2025 NERC SESSIONS – ABSTRACTS, OBJECTIVES, BIOS

Sunday, May 4, 2025

WORKSHOPS:

Analyzing Events - Which Tool and When? RCA, ACA, FMEA?

Domain: Operational
Level of Learning: Foundational

Abstract:
This workshop will review three proactive/reactive tools used to analyze the causes (root or apparent) or potential failures related to risk events in healthcare settings that contribute to patient and organizational harm and potential liability claims. The focus of the workshop will be on why and when to use root cause analysis (RCA), apparent cause analysis (ACA), and failure modes and effects analysis (FMEA) for evaluating risk events and/or preventing failures that lead to harm and losses. Descriptions, including the pros and cons, overview of the process steps, and best use of each particular tool will be reviewed. Through real-life events/case scenarios, attendees will identify their choice of tool for that event and discuss their rationale for the selected tool. Participants will take away samples of forms and tools and a checklist to help select the best tool in the given situation to engage staff and achieve effective event analysis.

Objectives:
1. Review three tools for analysis of an event or a process failure leading to risk and potential liability loss in healthcare.
2. Identify proactive and reactive uses of Root Cause Analysis, Apparent Cause Analysis, and Failure Mode and Effects Analysis for risk prevention and mitigation.
3. Assess which tool is best to use based on scenarios/ examples of actual healthcare events.

Speakers:
Anne Huben-Kearney, BSN, MPA, DFASHRM, CPHRM, CPHQ, CPPS
Anne is an independent Risk and Patient Safety Consultant with extensive risk management, clinical and administrative experience. She is the Faculty Team Lead for the ASHRM Patient Safety Certificate Program, was elected to the 2020-2022 ASHRM Advisory Board, and to the 2025-2026 ASHRM Nominating Committee. She is the 2025 MSHRM President-Elect. Anne is a co-author of the ASHRM/American Hospital Association (AHA) White Paper series on Recognizing and Managing Bias in healthcare settings and was the editor of the ASHRM Failure Mode Effect Analysis Playbook. Anne speaks on risk management and patient safety topics on state, regional, national and international levels

From Errors to Action: Demystifying Human Factors for Meaningful Improvement

Domains: Operational
Level of Learning: Practitioner

Abstract:
As risk professionals gain expertise, they are expected to share their expertise by providing education within their organizations as well as at regional and national conferences. Developing education that is evidence-based and effective requires using sound educational design principles. In this workshop, attendees will learn the steps of the educational design process and participate in small group exercises to develop the building blocks necessary for a quality educational plan.

Objectives:
1) Examine the relationship between human factors and error causation.
2) Analyze serious safety events using the Human Factor Analysis and Classification System (HFACS) approach.
3) Apply human factors engineering principles to RCA action planning.

Speakers:
Robin Lynch, MSN, RN, CHSE, CPPS, CPHFH
Robin is the Manager, Quality, Risk & Patient Safety at Med-IQ. Robin was awarded her Master of Science in Nursing Education from the State University of New York Institute of Technology and her baccalaureate of science in nursing from the University of Texas in Austin.

Robin holds certifications in simulation education and patient safety. She has presented at national and regional risk, patient safety, and simulation conferences and developed custom client content on topics including clinical debriefing, care transitions, workplace violence, diagnostic accuracy, transgender healthcare, curriculum design and change management and served as contributing author of ASHRM's Failure Mode & Effects Analysis (FMEA) Playbook. Most recently, she designed a hybrid workshop on facilitating effective root cause analysis from a human factor lens.

OPENING SESSION:

It's Time! Standardizing BH Risk Mitigation Strategies Before I Retire!
Domain: Human Capital
Level of Learning: Practitioner

Abstract:
The strategies implemented in healthcare to minimize risks related to patient behaviors are often ineffective and do not translate into a decrease in risk events. Patients with behavioral symptoms are often ignored, undertreated, mismanaged, or demoralized which works to increase risk. We continue to devalue psychiatric resources in favor of increasing security, utilizing staff with lack of competency, and devising procedures that are not clinically effective or preferred. Settings that manage behavioral health patients have established means of mitigating risk that have proven to be effective. Yet, medical settings have been resistant to implement such strategies for a variety of reasons. Techniques used in behavioral health settings to minimize patient/staff risks include a safe environment, staff competency, standardized assessment/ reassessment, frequent monitoring, support/counseling, and medication management/stabilization. In most medical arenas, these are also strategies used to safely care for medical patients. So why is it that with the large portion of BH patients that utilize the healthcare system, these processes are not standardized specific to this population? The evidence-based literature is severely lacking on how behavioral health care staff maintain safety and may contribute to resistance in standardization of care across all healthcare organizations. Without strong evidence, we must look to our BH professional partners to guide the practices that have been reliable in risk mitigation. This presentation will review: the current state of BH risks in medical settings and risk mitigation strategies. Additionally, there will be a review of standard practices including: the environment of care, staff competencies, assessment,

monitoring, and medication management that is the standardized in BH settings. The audience will share lessons learned in their organizations.

Objectives:
1) Discuss the current state of BH care in acute care settings and contrast with best practices.
2) Describe the barriers to providing safe care to BH patients in acute care and reasonable solutions.
3) Describe at least two strategies that can minimize the risk of harm to BH patients and staff an work to provide a safe quality care.

Speakers:
Monica Cooke RN, BSN, MA, CPHQ, CPHRM, DFASHRM
Monica Cooke has more than 40 years of experience in the field of behavioral health & substance abuse in clinical, administrative, and executive risk and quality positions. As a seasoned professional, she founded Quality Plus Solutions LLC in 2006 to provide organizational behavioral health and workplace violence assessments as well as risk and quality support for behavioral health, acute care, practice settings, and other continuums of care. She provides legal nurse expert services, and as a Certified Psychiatric/Mental Health Nurse, Monica continues to work part time supporting a local mental health and substance use setting. Monica has served in several leadership positions with local risk and quality societies, as well as many years of service with American Society for Healthcare Risk Management (ASHRM) on the Nominating Committee, Conference Committee, and contributing to white papers. She conducts educational presentations at both the national and state levels and is recognized as an expert in the field of behavioral health risk and healthcare workplace violence mitigation. In 2024, Monica received the Distinguished Service Award for lifetime achievement by ASHRM.

Monday, May 5, 2025

CONCURRENT SESSIONS:

Unpacking Healthcare Nuclear Verdicts: Impact, Risks and Strategies for Mitigation
Domain: Financial
Level of Learning: Practitioner

Abstract:
Nuclear verdicts in Medical Malpractice have become a growing concern for medical professionals, healthcare institutions, and insurance carriers. These high-stakes lawsuits are often the result of extreme jury awards, which can lead to significant financial strain, reputational damage, and shifts in healthcare practices. This presentation will explore the factors contributing to the rise of nuclear verdicts in the healthcare sector, such as societal trends, changes in plaintiff bar practices and evolving jury perceptions. We will also examine the legal, financial, and operational impacts of such verdicts on healthcare providers, particularly in terms of rising malpractice premiums. Furthermore, the session will highlight strategies for healthcare providers to mitigate these risks, including improved risk management practices, and the potential role of tort reform. Attendees will leave with a better understanding of the evolving landscape and actionable steps to protect their institutions from costly litigation.

Objectives:
1) Understand what is driving nuclear verdicts.

2) Impact nuclear verdicts have on healthcare providers.
3) Strategies for combating nuclear verdicts.

Speakers:

Shawn Donaher

Shawn is a Senior Vice President and Client Advocate in Lockton Northeast's Boston office. In this capacity, he serves as a senior advisor and has ultimate responsibility for delivering Lockton's services to clients and developing new business. His mission is to help his clients achieve their business objectives and protect their assets, while building long-term, trusted relationships.

During 14 years at Marsh, Shawn managed client relationships, led brokerage teams, and designed innovative programs for global, mid-market and high-growth clients in evolving industries, including Healthcare, Technology, Life Sciences, and Private Equity. His specialties include insurance brokerage and analytics, M&A and transaction liability solutions, employee health and benefits consulting, cyber/E&O risk, D&O insurance for public companies, multinational risk, and surety solutions. He excels at partnering with clients to deliver innovative risk management strategies and negotiating favorable terms and conditions.

Shawn is an active committee member of the NACD New England Chapter, organizing programs focused on timely topics facing public, private and not-for-profit boards of directors.

Scott Martin, MBA

As a senior client executive within Lockton's Healthcare Practice, Scott is responsible for leading Lockton's client service team, partnering with clients to establish comprehensive risk strategies that align with the organization's broader objectives. In this role, Scott oversees the service delivery across all Lockton practices that play a role in executing the strategies that are mutually created.

Scott has spent 15+ years focused in the Healthcare sector, managing client relationships and brokering placements across all lines. This focus has given Scott extensive experience with alternative risk financing solutions, including self-insured trust, fronted program and captive structures.

Chris Bonesteel

As the Healthcare Market Leader for Lockton Northeast's series, Chris leads the growth of the Healthcare Practice in the Northeast. He oversees strategic client relationship management and has considerable experience with key lines of business including professional liability, alternative risk financing solutions, property and construction risk for healthcare organizations.

Having spent a significant portion of his career managing client relationships and brokering for a wide range of healthcare clients, Chris specializes in alternative risk transfer, captive formation and operation, self-insurance for all lines of coverage, large property, and complex risk.

The Shifting Landscape of Rural Healthcare

Domain: Operational
Level of Learning: Practitioner

Abstract:
In this session, we will explore the evolving landscape of rural healthcare, focusing on the challenges, trends, and strategic opportunities facing rural providers and communities today. Participants will gain insights into issues, from workforce shortages, services closing, and financial strains to policy changes and healthcare disparities impacting rural patient access. Through cases, data, policy analysis, and examples, we will examine effective strategies—including telehealth, collaborative care models, and data-driven decision-making—that are helping rural providers

adapt in our rural areas. By the end of this session, attendees will have a comprehensive understanding of the shifting rural healthcare landscape and be equipped with tools and resources to support change within their communities.

Objectives:
1) Identify/Understand Key Challenges in Rural Healthcare.
2) Identify Opportunities for Improvement, Advocacy and Strategies for Enhancing Access and Quality.
3) Prepare for Future Trends and Resilience in Rural Healthcare.

Speaker:
Alicia LaRoche, MHA, CPHRM, HACP
Currently Risk Manager at Medical Mutual Insurance Company of Maine. Alicia has been involved in performance improvement and risk management since 2016. Alicia graduated from the University of Maine with a Bachelor of Arts in Public Administration and Saint Joseph's College in Standish with a Masters in Health Administration. She is a Certified Professional in Healthcare Risk Management (CPHRM) and holds her Healthcare Accreditation Certified Professional Center for Medicare Services (HACP). Alicia is a member of the American Society of Healthcare Risk Management (ASHRM) and the Northern New England Society for Healthcare Risk Management (NNESHRM).

For the Record: The Effect of Documentation on Defensibility and Patient Safety
Domain: Operational
Level of Learning: Foundational

Abstract:
Documentation in healthcare is essential for capturing a patient's medical journey. It allows providers to record a patient's physical attributes, conditions, tests, and treatments at a specific moment in time. While we thought electronic documentation would reduce or even eliminate documentation errors, we have found that documentation factors in medical malpractice have persisted throughout the last 10 years. What we discovered in Candello's national database of medical malpractice cases, an analysis of more than 65,000 cases closed between 2014-2023, 20% of medical malpractice cases involved documentation failures, and 50% of these cases coincided with a greater clinical injury severity. We will share data illustrating documentation failures that increase the odds of a malpractice case closing with an indemnity payment. Most importantly, we will share actionable recommendations that clinicians can do to improve documentation practices to defend their clinical decisions and enhance patient safety.

Objectives:
1) Gain insights into the most recent trends in MPL cases involving documentation failures.
2) Learn how documentation failures impact defensibility.
3) Take away key recommendations for improved documentation.

Speakers:
Annette Roberts, MSN, RN
Annette has 40 years of health care experience in academic medical centers and community hospitals working closely with hospital executives, clinical leaders and staff in spearheading quality improvement initiatives to advance patient and staff safety and improve patient outcomes. She has been a Program Director at CRICO for the last 5 ½ years.

Annette received her nursing degree at Lasell College, her bachelor's degree from UMass Boston, and a master's degree in healthcare quality, patient safety, and risk management from Drexel University's College of Nursing and Health Professions.

Christine Ringler, BSN, RN, CPPS, CPHRM
Christine Ringler is a Patient Safety and Risk Solutions Director at Candello, a division of CRICO. Christine has extensive knowledge in medical malpractice, risk management, clinical quality, and patient safety. She has more than 10 years of clinical nursing experience in Neonatal/Pediatric ICU. Christine also worked as a Certified Legal Nurse Consultant for two of the most preeminent medical malpractice law firms in Boston where she provided support in investigating MPL claims and assisted in mediations, arbitrations, and trials. Christine then transitioned to Risk Management serving as a Risk Program Manager at a large inner-city community hospital where she focused on investigation and management of serious patient safety events. Prior to joining Candello in 2022, Christine was the Regional Director of Risk Management and interim Vice President of Risk, Quality and Patient Safety at a large for-profit organization where she worked with the corporate Executive Leadership Team to develop system-wide harm reduction strategies to ensure safe, high-quality patient care throughout the organization.

Amy Germond, Esq.
Amy practiced as a medical malpractice defense attorney for over ten years before transitioning to CRICO. She began working as a Senior Claims Representative at CRICO in February of 2007 before being promoted to Claims Manager in August of 2019.

Building Patient Trust Through Health Literacy
Domain: Operational
Level of Learning: Practitioner

Abstract:
When patients fail to follow treatment advice, health care professionals often label patients as non-compliant. Labeling patients as non-compliant can contribute to bias, stigmatize patients, and still does not get them the care they need. There may be a several reasons why a patient does not follow treatment advice. These include barriers to care, limited health literacy, and patient choice. While we may be unable to address all barriers to care, we can address patient choice and limited health literacy. We have been chasing communication and meaningful informed consent discussions for decades to try and mitigate risks and control losses, but we have not been successful to date. The lack of addressing health literacy may be a reason past band-aids have not worked. The Ten Attributes of Health Literate Organizations provides a useful framework for developing and refining policies and procedures and target these two crucial areas. We will also examine 5 years of closed claims data from a national malpractice carrier to identify trends related to health literacy.

Objectives:
1) Identify 5 common health literacy red flags.
2) Describe 4 high-risk health literacy situations.
3) Identify health literacy themes found in claims data.

Speaker:
Dana N. Taylor, MHA, CPHRM, CPPS
Dana has over 25 years of combined clinical risk management experience in academic health center and community hospital settings. She has extensive experience in practice administration, patient relations, patient safety, and risk management. Before joining Coverys, Dana worked as the director of risk management in health systems in California and Virginia. She spent several years in ambulatory care administration and was responsible for over 50 practice locations. Dana is a

member of the American Society for Health Care Risk Management and the Virginia Chapter of the American Society for Health Care Risk Management, and currently serves as President of VASHRM.

Collaborative Case Review (CCR): A High-Reliability Approach

Domain: Operational
Level of Learning: Foundational

Abstract:

A CCR based on Equity-Informed High-Reliability Organization (EIHRO) principles is an interdisciplinary approach to analyzing adverse events, emphasizing equity, fairness, and psychological safety. Unlike traditional Root Cause Analyses (RCAs), CCRs focus on systemic factors rather than individual errors, minimize biases, and foster collaboration across teams. They promote proactive learning, align with organizational goals, and develop actionable, system-focused solutions to enhance resilience and patient outcomes. By building trust and engagement among staff, CCRs create a more inclusive and high-reliability culture.

Benefits of CCR over RCA include:

- Emphasizing equity and fostering a psychologically safe, blame-free environment, enabling honest discussions and deeper systemic insights.
- Including diverse stakeholders and frontline staff, ensuring varied perspectives for a more inclusive and thorough analysis.
- Prioritizing the examination of systems and processes rather than focusing on individual errors.
- Adopting a non-punitive, inclusive approach that increases staff engagement, builds trust in leadership, and encourages future safety reporting.

Objectives:

1) Demonstrate the application of high-reliability principles to mitigate risks and enhance system resilience.
2) Distinguish between human behavior and system-level factors contributing to adverse events, utilizing evidence-based frameworks to identify opportunities for improvement and prevent recurrence.
3) Engage in structured discussions to explore diverse perspectives and foster interprofessional teamwork for problem-solving and learning.

Speaker:

Surabhi Saxena, DPT, CPHQ, LSSGB

Surabhi Saxena is an experienced healthcare manager specializing in Quality, Safety, Compliance, and Patient Family Relations at Spaulding Hospital for Continuing Medical Care in Cambridge, MA. Surabhi is skilled in event analysis and risk management utilizing EIHRO principles as well as driving performance improvement initiatives that prioritize patient safety, satisfaction and organizational performance. Surabhi is currently pursuing a master's degree in healthcare quality and safety at Harvard Medical School. She holds a Doctorate in Physical Therapy from Boston University and has 15+ years of clinical experience in various healthcare settings, adding valuable insight and empathy to quality management and patient relations.

Protecting Our Most Vulnerable Patients and their Caregivers

Domain: Clinical/Patient Safety
Level of Learning: Practitioner

Abstract:

With the increase in workplace violence and overall crime in the United States, Healthcare Institutions have a duty to keep their staff and patients safe. Due to the notable increase in violence initiated by hospital and outpatient visitors, our organization convened a workgroup to evaluate the root causes and identify potential ways to mitigate the risk. One specific initiative that came out of our analysis was a revision of our visitation policy for those patients that have been involved in a violent crime or assault- or what we typically define as "confidential patients." Through recent incident reports, our organization determined variations in policy, and practice including the development of workarounds that put staff, patients, and other visitors at risk. The ultimate goal of the project is to revise the current visitation policies to include two new patient types. The first type will be strictly confidential and will allow for zero visitors, with the patient's permission. A second patient type will be created that will allow these confidential patients to select two visitors that can visit during their hospital stay. Through a review of our event data, experiences, case examples, and process change we will provide the attendees tools including sample policies, Epic screenshots and templates, and communication scripts developed by our organization to help support other organizations with implementing a similar program if they choose to do so.

Objectives:
1) To understand the complexities surrounding protecting our staff and patients from visitor violence involving patients that were involved in a violent crime or assault.
2) Identify at least one tool that may be implemented to help identify a confidential patient in an electronic medical record.
3) Demonstrate knowledge in the potential types of confidential patients.

Speaker:
Jacqueline Miner, BSN
Jackie is a graduate from the University of Massachusetts Dartmouth with a Bachelor of Science in Nursing degree. She started her nursing career in 2010 at Harrington Hospital as a Medical/Surgical Nurse. From there she was a Trauma/ Post-op Surgical Nurse at Baystate Hospital. A year later, she took a leap and became a nurse in the Acute Care Float Pool at UMASS University Campus. Then she was hired into her utmost dream job in the Medical Intensive Care Unit at UMASS University Campus. After a few years working in the ICU, and a severe shoulder injury, she decided to take her nursing career in a different direction. Jackie successfully completed a certificate program for dual certification as a Nurse Paralegal and Legal Nurse Consultant. Shortly after, she applied to the Clinical Risk Manager position at UMASS and was hired in 2020. Jackie is extremely grateful that she can still fulfill her desire to help patients by identifying risks in the organization and assisting in rectifying these issues. As a Risk Manager, she prides herself in her investigation skills, her ability to effectively communicate with others, and her relationships with the leaders in the areas she represents.

GENERAL SESSION:

Electronic Documentation Risks in an EHR/AI World
Domain: Technology
Level of Learning: Practitioner

Abstract:
The complexities of modern EHR charting requiring a radical new way of viewing risk and mitigation strategies. Traditional strategies focused on "Dos and Don'ts" mostly derived from providers charting in handwritten narratives. Increasingly, however, much of the charting of a patient encounter is fixed by a variety of sources beyond the individual clinician. Moreover, with the use of A.I. enabled scribing and other documentation tools, the providers themselves may soon find they have very little control over the form and content of their own notes. This presentation will focus on the risk realities of electronic EHR charting, auditing, and emerging tech such as A.I., which are

challenging the very notion of medical documentation. The presenters will include real life case studies and illustrated examples, and discuss the most compelling need for proactive risk strategies at the very outset of product selection.

Objectives:
1) Recognize the concrete shift in risk management documentation strategies in an electronic environment.
2) Advocate for sound information governance practices surrounding the implication of new documentation products especially prior to deployment.
3) Prepare for the coming increase in A.I. documentation tools.

Speakers:
Chad P. Brouillard, JD, MA
Chad Brouillard is partner at the law firm of Foster and Eldridge, LLP in Massachusetts. Attorney Brouillard is a medical malpractice defense attorney and healthcare lawyer who has successfully defended numerous cases to trial. In addition to being a trial lawyer, Attorney Brouillard was recently on faculty at the Tufts University Department of Public Health and Community Medicine, as an Adjunct Instructor for the Health Informatics and Analytics Division and creator of the Information Governance course for health care. He is an international speaker on A.I. Liability, Electronic Health Records liability, AI risks in healthcare, information governance, and healthcare technology liability for Continuing Medical Education, Continuing Legal Education and Risk Management programs and has written numerous articles on the same topics. He holds licenses to practice law in Massachusetts, New Hampshire, New York as well as Federal Courts. In 2023 and 2024, Attorney Brouillard was recognized as a Top Lawyer in Medical Malpractice Defense in the Boston area.

Frank E. Korn, RN, MBA, CPPS, CPHRM
Frank Korn is the System Vice President of Risk Management at Dartmouth Health, which includes, Dartmouth Hitchcock Medical Center. Frank is a member of ASHRM and active in his local chapters, Northern New England Society for Healthcare Risk Management (NNESHRM) and Massachusetts Society for Healthcare Risk Management (MSHRM), as both a board member and presenter. Most notably, Frank is the recipient of the 2022 MSHRM "Risk Professional of the Year" award. Like most risk professionals, Frank has been involved in creating documentation best practice and educational offerings for providers and staff, based on safety events and malpractice claims.

Stephanie Stone, BSN, MS, CPHRM
Stephanie Stone is the System Vice President of Claims Management for Dartmouth Health. She is a graduate of both Dartmouth College and The Dartmouth Institute for Health Policy and Clinical Practice. In her 21 years as an employee of Dartmouth Health, Stephanie has held various roles in the organization that cross the divide between direct patient care, operational leadership, quality management, and risk mitigation. Stephanie has spent the last 10 years of her career working with her risk management and attorney colleagues to successfully resolve medical malpractice, general liability, employment and cyber claims for DH's academic medical center and other affiliated hospitals and providers throughout NH.

CONCURRENT SESSIONS:

Tips to Minimize and Manage Your Audit Trail Footprint
Domain: Legal/Regulatory
Level of Learning: Practitioner

Abstract:
The recent trend in healthcare negligence case is to not only pursue a case based on the medicine, but to pursue another on the EMR/audit trail. Insurance carrier and claim professionals have acknowledged that legal costs have increased in light of the additional scrutiny by trial lawyers on the EMR/audit trail. Given the complexity, scope and cost of producing a complete audit trail and an accurate chart, additional time and scrutiny must be spent towards the production and preservation of the EMR/audit trail along, in addition to dealing with EMR system vendors, plaintiff's EMR consultants and other discovery/trial issues associated with these information systems. By attending this session, medical providers will learn how to provide more appropriate responses to discovery requests and reduce potential scrutiny of the record by health care providers from a national expert on the topic.

Objectives:
1) Ensure the correct transaction log(s) are provided to avoid further scrutiny by courts and lawyers.
2) Better coordinate discovery responses with counsel and IT professionals.
3) Obtain guidance in responding to novel EMR/Audit Trail discovery requests, use of the EMR during a deposition, and review of EMR by plaintiff's counsel prior to depositions.

Speaker:
Matthew Keris, Esq.
Matthew has defended health care providers in civil litigation for more than two decades. He is a shareholder in the firm's Health Care Department and Chair of the Electronic Medical Record and Audit Trail Practice Group.

Matt has provided legal commentary for a number of organizations including NBC News, Thomson Reuters, ASHRM, The Legal Intelligencer, Law 360, Risk Review, Litigation Management, and Becker's Hospital Review. Matt also serves as an editor of the health risk management journal, Patient Safety. He served as a Keynote Panelist during the 2024 ASHRM Annual Meeting.

Matt has previously served as President of the DRI Foundation, Pennsylvania Defense Institute (PDI) and the Pennsylvania Association for Health Care Risk Management. He also previously served on the Board of Directors of both DRI and PDI. Matt is an active member of the Claims & Litigation Management Alliance and American Legal Connections.

Risk Management's Role in EMTALA – Case Review
Domain: Legal/Regulatory
Level of Learning: Foundational

Abstract:
This presentation will focus on the role of the Risk Manager in the review of potential EMTALA violations and provide learning through case example. Select cases from an Academic Tertiary Care Medical Center which were investigated as potential EMTALA violations against either the receiving or the transferring facility will be presented. Details and discussion will include Federal EMTALA requirements and definitions, the role of the risk manager in an algorithm for Institutional review and response, Institutional responsibilities around reporting, as well as how best to try and manage the emotions and stress experienced by the sender and the proposed receiver when an acute patient transfer is denied. Discussion will include the effects of EMTALA on patient safety, liability, regulatory, and collegiality/professionalism.

Objectives:
1) Identify EMTALA requirements and responsibilities for sending and receiving facilities.
2) Understand the EMTALA CMS review process and potential penalties and implications.

3) View Risk Management as a key stakeholder for assisting in the review and response of potential EMTALA violation.

Speaker:
Pamela R. Driscoll, BS, MA, CPHRM
Pam is a Senior Risk Manager at Dartmouth Hitchcock Medical Center with 21 years in Risk Management experience and Certified in Healthcare Risk Management. In her current role, Pam reviews all Dartmouth Health System EMTALA concerns, working closely with the Dartmouth-Hitchcock Transfer Center, Emergency Dept, member organizations, and Office of General Counsel. Pam has an undergraduate nursing degree, a Master's Degree from Dartmouth College, as well as, a diploma from Oxford where she studied healthcare management.

May 6, 2025

CONCURRENT SESSIONS:

Effective Discharge Planning: Assisting Behavioral Health Patients in Community Reintegration

Domain: Operational
Level of Learning: Practitioner

Abstract:
Safe discharge planning is an integral element in the behavioral healthcare delivery process. Without a well-defined and structured safe transition and discharge plan, the likelihood of a patient receiving an appropriate care and support during transitions of care and after discharge is significantly diminished. Transitions of Care and Discharge Planning require effective communication and effective care coordination across multiple care environments and settings. Understanding the impact of poor care transitions on safe discharge can empower both patients and healthcare professionals to work synergistically and achieve the common goal of managing health recovery effectively. A safe discharge and transition of care plan is key to providing continuity of care, increasing patient compliance, and improving patient outcomes. Effective discharge planning reduces patient injury, and the risk of a medical malpractice claim or licensing board complaint.

Objectives:
1) Identify the barriers to effective discharge planning and transitions of care.
2) Discuss the factors that contribute to improved care transitions and discharge.
3) Describe the types of claims associated with discharge planning and transitions of care and apply risk management strategies for safe transitions of care and discharge.

Speakers:
Gloria Umali, RN, BSN, MS, MPA, CPHRM
Gloria has over 20 years of experience in healthcare risk management. Cumulatively, she has over 25 years of healthcare and management experience. Gloria earned her B.S. degree in Nursing from University of the Philippines. She has two graduate degrees: a Master of Science in Nursing from North Park University, and a Master of Public Administration from Keller Graduate School of Management.

Gloria is a member of the American Society for Healthcare Risk Management and a Board Member of the Illinois Society for Healthcare Risk Management. She was a member volunteer for ASHRM's New Member Committee from 2022-2024.

Allison Funicelli, MPA, CCLA, ARM, CPHRM, DFASHRM
Allison has over 30 years of experience in medical professional insurance industry. She is an active member of the Connecticut Society for Healthcare Risk Management (CSHRM) and has served on their board in positions of Director, Treasurer and President. Allison is a member of the American Society of Healthcare Risk Management (ASHRM) and the Massachusetts Society for Healthcare Risk Management (MSHRM). Allison speaks on national, regional and local levels on topics related to claim and risk management. Allison earned her B.A. degree from SUNY Stony Brook and her M.P.A. degree from Long Island University with a concentration in health care management.

Anchoring Objectivity: Steering Clear of Biases with Incident Reviews
Domain: Clinical/Patient Safety
Level of Learning: Practitioner

Abstract:
With post-event reviews, how does knowing the outcome affect your interpretation, investigation, and what "should" have happened? You naturally think about the policies, competencies, systems in place to prevent this from happening. With hindsight bias, do you start the "blame game" going from the "5 Whys" to "Why" didn't you? "Why" did you?" Does your review include evaluating the totality of the event, including individual stressors, staffing, the clinical environment that requires responses in fast-paced situations, with staff using cognitive bias (basic instinct reliance)? This session will use case studies to illustrate the effect of hindsight bias and cognitive bias on post-event reviews. These biases influence the Risk Management Professional's interpretations, investigations and conclusions. Consistently the validity of follow-up and action plans. It will provide strategies and identify methodologies to anchor the objectivity needed remove biases in order to create effective solutions.

Objectives:
1) Describe cognitive bias and hindsight bias and their impact on patient safety.
2) Explain how cognitive and hindsight bias impact the judgment of risk management professional.
3) Identify strategies for the risk management professional to employ to reduce the potential and impact of these biases and to mitigate risk.

Speakers:
David Guiney, BSN, CPPS
David is the lead safety and quality professional of a dual department (DMH/DPH) sub-acute hospital that treats both medically complex patients and behaviorally complex patient populations.

Anne Huben-Kearney, BSN, MPA, DFASHRM, CPHRM, CPHQ, CPPS – see bio on page 1

The Advanced Practice Provider Will See You Now
Domain: Clinical/Patient Safety
Level of Learning: Practitioner

Abstract:
As the role of advanced practice providers (APPs) continues to grow and expand, so do the associated risks with their practice. Ongoing physician shortages in primary care, access-to care challenges in rural areas, and patient expectations around urgent care, among other things, will increasingly place APPs at the center of patient complaints, claims and litigation. This session will explore particular risk management concerns that are raised in the practice of nurse practitioners, physician assistants, certified registered nurse anesthetists, certified nurse midwives and more. This discussion will address issues that include the role of supervision, proper scope of practice, patient communications, and patient expectations. In addition, this session will contextualize risks

facing both APPs and institutions, from small primary care or rural hospital siftings to teaching hospitals. Further discussion will include the role of licensing boards and administrative investigatory matters relative to APPs.

Objectives:
1) Identify emerging risks associated with APP practice.
2) Consider strategies in mitigation of emerging risks.
3) Note developments in administrative board guidance regarding APPs.

Speakers:
Anthony Abeln, JD, MA
Anthony Abeln, of the firm's Boston office, has been an attorney at Morrison Mahoney since 2007, and the vast majority of his practice has been devoted to defending medical malpractice cases in state and federal courts in Massachusetts. As part of his practice, Tony has defended medical institutions and physicians of all specialties, physician assistants, nurse practitioners, nurses, pharmacists, allied health professionals, chiropractors, social workers, and others in administrative licensing hearings as well as litigation, from initial claim through trial and appeals.

William N. Smart, JD
Bill Smart is a Partner in the Manchester, New Hampshire office of Morrison Mahoney, LLP. Bill concentrates his practice in the area of hospital and medical malpractice, regularly representing hospitals and doctors of all specialties, dentists, nurses and other healthcare professionals in state and federal court, before their professional licensing boards, and in institutional credentialing matters. He is admitted to practice in the state and federal courts of New Hampshire, Vermont and Maine, and has been elected by his peers to The Best Lawyers in America© Medical Malpractice Defense guide (2019-2025).

Gretchen Kilbourne, BSN, MSN, PhD, RN, CPHRM
Gretchen Kilbourne is an experienced healthcare risk management, quality and patient safety executive. She is currently the Executive Director of Risk Management at South Shore Hospital, a 376-bed acute-care hospital in South Weymouth, MA. She has been a registered nurse for over 15 years, and began working in quality and patient safety in 2015. Since that fame, Gretchen's work has primarily focused on patient experience, state and federal regulatory compliance and accreditation, as well as all aspects of enterprise risk management including strategic planning, process improvement, safety and security, claims and litigation, loss control, insurance and risk financing.

The Power of Workplace Safety – Driving Patient and Staff Satisfaction
Domain: Operational
Level of Learning: Practitioner

Abstract:
BILHPC is working to flip the narrative around workplace safety and violence prevention by emphasizing a proactive approach to fostering a safe and respectful environment for both staff and patients. The goal is to create a structure that integrates safety measures into patient interactions which will in-turn improve overall satisfaction across the workforce. Initiatives set clear expectations around communication with patients, especially when managing challenging behaviors and patient terminations. A standardized approach to ensure consistency across practices and guide decision-making encourages leaders to engage with patients meaningfully and understand the "why" behind behaviors, helping to resolve issues early and prevent escalation.

This approach ensures a coordinated effort between clinicians and operations teams when decisions are made to terminate the patient-provider relationship. Leaders are empowered to initiate the process, with risk management support, to ensure all communications and decisions are thoughtful, effective and staff feel supported by organizational leaders.

Objectives:
1) Explain the importance of proactive communication in managing challenging patient behaviors and fostering a respectful environment for both staff and patients.
2) Apply standardized protocols for managing patient interactions, including patient terminations, to ensure consistency and effective decision-making across the organization.
3) Demonstrate how leaders can collaborate with risk management and operational teams to make thoughtful, well-supported decisions that prioritize patient safety while maintaining workforce satisfaction.

Speakers:
Ailish Wilkie MS, CPHRM, CPPS
Ailish has worked in the field of healthcare patient safety and risk management for nearly 25 years. She has held roles in various organizations including hospitals, ambulatory care settings, and within state government.

She is the Director of Patient Safety & Risk Management for Beth Israel Lahey Health Primary Care, where she is working to build a comprehensive patient safety and risk program for nearly 90 primary care practices spanning 13 medical centers and hospitals.

Ailish has served on boards of many professional societies, including the Massachusetts Society for Healthcare Risk Management, where she is a past president. Her commitment to patient safety extends into the dental community; Ailish has been a member of the Massachusetts Board of Registration in Dentistry for the past 15 years.

Ailish holds a master's degree in healthcare administration and a bachelor's degree from Northeastern University. She is certified in patient safety and risk management.

Christine Perry, MSN, RN
Christine has been a Registered Nurse for over 11 years, starting her career as a Medical-Surgical Nurse before moving to the Emergency Department. While working as a staff nurse in the ED, she also worked as a Sexual Assault Nurse Examiner (SANE) for the Boston Region through the Massachusetts Department of Public Health. After working briefly as an Interim ED Nurse Educator and later ED Clinical Nurse Manager, Christine identified her passion for patient safety and transitioned to her first Risk Management role at the same hospital. Three years later, she accepted a position as Patient Safety and Risk Manager with Beth Israel Lahey Health Primary Care where she continues working to support approximately 90 practices.
Christine holds a Bachelor of Science in Nursing from the University of Massachusetts Boston, and a Master of Science in Forensic Nursing from Fitchburg State University.

CLOSING SESSION:

Third Victim Support Strategies: How to Reassure the Reassurer
Domain: Human Capital
Level of Learning: Practitioner

Abstract:
Police officers, firefighters, and risk managers. What do they all have in common? Research shows that skilled professionals in these industries are more inclined to exhibit symptoms of third victim

syndrome. Patient safety professionals may not risk their physical health in the line of duty, but they may regularly risk their emotional and mental wellbeing due to the psychosocial harm caused by a relentless exposure to adverse events. This type of trauma is real, but resilience is possible. How can risk managers fortify themselves and their teams so they can remain efficient and effective healthcare investigators?

Objectives:
1) Understand third victim syndrome
2) Identify the symptoms of third victim syndrome
3) Consider strategies to combat third victim syndrome

Speaker:
Jenelle Arnao, DHS MS CPHRM
Jenelle is a certified risk management professional with 15 years of hospital-based risk management experience. She joined the Coverys Risk Management & Analytics team in 2020. She is currently a senior risk consultant, nimbly sharing her expertise and experiences with healthcare professionals to maintain high-level client servicing. Her passion is to explore the furtherance of risk reduction and patient safety at the community, regional, and national levels. Jenelle earned her Doctorate in Human Services by designing a training program to help leadership identify and mitigate employee burnout. Jenelle is a faculty member of ASHRM, a member of AHRMNY and SHCRM-NJ.