

## ***Culture of Safety: Moving to Accountability***

### 8-Part Audio Conference Series

The 10th anniversary of the Institute of Medicine's report *To Err Is Human* was Nov. 2009. The report launched the modern patient-safety movement. Many organizations are evaluating their patient safety efforts and results to date. Rather than a strict "blame free" culture, many health care organizations are moving toward a culture of accountability. The Joint Commission has made addressing the problem of "blame free" a priority. To enhance accountability CMS is no longer reimbursing certain hospital acquired conditions. OPSI has decided to focus on a culture of accountability for its 2010 conference series to improve patient safety processes.

#### **Objectives**

The series of teleconferences will build upon each other to cover many aspects of how accountability may effect patient safety.

1. The participant will be able to describe the differences between "blame free" and accountability in the culture of safety.
2. The participant will develop an understanding of legal liabilities associated with hospital acquired conditions.
3. The participant will be able to identify multidisciplinary strategies to ensure accountability when implementing patient safety processes.

#### **Intended Audience**

Individuals involved or responsible for nursing, case management, social work, physicians, patient safety, pharmacy, risk and/or quality management.

#### **Registration**

Registration fee is \$199 per session/per line or \$1499 for all eight sessions. One or more individuals from the same institution may participate for the same fee. The registration fee is charged per phone line occupied. You can access the online registration form at:

<http://www.ohanet.org/narrative/Educational%20Programming>

#### **Cancellation**

A refund of registration fees will be made to those registrants notifying OHA of cancellation at least three (3) working days prior to program date. A \$40 processing fee will be assessed against each refund. No refunds will be made after this date.

#### **Continuing Education**

The Ohio Hospital Association Research and Educational Foundation (OLN-0017-P) is approved as a provider of continuing education by the Ohio Board of Nursing through the approver unit at the Ohio League for Nursing (OBN-006-92) and provider unit approval is valid through May 31, 2011.

For further information about contact hours, call the Ohio Hospital Association Center for Education at 614-221-7614.

#### **Schedule**

Each session will be one hour in length beginning at 11:30 a.m. Eastern Time. While intended to be viewed as a series, sessions will still be valuable if viewed individually.

#### **Series Dates/Topics/Speakers**

##### **February 10, 2010**

##### **Culture of Safety: Moving to Accountability**

Lisa Klenke, MBA, RN

##### **March 10, 2010**

##### **Contributing to a Culture of Safety by Preventing Ventilator Associated Pneumonia**

Jody Mullen, MS, RN, BC, CCRN, CCNS  
Karen Beekman, RNC-NIC, BSN

##### **April 14, 2010**

##### **Diagnostic Errors: Communication of Test Results**

Susan Blasik Miller, JD

##### **July 14, 2010**

##### **Minimizing Radiation Risk/Overuse**

R. Edward Hendrick, PhD.

##### **August 11, 2010**

##### **Relating Safety Culture to Medication Errors**

Kelly Stanforth, Pharm.D., FISMP

##### **September 8, 2010**

##### **Pressure Ulcers**

Patricia Rondaris Danzey, RN, MSN, MBA

##### **October 13, 2010**

##### **Moving the Culture of Accountability in the Prevention of Central Line Associated Blood Stream Infections**

Amy Imm, MD, MMM, FCCP

##### **November 10, 2010**

##### **High Risk Medications or High Risk Behaviors?**

Kathy Crea, Pharm.D., BCPS