Day-at-a-Glance

7:00am
Registration, Breakfast: Key Ballroom Lobby/Foyer

8:00am - 8:15am
Welcome & Introductions: Key Ballroom

8:15am – 9:15am
Opening Keynote Address: My Breast Cancer Journey, Joan Lunden, Award-Winning Journalist, Best-Selling Author, Former Co-host of Good Morning America, and Health and Wellness Advocate

9:15am – 9:30am
Recognition of the Minogue Award for Patient Safety Innovation Winner and Distinguished Achievement in Patient Safety Innovation Winner

9:30 - 10:00
Break, Visit Exhibitors and Patient Safety Poster Presentations, Lobby & Foyer

10:00 - 11:00
Key Ballroom A
Tailored Sepsis Care: Designing a Plan to Cut Readmissions
Christa A. Schorr RN, MSN, FCCM
Associate Professor of Medicine
Cooper Medical School of Rowan University
Clinical Nurse Scientist
Cooper Research Institute-Critical Care
Cooper University Hospital

Key Ballroom B
HAIs: How to Protect Patients from Key Pathogens Caused by Environmental Surface Contamination
Shari Solomon, Esq.
Clean Health Environmental, LLC and Sara Wittig, MPH, CIC

Key Ballroom C
INTERACT: Interventions to Reduce Acute Care Transfers
Carla K. Thomas, MS, CTR, CPHQ
Director, Care Transitions, VHQC
Cathleen (Cathy) Ann Clark BS, RN-BC
Transition Guide Nurse, Suburban Hospital, Johns Hopkins Medicine
Barbara Hirsch, RN, JD
Associate Senior Counsel
Johns Hopkins Health System
Director of Risk Management
Sibley Memorial Hospital

Key Ballroom D
Patients as Partners in Developing a Value-based Healthcare System
Sue Sheridan, MBA, MIM, DHL
Director of Patient Engagement
Patient-Centered Outcomes Research Institute

11:15 - 12:15
Office of Health Care Quality Annual Update on Reported Adverse Events
Anne Jones, RN, BSN, MA
Nurse Program Consultant
Maryland DHMH, OHCQ

Miniouge Award for Patient Safety Innovation Winner: Organizational Culture Changes Result in Improvement in Patient-Centered Outcomes: Implementation of an Enhanced Recovery Program for Surgical Patients at Johns Hopkins Hospital and Health System
Elizabeth “Liza” C. Wick, MD
Johns Hopkins Hospital and Health System

12:15 - 1:00
Lunch, Visit Exhibitors and Patient Safety Poster Presentations, Lobby & Foyer

1:00 - 2:00
The IOM Report on Improving Diagnosis: Recommendations to Reduce Diagnostic Error in Healthcare
David Meyers, MD
Sinaia Hospital of Baltimore

Bridging the Cultural Divide Through Innovation: A Case Study in Patient Safety Certification
Robert Imhoff
President and CEO
Maryland Patient Safety Center and Anne R. Van Wae, MS, RN, CIC
Director of Quality and Regulatory Affairs, Department of Quality and Patient Safety
Anne Arundel Medical Center

Distinguished Achievement in Patient Safety Innovation Winner: Multidisciplinary Approach to Reduce Delirium in the ICU
Kathleen Amrein, MSN, RN, CCRN-CMC
Clinical Specialist
University of Maryland
Upper Chesapeake Medical Center

Transparency in Patient Safety
Albert W. Wu, MD, MPH
Professor of Health Policy & Management
Johns Hopkins Bloomberg School of Public Health

2:00 - 2:30
Break, Visit Exhibitors and Patient Safety Poster Presentations, Lobby & Foyer

2:30 - 3:30
Key Ballroom
Closing Keynote Address:
Thriving vs. Surviving During Times of Change: The Science of Enhancing Resilience
J. Bryan Sexton, PhD
Associate Professor and Director, Duke Patient Safety Center, Duke University Health System

Closing Remarks and Adjournment:
Robert Imhoff, President & CEO, Maryland Patient Safety Center
8:15 am - 9:15 am  
**Opening Keynote**

*My Breast Cancer Journey*

Joan Lunden shares her personal experience of breast cancer and what she has learned through her journey about health, fitness and the importance of family, friends and community. She gives the patient’s perspective on her treatment from her own personal experience and from what she has heard from the thousands of women who write into her website.

**Presenter:**

**Joan Lunden**  
Award-Winning Journalist, Best-Selling Author, Former Co-host of *Good Morning America*, and Health and Wellness Advocate

**Learning Objectives:**

1. Discuss ways in which we can reform the way we approach the management of patients’ health, from a patient’s perspective;  
2. Identify two approaches to assist patients to take charge of their health and improve their interactions with health care providers and organizations.

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9:15 am - 9:30 am  
Recognition of 2016 Winners of Patient Safety Innovation Awards

9:30 am - 10:00 am  
Break and Visit Exhibitors and Patient Safety Poster Presentations

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**CONCURRENT SESSIONS**

**Track 1 (Key Ballroom A)**

10:00 am - 11:00 am  
**Tailored Sepsis Care: Designing a Plan to Cut Readmissions**

Hospital admissions for sepsis have increased over the past 10 years with hospital readmissions for sepsis also on the rise. Patients readmitted for severe sepsis are at increased risk for death. Reviewing the potential causes for the rise in sepsis admissions and current guidelines for early recognition and treatment will be discussed. Procedures to improve patient outcomes for patients with sepsis will be outlined. Application of a collaborative approach to identify patients at risk for readmission with early intervention will be presented.

**Presenter:**

**Christa A. Schorr RN, MSN, FCCM**  
Associate Professor of Medicine  
Cooper Medical School of Rowan University  
Clinical Nurse Scientist  
Cooper Research Institute-Critical Care  
Cooper University Hospital

**Learning Objectives:**

1. Describe the current state of sepsis readmissions and outcomes  
2. Identify risk factors associated with sepsis readmissions  
3. Develop a plan to decrease hospital readmissions for sepsis

11:15 am – 12:15 pm  
**Office of Health Care Quality Annual Update on Reported Adverse Events**

The Office of Health Care Quality presents the annual update on adverse events reported during 2015 by Maryland hospitals under COMAR 10.07.06, Patient Safety Programs. The presenter will discuss trends in reported events, data related to patient and event characteristics, and difficulties noted with formulating and implementing effective corrective actions.

**Presenter:**

**Anne Jones, RN, BSN, MA**  
Nurse Program Consultant  
Maryland DHMH, OHCQ

12:15 pm – 1:00 pm  
Lunch and Visit Exhibitors and Patient Safety Poster Presentations

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**Track 2 (Key Ballroom B)**

10:00 am - 11:00 am  
**HAIs: How to Protect Patients from Key Pathogens Caused by Environmental Surface Contamination**

Over the past decade, a growing body of evidence suggests that contamination of environmental surfaces throughout healthcare facilities plays an important role in the transmission of key healthcare associated pathogens, including methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin resistant *Enterococcus* (VRE), *Clostridium difficile* (c. diff), *Acinetobacter*, and norovirus. Evidence suggests that environmental contamination contributes to HAIs through a variety of pathways including contamination of hands and transfer of pathogens from patients, visitors and
healthcare workers. In light of the concerns regarding environmental surface contamination, the presentation will address best practices, the latest science, and initiatives in Maryland.

Presenters:
Shari Solomon, Esq.
Clean Health Environmental, LLC and
Sara Wittig, MPH, CIC

Learning Objectives:
1. Identify best management practices (BMPs) for cleaning and disinfecting surface areas to reduce HAIs.
2. Review the latest science, studies and emerging technologies surrounding cleaning and disinfection of surfaces.
3. Share the initiatives being implemented in Maryland to address surface contamination concerns including the MPSC Clean Collaborative.

11:15 am – 12:15 pm
Why Cognition Matters: The Importance of Assessing and Managing Cognitive Impairment in Care Transitions
The prevalence of cognitive impairment among older adults living in the community, long-term care settings, and those recently discharged from hospitals is high. So too are risk factors associated with safety concerns at home and impaired instrumental activities of daily living. When professionals use highly sensitive cognitive screening tools, disease and safety management is enhanced, and risks for hospital readmissions and adverse consequences at home are reduced. In this program Dr. Mansbach will present information about the Brief Cognitive Assessment Tool (BCAT) and its efficacy in identifying safety and disease risk factors.

Presenter:
William Mansbach, PhD
Founder and CEO, Mansbach Health Tools LLC

Learning Objectives:
1. Review the BCAT as a highly sensitive cognitive assessment instrument.
2. Discuss the prevalence and base rates of cognitive impairments in older adults in various settings.
3. Describe the association between cognitive impairment and adverse consequences associated with reduced IADL skills.

12:15 pm – 1:00 pm Lunch and Visit Exhibitors and Patient Safety Poster Presentations

1:00 pm – 2:00 pm
Bridging the Cultural Divide Through Innovation: A Case Study in Patient Safety Certification
Across the United States healthcare organizations must now increase their focus on patient safety and quality, due to healthcare reform laws, and reimbursement policies that are linked to quality and patient perceptions. Organizations must create a culture of patient safety that demonstrates this consistent commitment to their staff, providers, governance and the patients they serve.

The Maryland Patient Safety Center believes that the development of a strong culture of patient safety within a healthcare organization must begin with a leadership partnership that includes an interface between organizational leadership, governance, and medical staff. With leadership serving as the foundation, strategic directives connected to the organization’s mission, vision, and values can lead to safe care, treatment, and improved outcomes in clinical excellence, customer satisfaction, community focus, and financial performance. To be effective in their actions, leadership’s core values must include concern for the safety of others, teamwork, empowerment, open and honest communication, and continuous process improvement.

Presenters:
Robert Imhoff
President and CEO, Maryland Patient Safety Center and
Anne R. Van Waes, MS, RN, CIC
Director of Quality and Regulatory Affairs, Department of Quality and Patient Safety
Anne Arundel Medical Center

Learning Objectives:
1. State the methodology utilized in developing a Patient Safety Certification program.
2. Describe the outcomes of an organization participating in a Patient Safety Certification program.

Track 3 (Key Ballroom C)

10:00 am – 11:00 am
INTERACT: Interventions to Reduce Acute Care Transfers
The goal of INTERACT is to improve care and reduce avoidable transfers to the hospital. Nursing facilities, home health agencies and assisted living facilities are currently using this program to enhance care processes that are impacting care transitions and safety outcomes. Hospitals can cause many complications and identifying situations that commonly result in transfers to the hospital can be beneficial to care providers and patients. Join this session and learn how the INTERACT program can effectively and safely prevent transfers and improve overall care within the community.

Presenters:
Carla K. Thomas, MS, CTRS, CPHQ
Director, Care Transitions VHQC and Panel Members:
Cathleen (Cathy) Ann Clark BS, RN-BC
Transition Guide Nurse, Suburban Hospital, Johns Hopkins Medicine and
Barbara Hirsch, RN, JD
Associate Senior Counsel, Johns Hopkins Health System
Director of Risk Management
Sibley Memorial Hospital

Learning Objectives:
1. Identify the purpose and goals for the various components of INTERACT.
2. Describe how INTERACT tools are integrated into care processes within and across organizations.
3. Restate how your organization can reduce admissions and readmissions by using INTERACT.

Minogue Award
For Patient Safety Innovation Winner
Organizational Culture Changes Result in Improvement in Patient-Centered Outcomes: Implementation of an Enhanced Minogue Award for Patient Safety Innovation

11:15 am – 12:15 pm
Recovery Program for Surgical Patients at Johns Hopkins Hospital and Health System

Building on the success of reducing surgical site infections (SSIs) by 9% over three years through the implementation of the comprehensive unit based safety program (CUSP) in the operating room, the team consisting of surgeons, anesthesiology providers, nurses and surgical technicians and hospital leadership sought to further reduce the SSI rate at JHH. The team established a goal to reduce the rate from its persistent rate of 18% to 10% or less. By leveraging their existing CUSP infrastructure an enhanced recovery program for surgical patients was developed. The program incorporated best practices for perioperative care, prevention of harm and optimal patient engagement/experience and utilized a clinical pathway developed by the multi-disciplinary team. The outcome measures were length of stay, SSI, urinary tract infection (UTI) and venous thromboembolism (VTE) rates, patient experience and variable direct costs. The program utilized a clinical pathway and yielded a decrease in LOS by two days, an eleven percent reduction in 30-day morbidity, improvements in all domains of the HCAPHS survey for the patients in the program, and an eighteen percent decrease in variable direct costs.

Presenter:
Elizabeth “Liza” C. Wick, MD
Johns Hopkins Hospital and Health System

Learning Objectives:
1. State four interventions that led to improved and sustained outcomes in SSI rates at one Maryland hospital.
2. Describe the “enhanced recovery program” for surgical patients utilized to improve perioperative care, prevention of harm and optimal patient engagement/experience at one Maryland hospital.

12:15 pm – 1:00 pm Lunch and Visit Exhibitors and Patient Safety Poster Presentations

1:00 pm – 2:00 pm Distinguished Achievement in Patient Safety

Multidisciplinary Approach to Reduce Delirium

Delirium leads to a three-fold increase in death in ICU patients and predisposes ICU survivors to prolonged neuropsychological deficits and/or long-term cognitive impairment. Through development and implementation of consistent assessment of delirium throughout the ICU stay, and implementation of standard interventions to reduce or eliminate delirium, the ICU team at the University of Maryland Upper Chesapeake Medical System realized significant improvement in clinical outcomes for their ICU patients. The number of delirium cases dropped by two percent yielding an estimated cost savings of $2750 per patient or $110,000 annually. The unit also saw a fifty-five percent reduction in the LOS for their patients with delirium. In addition, there was a fifty percent decrease in the number of patients that self-exubicated.

Presenters:
Kathleen Amrein, MSN, RN, CCRN-CMC
CNRN Charge Nurse, ICU and
Jessica Rossi, PT, DPT, CCS, Sr PT, Clinical Specialist
University of Maryland Upper Chesapeake Medical Center

Learning Objectives:
1. Describe the IMPRV methodology for performance improvement.
2. List three interventions that were instrumental in caring for ICU patients at risk for delirium.
12:15 pm – 1:00 pm Lunch and Visit Exhibitors and Patient Safety Poster Presentations

1:00 pm – 2:00 pm Transparency in Patient Safety

Transparency is a fundamental feature of organizations that achieve and sustain safe performance. Transparency is needed for the sensitivity to operations, preoccupation with failure, deference to experience, and resilience that characterize high reliability organizations. It is closely related to the core values of humility, respect, accountability and dedication to improvement. It is necessary for healthcare workers to feel that it is safe to share information about errors and adverse events. Specific examples will be provided of the role of transparency in successful incident reporting, disclosure of adverse events, and providing support to providers. Recommendations will be provided for healthcare organizations, top leaders, managers and healthcare workers.

Presenter:
Albert W. Wu, MD, MPH
Professor of Health Policy & Management,
Johns Hopkins Bloomberg School of Public Health

Learning Objectives:
1. Explain the importance of transparency to improving safety culture in healthcare organizations.
2. Give two examples of how improving transparency can contribute to improved patient safety.

2:30 pm – 3:30 pm Closing Keynote
Thriving vs. Surviving During Times of Change:
The Science of Enhancing Resilience

If you, your staff, or your colleagues are feeling particularly spent, it is probably because the level of emotional exhaustion in healthcare workers is at an all-time-high. Learn about the Duke Resilience Program, where you can gain knowledge about tools, tactics and research on how to enhance resilience in individuals and work settings.

Presenter:
J. Bryan Sexton, PhD
Associate Professor and Director, Duke Patient Safety Center,
Duke University Health System

Learning Objectives:
1. Identify the impact of stress, fatigue and burnout on care providers and the relationship of burnout with clinical errors and quality of patient care.
2. Review the newest and most robust research on healthcare worker burnout/engagement and their association with care quality.

Meet the Board of Directors
The strategic initiatives and priorities of the Maryland Patient Safety Center are guided by a voluntary board of directors.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>James R. Ron, M.D.</td>
<td>Chair, Center Board, Medical Director, NICU, Adventist Healthcare Study Group</td>
</tr>
<tr>
<td>David Horrocks</td>
<td>Vice Chair, Center Board, President, CRISP</td>
</tr>
<tr>
<td>Lawrence S. Linder, M.D., FACEP, FAAEM</td>
<td>Secretary, Center Board, President and CEO, University of Maryland Community Medical Group</td>
</tr>
<tr>
<td>Gerald Abrams</td>
<td>Treasurer, Center Board, Director, Abrams, Foster, Nole &amp; Williams PA</td>
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<tr>
<td>Carmela Coyle</td>
<td>President &amp; CEO, Maryland Hospital Association</td>
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<tr>
<td>Joseph DeMatos, Jr., MA</td>
<td>President, Health Facilities Association of Maryland</td>
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<tr>
<td>Deborah Dokken</td>
<td>Patient/Family Advocate</td>
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<tr>
<td>Barbara Epke</td>
<td>Vice President, LifeBridge Health, Inc. &amp; Sinai Hospital of Baltimore</td>
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<tr>
<td>E. Robert Feroli, Jr., PharmD, FASHP, FSMSO</td>
<td>Johns Hopkins Hospital, Department of Pharmacy</td>
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<tr>
<td>Eugene Friedman</td>
<td>Former Corporate Counsel, 1st Marine Bank</td>
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<tr>
<td>Paul Fronstin, PhD</td>
<td>Director, Center for Research and Health Benefits Innovation</td>
</tr>
<tr>
<td>Warren Green</td>
<td>Former President &amp; CEO, LifeBridge Health</td>
</tr>
<tr>
<td>William Holman</td>
<td>President &amp; CEO, Sagepoint Senior Living Services</td>
</tr>
<tr>
<td>Andrea Hyatt</td>
<td>President, Maryland Ambulatory Surgery Association</td>
</tr>
<tr>
<td>Robert Imhoff</td>
<td>President &amp; CEO, Maryland Patient Safety Center</td>
</tr>
<tr>
<td>Joanna Kaufman</td>
<td>Former Program/Information Specialist, Institute for Patient- and Family-Centered Care</td>
</tr>
<tr>
<td>Sherry Perkins, PhD, RN</td>
<td>COO and CNO, Anne Arundel Medical Center</td>
</tr>
<tr>
<td>Steve Ports</td>
<td>Principle Deputy Director, Health Services Cost Review Commission</td>
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<tr>
<td>Sherre Sample-Hughes</td>
<td>Delegate, Maryland General Assembly, District 37A</td>
</tr>
<tr>
<td>Susan Sheridan</td>
<td>Director of Patient Engagement, Patient-Centered Outcomes Research Institute</td>
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<tr>
<td>Barbara Tachovsky</td>
<td>Former President, Main Line Hospitals, Paoli, PA</td>
</tr>
<tr>
<td>Kathleen White, PhD, RN, NEA-BC, FAAN</td>
<td>Associate Professor, Department of Acute and Chronic Care, The Johns Hopkins University School of Nursing</td>
</tr>
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</table>
BREAKFAST and lunch will be provided.
While we do provide a vegetarian option, please contact Kelly Heacock if you have any other dietary restrictions at kheacock@mhei.org.

Weather Policy:
In the event of adverse weather conditions, the decision to cancel or delay the Conference will be made by 5:00 a.m. the morning of the Conference. To find out if the Conference is delayed or cancelled, please call 410-540-9210 after 5:00 a.m. on March 18.

Special Note:
The Maryland Patient Safety Center wishes to ensure that no individual with a disability is excluded, denied services, segregated or otherwise treated differently from other individuals because of the absence of auxiliary aids and services. If you need any of the auxiliary aids or services identified in the Americans With Disabilities Act, please contact Kelly Heacock at kheacock@mhei.org.

12th Annual Maryland Patient Safety Conference
Friday, March 18, 2016

ONLINE REGISTRATION CLOSES March 7, 2016

To Register:

• Visit MarylandPatientSafety.org. Complete all individual registration information, most importantly the registrant’s email address (You may include a secondary email address for others to receive correspondence regarding registration and program information).

• If you will be submitting a check request through your organization, please choose the “Register and Pay by Check” option.

• You will receive correspondence directly from the Program Coordinator immediately following your submission of the registration online.

• If you do not receive a confirmation email or if you have any questions regarding our registration process, please contact Kelly Heacock at 410.796.6239 or kheacock@mhei.org.

FEE for all participants

FREE with Maryland Patient Safety Center membership (Register by March 7, 2016).

Early Registration and payment received by Friday, February 26, 2016: $250
Late Registration and payment received between February 27, 2016 and March 7, 2016: $325
On-site Registration and payment (including those not yet paid): $375
Full-time Student: $99 (student ID required)

“No shows” and cancellations received after March 14 will be subject to a $75 cancellation fee per the Center’s policy.
CONTINUING EDUCATION

Accreditation Statement
This activity is planned and implemented by AXIS Medical Education and Maryland Healthcare Education Institute. AXIS Medical Education is accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Credit Designation for Physicians
AXIS Medical Education designates this live activity for a maximum of 5.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Credit Designation for Pharmacists
These knowledge-based activities are approved for 1.0 contact hours each of continuing pharmacy education credit.

Credit Designation for Nursing
AXIS Medical Education designates this continuing education activity for 5.0 contact hours. Learners are advised that accredited status does not imply endorsement by the provider or ANCC of any commercial products displayed in conjunction with an activity.

Quality Professionals
This program is pending approval by the National Association for Healthcare Quality (NAHQ) to provide CPHQ CE credit.

Risk Managers
This program has been approved for a total of 5.0 contact hours of continuing education credit toward fulfillment of the requirements of ASHRM designations of fellow (FASHRM) and distinguished fellow (DFASHRM) and towards certified professional in healthcare risk management (CPHRM) renewal.

Nursing Home Administrators
This program has been submitted (but not yet approved) for Continuing Education for 5.0 total clock hours from NAB/NCCERS.

AXIS Contact Information
For information about the accreditation of this program please contact AXIS at 954-281-7524 or info@axismeded.org.

Disclosure of Conflicts of Interest
AXIS Medical Education requires instructors, planners, managers and other individuals and their spouse/life partner who are in a position to control the content of this activity to disclose any real or apparent conflict of interest they may have related to the content of this activity. All identified conflicts of interest are thoroughly vetted by AXIS for fair balance, scientific objectivity of studies mentioned in the materials or used as the basis for content, and appropriateness of patient care recommendations.

The faculty reported the following financial relationships or relationships they or their spouse/life partner have with commercial interests related to the content of this continuing education activity:

<table>
<thead>
<tr>
<th>Name of Faculty/Presenter/Planner</th>
<th>Reported Financial Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joan Lunden</td>
<td>Nothing to disclose</td>
</tr>
<tr>
<td>Christina A. Scherr RN, MSN, FCCM</td>
<td>Nothing to disclose</td>
</tr>
<tr>
<td>Shani Solomon, Esq.</td>
<td>Nothing to disclose</td>
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<tr>
<td>Sara Witting, MPH, CIC</td>
<td>Nothing to disclose</td>
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<tr>
<td>Carla K. Thomas, MS, CTRS, CPHQ</td>
<td>Nothing to disclose</td>
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<tr>
<td>Cathleen Ann Clark BS, RN-BC</td>
<td>Nothing to disclose</td>
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<tr>
<td>Barbara Hirsh, BSN, JD</td>
<td>Board: Director, LifeSpan Beacon Board. Received research grant: Office of Health Care Quality; grantee is Hebrew Home</td>
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<tr>
<td>Sue Sheridan, MIM, MBA, DHL</td>
<td>Nothing to disclose</td>
</tr>
<tr>
<td>J. Bryan Sexton, PhD</td>
<td>Nothing to disclose</td>
</tr>
<tr>
<td>Anne Jones, RN, BSN, MA</td>
<td>Nothing to disclose</td>
</tr>
<tr>
<td>William Mansbach, PhD</td>
<td>Received research grant: OHCQ via The Beacon Institute. Equity interest and Income received: HFT &amp; Deja Behavioral Health. Serve(d) as a director, officer, partner, employee, advisor, consultant, or trustee: Mansbach Health Tools, LLC (MHT)</td>
</tr>
<tr>
<td>Mistika Terplan, MD</td>
<td>Nothing to disclose</td>
</tr>
<tr>
<td>David Meyers, M.D.</td>
<td>Director, officer, partner, employee, advisor, consultant, or trustee for FluidEdge Consulting, Beacon Partners, Coleman Consulting, Speakers Bureau for Clarity Group. Ownership Interest in Envision Healthcare, Inc.</td>
</tr>
<tr>
<td>Anne Van Waes</td>
<td>Nothing to disclose</td>
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<tr>
<td>Robert Imhoff, MPP</td>
<td>Nothing to disclose</td>
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<tr>
<td>Kathleen Amrein, MSN, RN, CCRN-CMC</td>
<td>Nothing to disclose</td>
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<tr>
<td>Jessica Rossi, PT, DPT,CCS</td>
<td>Nothing to disclose</td>
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<tr>
<td>Elizabeth Wink, MD</td>
<td>Nothing to disclose</td>
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<tr>
<td>Albert Wu, MD, MPH</td>
<td>Nothing to disclose</td>
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The planners and managers reported the following financial relationships or relationships they or their spouse/life partner have with commercial interests related to the content of this continuing education activity:

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Carlene Morillo, Med., CRCP</td>
<td>Nothing to disclose</td>
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<tr>
<td>Alison Barrows</td>
<td>Nothing to disclose</td>
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<tr>
<td>Bonnie DiPetro, MS, RN, NEA-BC, FACHE</td>
<td>Nothing to disclose</td>
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<tr>
<td>Kelly Heacock</td>
<td>Nothing to disclose</td>
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<tr>
<td>Robert Imhoff</td>
<td>Nothing to disclose</td>
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<tr>
<td>Mark Rulle</td>
<td>Nothing to disclose</td>
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Disclaimer
Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management. Any procedures, medications, or other courses of diagnosis or treatment discussed in this activity should not be used by clinicians without evaluation of patient conditions and possible contraindications on dangers in use, review of any applicable manufacturer's product information, and comparison with recommendations of other authorities.

Disclosure of Unlabeled Use
This educational activity may contain discussion of published and/or investigational uses of agents that are not indicated by the FDA. The planners of this activity do not recommend the use of any agent outside of the labeled indications. The opinions expressed in the educational activity are those of the faculty and do not necessarily represent the views of the planners. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications, and warnings.

Americans with Disabilities Act
In compliance with the Americans with Disabilities Act, we will make every reasonable effort to accommodate your request. For any special requests, please contact Maryland Patient Safety Center at 410-540-9210 before the meeting date.

Requirements for credit:
• Attend/participate in the educational activity and review all course materials.
• Complete the CE Declaration/Evaluation form online by April 1, 2016. Instructions will be provided. If you do not access and complete the portal process by this date, you will not be able to get CE credit for this event.
• Upon successful completion of the online form, your statement of completion will be presented to you to print. Pharmacists, your record will be automatically uploaded to CPE Monitor.