenter:** Jessica Greene, PhD, Faculty, George Washington University  
School of Nursing

#### **Objectives:**

1. Describe at least one framework for patient engagement.
2. Identify at least two elements common to the various frameworks.

2:15 pm-2:30 pm

#### **Break**

## Sessions

2:30 pm-3:30 pm

Cirrus AB

### **Plenary: Consumer Views of Patient Engagement**

**Presenters:** Rosemary Gibson, MSc., RN, Author, *The Treatment Trap*  
Helen Haskell, MA, Founder of Mothers Against Medical Error  
James Padilla, JD, Associate Professor, Tiffin University

#### **Objectives:**

1. Identify at least two of the problems that patients and nurses see with nurse-patient communication.
2. Describe at least two of the issues that hinder nurses and patients working as a team to improve the patient's health.
3. Identify two changes that nurses can make to improve nurse-patient communication and make it easier for nurses to focus on the patient as a whole.

3:30 pm-4:15 pm

Cirrus AB

### **Plenary: Provider: A Vital Piece of the Puzzle**

**Presenters:** Jean Johnson, PhD, RN, Dean, George Washington University School of Nursing  
Nancy L. Falk, PhD, MBA, RN, Assistant Professor, George Washington University School of Nursing

#### **Objectives:**

1. Describe the role of providers in the provision of patient-centered care.
2. List at least 3 provider attributes that promote active patient engagement.
3. Identify and describe at least one gap in provider engagement knowledge and make recommendations for future research.

4:15 pm-5:30 pm

Cirrus AB

### **Listening Session: Comment on Content and Recommendations of White Paper**

**Presenters:** Joanne Pohl, PhD, ANP-BC, FAAN, FAACP, Professor Emerita, University of Michigan School of Nursing  
Shoshanna Sofaer, DrPH, Professor and Robert P. Luciano Chair of Health Care Policy, Baruch College

#### **Objectives:**

1. Attendees will identify at least one concept within the White Paper that they believe and support, demonstrating a change in nursing behavior, such that its adoption will foster more successful patient and family engagement.
2. Attendees will identify multiple areas for strengthening of the White Paper.

## Sessions

6:00 pm-7:30 pm  
Cirrus CD

### Poster Session/Networking

**Presenters:** Please see summary of Poster Presentations

**Objectives:**

1. Articulate at least 3 challenges to successful patient and family engagement in the current health care environment.
2. List at least 3 of the guiding principles for patient engagement.
3. List 3 or more ways that nurses can modify their institution's approaches to engage patients more effectively.

## Tuesday, November 13, 2012

7:45 am-8:30 am  
In front of Layton

### Breakfast

8:30 am-9:15 am  
Cirrus AB

### Plenary: Patient Activation: A Critical Piece of the Puzzle

**Presenter:** Judith Hibbard, DrPH, Senior Researcher and Professor Emerita, Health Policy Research Group, ISE, University of Oregon

**Objectives:**

1. Discuss how patient engagement/activation relates to quality and outcomes.
2. Describe at least 2 strategies for increasing patient activation.

9:15 am-9:30 am

### Break

9:30 am-10:30 am  
Cirrus D

### Breakout Session A: Decision Aids Change the Dialogue

**Presenter:** Don Kemper, MPH, CEO, Healthwise

**Objectives:**

1. Participants will be able to describe the 3 key element of an informed decision:
2. Participants will be able to describe 3 ways to include patient decision aids within the workflow of a busy practice:
3. Participant will be able to articulate the value of informed shared decision making for three types of treatment decisions:

## Sessions

9:30 am-10:30 am  
Cirrus AB

### **Breakout Session B: Patient Access to Information Changes the Dialogue**

**Presenters:** Kim Nazi, PhD, Senior Analyst, Veterans and Consumers Health Informatics Office, Department of Veterans Affairs  
Kathleen Painter, RN, Department of Veterans Affairs

**Objectives:**

1. Describe what is meant by empathetic understanding of patient needs and preferences related to PHRs and access to medical record information.
2. Describe how PHR systems have evolved and explain the PHR paradox.
3. List at least one use of the VA My HealtheVet PHR, VA Blue Button, and Secure Messaging.

9:30 am-10:30 am  
Cirrus C

### **Breakout Session C: Consumer Understanding of Genetic Screening Changes the Dialogue**

**Presenters:** Kathleen Calzone, PhD, RN, APNG, Senior Nurse Specialist, Research, National Cancer Institute  
Natasha Bonhomme, Vice President of Strategic Development, Genetic Alliance

**Objectives:**

1. Describe the scope of genetic and genomic healthcare applications.
2. Review the extent of nursing genetic/genomic competency.
3. Identify 4 competencies in genetics and genomics expected of all nurses.
4. Describe the scope of what constitutes the patient in the genomic era.

10:30 am-10:45 am

### **Break**

10:45 am-11:45 am  
Cirrus AB

### **Breakout Session A: Shared Decision Making/Preference –Sensitive Care**

**Presenters:** Lawrence E. Morrissey Jr., MD, Pediatric and Adolescent Medicine, HealthPartners, Lakeview Health  
Ashley Umbreit, RN, CBPN-C, Cancer Care Coordinator, Stillwater Medical Group

**Objectives:**

1. List the key components and principles of SDM
2. Describe one meaning lesson about the patient and provider experience with SDM at Stillwater Medical Group.
3. Describe at least 2 strategies to implement SDM in your practice.

## Sessions

10:45 am-11:45 am  
Cirrus C

### **Breakout Session B: Helping Patients Navigate the Curative/Palliative Care Continuum**

**Presenters:** Marguerite Russo, CRNP-F, ACHPN, Palliative Care Nurse Practitioner, University of Maryland Medical Center  
Beverly Lunsford, PhD, RN, Director, The Washington DC Area Geriatric Education Center Consortium

#### **Objectives:**

1. Identify key opportunities for patient engagement (PE) along the curative-palliative care continuum.
2. Cite palliative care guidelines and nursing practice instrumental to improved PE.
3. Examine relevant exemplars reported in the literature for patient engagement.
4. Describe the continuum of care for combining palliative and disease modifying care.
5. Describe how 3 prominent disease trajectories inform the integration of palliative/caring approaches with disease-focused measures.
6. Discuss opportunities for greater patient engagement in determining goals of care and advanced care planning with use of the illness trajectories.

10:45 am-11:45 am  
Cirrus D

### **Breakout Session C: Family Participation in Change of Shift Rounds**

**Presenters:** Mary Ann Friesen, PhD, RN, CPHQ, Nursing Research Coordinator, Inova Health System  
Susan Grant, MS, RN, NEA-BC, Chief Nurse Executive, Emory Healthcare  
Ann Crowder, Co-Chair Parent Advisory Council, Fairfax Hospital for Children

#### **Objectives**

1. Describe the development of a patient centered handoff using the ISHAPED process.
2. Discuss findings and identify at least two lessons learned from the implementation of a patient centered handoff
3. Share 2 examples of how the lack of patient and family involvement in care delivery can adversely affect patient outcomes.
4. Describe data that demonstrate the positive impact of patient and family engagement on length of stay and patient satisfaction.
5. Describe at least 2 examples of how nurses can engage patients and families in their care.

11:45 am-11:50 am

### **Break**

## Sessions

11:50 am-12:30 pm  
Cirrus AB

### **Listening Session: White Paper**

**Presenters:** Joanne Pohl, PhD, ANP-BC, FAAN, FAACP, Professor Emerita, University of Michigan School of Nursing  
Shoshanna Sofaer, DrPH, Professor and Robert P. Luciano Chair of Health Care Policy, Baruch College

#### **Objectives:**

1. Identify and articulate at least one strategy or tactic that they believe should be adopted by nurses collectively to change the culture of the work environment in order to support patient engagement.

12:30 pm-1:15 pm  
Cirrus Foyer

### **Networking/Box Lunch**

1:15pm-2:00pm  
Cirrus AB

### **Plenary: Patient Engagement and Transforming Informed Consent through Shared Decision Making: Federal and State Action**

**Presenter:** Ben Moulton, JD, MPH, Informed Medical Decision Making Foundation

#### **Objectives:**

1. State the critical differences between informed consent and shared decision making.
2. Describe the process for empowering nurses to be patient navigators and will use decision aids within ACOs and the medical home.

2:00 pm-2:45 pm  
Cirrus AB

### **Plenary: Patient Engagement: Policies and Strategies to Effect Change in Light of Political Challenges**

**Presenter:** Bob Blancato, MPA, National Coordinator, Elder Justice Coalition and Executive Director, National Association of Nutrition and Aging Services Programs

#### **Objectives:**

1. Identify 3 ways the post-election climate may impact health care.
2. Identify and explain 3 ways in which the role of patients and providers may be impacted, post-election.
3. List 3 ways nurses can positively impact, national and state legislation, regulations, and/or state practice acts post-election to enhance patient engagement.

2:45 pm-3:00 pm  
Cirrus AB

### **Wrap Up and Next Steps**

**Presenter:** Mary Jean Schumann, DNP, MBA, RN, CPNP, FAAN,  
Executive Director, NAQC

#### **Objectives:**

1. Describe at least one next step that will be taken as individuals to share the conference's newly acquired knowledge with colleagues in the work environment.

# Poster Session

## Nursing Contributions to Engaging Patients

Cirrus CD - Monday, November, 12 6:00 pm – 7:30 pm

### Poster Objectives: Attendees will be able to:

- Articulate at least three challenges to successful patient and family engagement in the current health care environment
- List at least three of the guiding principles for patient engagement
- List three or more ways that nurses can modify their institution's approaches to engage patients more effectively

### Approaches that improve the engagement of patients in their own care

#### 1. Does Obtaining Consent & Involving the Patient Have A Place in Hospital Fall Prevention?

**Learning Objective:** To describe the interests and willingness of cognitively intact hospitalized patients to collaborate in a fall prevention program

Sharran N. Burney, FNP-BC, MSN

Kimberly A. Propert, FNP-BC, MSN

#### 2. Developing a Patient Centered Approach to the Bedside Report Using the ISHAPED Model

**Learning Objective:** 1) Identify at least two challenges encountered with the change of shift "handoff" report from a patient safety perspective; and 2) describe the development of a patient-centered, change of shift report strategy

Mary Ann Friesen, MSN, RN, CPHQ

Karen Gabel Speroni, BSN, MHSA, PhD, RN

#### 3. Implementing and Evaluating the Guide to Patient and Family Engagement: Improving Hospital Quality and Safety by Engaging Patients and Family Members in Their Care

**Learning Objectives:** 1) Describe the critical role Nurses play in establishing an environment supportive of patient and family engagement; and 2) Identify 3 common initial concerns from nurses about strategies to increase patient engagement

Ushma Patel, MSPH

#### 4. Device Management Program: An Interactive Pathway

**Learning Objective:** Describe the importance of interactive/visual learning in decreasing lengths of stay, readmissions rates and increasing patient satisfaction scores

Manimegalai Rajamarthandan, RN, MSN, CCRN

Taryn Hogan, RN, MS

Kimberly Foley, RN, BSN

# Poster Session

## Nursing Contributions to Engaging Patients

Cirrus CD - Monday, November, 12 6:00 pm – 7:30 pm

### 5. Patient Engagement Project (PEP) Celebrate Independence

**Learning Objective:** Identify at least 3 ways that patients can assist themselves in the participation of activities of daily living outside of therapy sessions

Janice Schuld, MSN, CRNP, CRRN, ANP-BC

### Efforts that lead to changes in the health care system or delivery of care

### 6. ELM as a Catalyst for Behavior Modification: The Role of ELM's Learners in Planning and Implementation of CE

**Learning Objective:** Describe the benefit to the patient of allowing a health professional to influence the continuing education he/she receives.

Catherine House

### 7. Patient Engagement: Patients as Partners in their own Health Care

**Learning Objective:** Identifies at least three Guiding Principles for Patient Engagement that can be adopted by health care institutions or nurses, to foster successful patient engagement

Nancy L. Falk, PhD, MBA, RN

### Approaches that enhance the nurses' own ability and attitude in successfully fostering engagement

### 8. The Charles Evans Integrative Stress Management Program

**Learning Objective:** Describe at least one way this program can improve nurses' approaches to fostering patient engagement

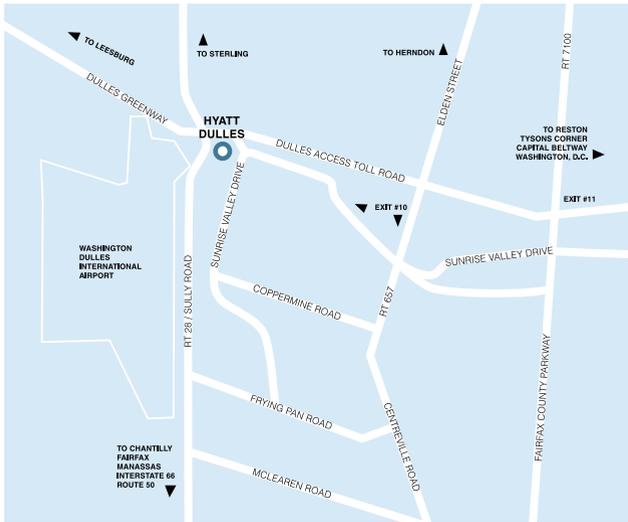
Jeanne Kenney, RN, BSN, HN-BC, CCAP

### 9. Psychometric Testing of the Patient Perception of Patient-Empowering Nurse Behaviors Scale (PPPNBS)

**Learning Objectives:** 1) Identify at least five nurse-empowering behaviors; and  
2) describe the importance of an instrument that measures patient empowerment from the patient's perspective

Teresa Jerofke, MSN, RN

Marianne Weiss, RN, DNSc



## Hyatt Dulles At Dulles International Airport

### DIRECTIONS

From Dulles International Airport (two miles): Take Exit 9A, Route 28 South to first stop light. Turn left on Frying Pan Rd. Go half mile. Turn left on Sunrise Valley Drive. Go one mile. Turn left onto Dulles Corner Blvd. Hotel is on right.

From National Airport (30 minutes): Exit onto George Washington Pkwy. Go to I-66 West. Take Exit 67, Dulles Toll Rd West (Rt 267). Take Exit 10 (Herndon / Chantilly). Turn left onto Centerville Rd. Go to Sunrise Valley Drive. Turn right. Hotel is 1 1/2 miles on right.

GROUND LEVEL



