June 12-13, 2023
Hilton Columbus at Easton
Columbus, Ohio

THE EVENT:
The 108th Ohio Hospital Association’s (OHA) Annual Meeting & Education Summit, a premier educational forum for Ohio’s hospital leaders, will be held on June 12-13, 2023. At this event, nearly 1,500 prominent hospital and health system leaders will convene to share their expertise, evidence-based practices, case studies, success stories, tools and resources to address a variety of current issues.

CALL FOR PRESENTATIONS:
You are invited to contribute to this important event by submitting a proposal for an educational presentation. Presentations will be either 30 or 60 minutes in length, including time for Q & A. We appreciate you taking the time to submit a proposal.

While you are not limited to a sub-category within a Track, we suggest that you keep your presentation proposal relevant to a designated sub-category within the track you choose.

Presentations with general applicability are preferred over presentations that may only appeal to a small constituency of the hospital community.

SELECTION CRITERIA:
Submissions will be reviewed by one or more selection committees. Committees are comprised of OHA member representatives, members of professional membership groups and OHA staff.
Criteria for selection includes:
· Relation to hospital leadership, staff, physician, or trustee educational needs
· Timeliness of content
· Clarity of proposal
· Presenter subject matter expertise and platform skills
· Congruence with proposal format
· Completeness of submission
· Adherence to deadlines

SUBMISSION DEADLINE:
Proposals must be submitted to OHA no later than January 15, 2023. If you have questions regarding submission of this proposal, please contact
Casey.Strader@ohiohospitals.org or call 614-384-9133.

Please complete all sections of the application. Submissions are not considered until all sections are completed.

---

**Call for Presentations - 2023 OHA Annual Meeting & Education Summit**

**Education Tracks and Sub-Categories**

Based on your presentation proposal, please select the appropriate Track. We suggest you develop your presentation related to the sub-categories within the Track you selected. You are not limited to a sub-category however, we suggest that you keep your presentation proposal relevant to the designated sub-categories within the Track you choose.

Presentations with general applicability are preferred over presentations that may only appeal to a small constituency of the hospital community.

* 1. Each session is either 30 minutes or 60 minutes in length, please choose which timeframe you require.

Choose 1 only

- [ ] 30 minutes
- [ ] 60 minutes

* 2. Please select the track your session would best fit into.

- [ ] **Finance Track**
  Sub-Categories
  1. Successful payer strategies
  2. Streamlining revenue cycle and reducing administrative burden
  3. Optimizing reimbursement
  4. Dos and don’ts of value-based payment
  5. Emerging challenges and potential solutions (catch-all category)
  6. Navigating the latest Medicare/Medicaid policies

- [ ] **Hospital Leadership Track**
  Sub-Categories
  1. Board Governance Issues
  2. C-Suite Effective Practices
  3. Executive Sponsorship
  4. Business Planning
  5. Change Management
  6. Effective Communication
  7. Strategic Planning
  8. Leadership Resiliency
  9. General Leadership Topics
Data & Analysis Track
Sub-Categories
1. Health Disparities
2. Community Needs Assessments
3. Public Health Data
4. Leveraging Public Data Sets
5. Geospatial Data & Visualizations

Cyber Security Track
Sub-Categories
1. Awareness & Prevention
2. Response
3. Strategies
4. Action Planning

Legal & Compliance Track
Sub-Categories
1. Patient Privacy and Confidentiality
2. Health IT Security
3. Employment and Labor
4. Liability / Litigation
5. Medical Staff/Physician Relations
6. Stark/Anti-kickback
7. State Regulatory
8. Transactions
9. Anti-trust
10. General/Other Legal Issues

Risk Management Track
Sub-Categories
1. Risk Management Department Structure
2. Patient/Family Complaints
3. Telehealth
4. EMTALA
5. Telehealth
6. "Audit Trails" and the impact it has for active or future litigation Strategies

Energy & Sustainability Track
Sub-Categories
1. ESG Reporting
2. Net-Zero
3. Decarbonization
4. Renewable Energy
5. Reduction of GHG Emissions
6. Waste Management (Recycling, Food Waste/Organics, Hard to Recycle Plastics, etc.)
7. Air Quality
8. Water Management and Quality
9. Environmental Justice
10. Sustainability Planning and Goal Setting

Facilities Management Track
Sub-Categories
1. Accreditation
2. Staffing Challenges
3. Physical Plant Issues
4. Water Safety
5. Vendor/Contractor Issues
Emergency Preparedness Track
Sub-Categories
1. Pandemics
2. Epidemics
3. Awareness
4. Preparedness
5. Response
6. Communication
7. Local/Regional/State/National Coordination
8. Action Plans

Clinical Track
Sub-Categories
1. Population Health
2. Health Outcomes
3. Clinical Quality
4. Patient Safety
5. Sepsis
6. Infant Mortality
7. Maternal Mortality
8. Opioids
9. Stewardship

Physician Leadership Track
Sub-Categories
1. Physician Leadership Development
2. Physician Recruitment/Retention
3. Succession Planning
4. Contracting
5. Role of Executive Sponsor
6. Medical Executive Committee Strategies

Nursing Leadership Track
Sub-Categories
1. Employee Well-Being and strategies to improve Employee Wellness
2. Diversity, Equity and Inclusion application to nursing practice, recruitment and retention
3. Creative care models to promote or sustain positive patient outcomes and improve staffing resource gaps
4. Innovate Academic partnerships
5. Nursing Innovation
6. Workplace Violence
7. Board Governance Issues
8. C-Suite Effective Practices
9. Executive Sponsorship
10. Business Planning
11. Change Management
12. Effective Communication
13. Strategic Planning
14. Licensure Implications
15. Patient Care Challenges
16. Impairment
17. Telehealth/Nursing
18. Management Development
19. Succession Planning
20. Mentoring
21. Recruitment/Retention
22. Education
Human Resources Track
Sub-Categories
1. Recruitment/Retention
2. Compensation
3. Benefits
4. Education/Training
5. Generational Differences/Characteristics
6. Counseling/Discipline
7. Employment Law

Workforce Track
Sub-Categories
1. Employee Retention
2. Employee Well-Being
3. Workforce Pipeline Solutions
4. Workforce Efficiency Solutions
5. Workforce Transformation

Diversity, Equity and Inclusion Track
Sub-Categories
1. Dashboards/metrics/measuring success in DE&I
2. DE&I strategies in healthcare leadership and governance development
3. Understanding and overcoming bias
4. DE&I strategies for rural hospitals
5. Strategies for an inclusive culture for patients and employees
6. Collaborating with the community on health equity strategies
7. Evolving role of the chief diversity officer

Employee Well-Being Track
Sub-Categories
1. Employee Well-Being Programs—in my mind this would be “soft” programming (like service dogs, exercise, etc.)
2. Stress, Trauma, and Resiliency Programs—in my mind this would be more “hard” programming (like trauma response teams, mental health assessments and referrals, etc.)
3. Organizational Culture
4. Leading and Managing People

Workplace Violence Track
Sub-Categories
1. Prevention
2. Intervention
3. Education/Training
4. De escalation
5. Reporting
6. Response
7. Threat Management
8. Crisis Management
9. Active Assailant
10. Safe Workplace Initiatives
11. Accreditation readiness as it pertains to workplace violence

Public Relations Track
Sub-Categories
1. Crisis Management
2. Reputation Management
3. Community Relations
4. Brand Marketing
Each session is 30 or 60 minutes in length, please plan adequate time for Q & A.

The requested information is required and must be completed to be considered

* 3. Session Title (12 words or less):

* 4. Session Description (50 words or less): Describe what attendees will gain from this presentation.

* 5. Outcome(s): Describe what the participant will be able to achieve at the end of this session. Use one measurable verb per outcome. Outcomes should be written in measurable and observable terms. No more than one or two outcomes for each 60 minute session. (Example: Participants will be able to describe how actionable data can be used to decrease sepsis mortality.)

Behavioral Outcome 1:

Behavioral Outcome 2:

* 6. Provide a brief content outline to support the outcome(s): Content must relate/support the stated outcome and not be a restatement of the behavioral outcome. Provide at least two supporting points. (Examples: 1. risk of sepsis 2. rapid treatment requirements 3. collaborative, multi-disciplinary team 4. actionable data 5. nursing implications.)

Supporting point 1:

Supporting point 2:

Supporting point 3:

We encourage you to limit the number of presenters to no more than two per session.
All of the following information is required and must be completed for each presenter. Your presentation submission will not be considered and will be returned to you without the completed information.

* 7. First and Last Name, Education credentials (ex. DO, MD, RN, BSN, BS, MBA, PhD, JD, etc.):

* 8. Current job title:

* 9. Organization:

* 10. Professional email address:

* 11. Address, city, state, zip code:

* 12. Business phone:

* 13. Expertise: BIO - Briefly describe your expertise on this topic. Please don't provide a CV or resume.

* 14. Education: List each education credential earned, name of the school and area of study.

Education credentials, school, area of study:

Education credential, school, area of study:

Education credential, school, area of study:
* 15. Conflict of Interest Statement: Continuing education accrediting bodies require presenters to disclose financial interests related to their presentation. Conflict of interest is defined as having a significant financial interest in a product or service that will be discussed. Or if the presenter is or has been an employee of a company with such financial interest. Conflict of interest does not prevent a person from being a presenter, but the audience must be informed of this relationship at the start of the session. Please check the statement that applies:

- I have no real or perceived conflicts of interest related to this presentation.
- I have the following relationship that may be considered a conflict of interest.

Please describe relationship:

My electronic signature indicates my approval and acceptance of the information contained herein and shall have the full force and effect of a written signature. Presentation will not be accepted without signature of actual speaker.

* 16. Add signature here:

[
]

* 17. Do you require a Secondary Presenter?

- Yes
- No
- If no, please go to the end of the proposal and hit DONE.

[
]

Ohio Hospital Association

Call for Presentations - 2023 OHA Annual Meeting & Education Summit

Secondary Presenter:

* 18. First and Last Name, Education credentials (ex. DO, MD, RN, BSN, BS, MBA, PhD, JD, etc.):

[
]

* 19. Current job title:

[
]
* 20. Organization:


* 21. Professional email address:


* 22. Address, city, state, zip code:


* 23. Business phone:


* 24. Expertise: BIO - Briefly describe your expertise on this topic. Please don't provide a CV or resume.


* 25. Education: List each education credential earned, name of the school and area of study.

Education credentials, school, area of study: 

Education credential, school, area of study: 

Education credential, school, area of study: 

* 26. Conflict of Interest Statement: Continuing education accreditng bodies require presenters to disclose financial interests related to their presentation. Conflict of interest is defined as having a significant financial interest in a product or service that will be discussed. Or if the presenter is or has been an employee of a company with such financial interest. Conflict of interest does not prevent a person from being a presenter, but the audience must be informed of this relationship at the start of the session. Please check the statement that applies:

- [ ] I have no real or perceived conflicts of interest related to this presentation.
- [ ] I have the following relationship that may be considered a conflict of interest.

Please describe relationship:


My electronic signature indicates my approval and acceptance of the information contained herein and shall have the full force and effect of a written signature. Presentation will not be accepted without signature of actual speaker.

* 27. Add signature here:
28. Do you require a Third Presenter?
   - Yes
   - No
   - If no, please go to the end of the proposal and hit DONE.

* 29. First and Last Name, Education credentials (ex. DO, MD, RN, BSN, BS, MBA, PhD, JD, etc.):

* 30. Current job title:

* 31. Organization:

* 32. Professional email address:

* 33. Address, city, state, zip code:

* 34. Business phone:

* 35. Expertise: BIO - Briefly describe your expertise on this topic. Please don't provide a CV or resume.
* 36. Education: List each education credential earned, name of the school and area of study.

<table>
<thead>
<tr>
<th>Education credentials, school, area of study:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education credential, school, area of study:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education credential, school, area of study:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

* 37. Conflict of Interest Statement: Continuing education accrediting bodies require presenters to disclose financial interests related to their presentation. Conflict of interest is defined as having a significant financial interest in a product or service that will be discussed. Or if the presenter is or has been an employee of a company with such financial interest. Conflict of interest does not prevent a person from being a presenter, but the audience must be informed of this relationship at the start of the session. Please check the statement that applies:

- [ ] I have no real or perceived conflicts of interest related to this presentation.
- [ ] I have the following relationship that may be considered a conflict of interest.

Please describe relationship:

My electronic signature indicates my approval and acceptance of the information contained herein and shall have the full force and effect of a written signature. Presentation will not be accepted without signature of actual speaker. Add your signature and click DONE.

* 38. Add signature here: