Call for Presentations - 2024 OHA Annual Meeting & Education Summit

Theme: Leveraging Our Collaboration

June 10-12, 2024
Hilton Columbus at Easton
Columbus, Ohio

THE EVENT:
The 109th Ohio Hospital Association (OHA) Annual Meeting & Education Summit, a premier educational forum for Ohio's hospital leaders, will be held on June 10-12, 2024. 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 60 minutes in length, including time for Q & A. We encourage you 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**

SUBMISSION DEADLINE:
Proposals must be submitted to OHA no later than December 31, 2023. If you have questions regarding submission of this proposal, please contact Casey Strader, Manager, Education & Events, at 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.

OHIO HOSPITAL ASSOCIATION

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

☐ **Hospital 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 hospital violence
12. Vulnerability Assessment

☐ **Health Care Workforce Redesign Track**
Sub-Categories
1. Workforce Pipeline Solutions
2. Workforce Efficiency Solutions
3. Workforce Transformation
4. Models of Care
5. Scope of Practice
6. Upskilling
7. Artificial Intelligence

☐ Human Resources Track

Sub-Categories

1. Recruitment/Retention
2. Compensation Strategies
3. Benefits
4. Education/Training
5. Generational Differences/Characteristics
6. Counseling/Discipline
7. Employment Law
8. Bargaining Units/Negotiations

☐ Employee Well-Being Track

Sub-Categories

1. Employee Well-Being Programs
2. Service Dogs
3. Exercise
4. Stress Programs
5. Trauma Programs
6. Resiliency Programs
7. Trauma response teams
8. Mental health assessments
9. Mental health referrals
10. Organizational Culture

☐ Diversity, Equity, Inclusion, and Belonging (DEIB) Track

Sub-Categories

1. Dashboards/metrics/measuring success in DEIB
2. DEIB strategies in healthcare leadership and governance development
3. Bias
4. DEIB 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
8. Health Disparities
9. Community Health Needs Assessments

☐ 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
7. Evolving Roles for Physician Leaders

☐ Nursing Leadership Track

Sub-Categories

1. Diversity, Equity, Inclusion, and Belonging pertaining to nursing practice
2. Innovative academic partnerships
3. Nursing Innovation
4. Patient Care Unit/Service Line Business Planning
5. Change Management
6. Effective Communication
7. Strategic Planning
8. Nursing Licensure Implications
9. Patient Care Challenges
10. Impairment
11. Telehealth/Telenursing
12. Nursing Management Development
13. Nursing Succession Planning
14. Mentoring Nurses
15. Nursing Recruitment/Retention
16. Nursing Education

☐ **<u>Clinical Quality & Patient Safety Track</u>**

Sub-Categories
1. Population Health
2. Health Outcomes
3. Clinical Quality
4. Patient Safety
5. Sepsis
6. Infant Health
7. Maternal Health
8. Opioids
9. Stewardship
10. Community Investment/Community Benefit

☐ **<u>Hospital Leadership Track</u>**

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
10. Community Investment/Community Benefit
11. High Reliability Principles

☐ **<u>Finance Track</u>**

Sub-Categories
1. Successful payer strategies
2. Streamlining revenue cycle/Optimizing reimbursement
3. Strategies to reduce administrative burden
4. Do's and don'ts of value-based payment
5. Emerging challenges and potential solutions
6. Navigating the latest Medicare/Medicaid policies

☐ **<u>Legal & Compliance Track</u>**

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. Antitrust
10. Mergers
11. Partnerships
12. General/Other Legal Issues

☐ **Risk Management Track**

Sub-Categories
1. Risk Management Department Structure
2. Patient/Family Complaints
3. EMTALA
4. "Audit Trails" and the impact it has for active or future litigation
5. Enterprise Risk Management
6. Criminalization of Medical Errors
7. Disclosure

☐ **Cyber Security Track**

Sub-Categories

1. Awareness & Prevention
2. Response
3. Strategies
4. Action Planning

☐ **Innovation Track**

Sub-Categories

1. Data Analytics
2. Artificial Intelligence in Health Care
3. Technology
4. Disruptors
5. Public Health Data
6. Leveraging Data Sets
7. Geospatial Data & Visualizations

☐ **Energy & Sustainability Track**

Sub-Categories

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

☐ **Facilities Management Track**

Sub-Categories

1. Life Safety Standards
2. Environment of Care Standards
3. Staffing Challenges
4. Physical Plant Issues
5. Water Safety
6. Vendor/Contractor Issues
7. Weather Events
8. Construction to Occupancy

☐ **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
9. Virtual Incident Command Center

☐ **Public Relations Track**

Sub-Categories

1. Crisis Management
2. Reputation Management
3. Brand Marketing
4. Social Media

Presentation Proposal Submission Form

Each session is 60 minutes in length. Please plan adequate time for Q & A.

To be considered, the requested information is required and must be completed.

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

> [ ]

* 3. Session Description (50 words or less): Provide a general overview by describing what attendees will gain from this presentation.

> [ ]

* 4. 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: [ ]

* 5. Content must relate/support the stated objective/outcome and not be a restatement of the objective/behavioral outcome/session description. (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: [ ]

Presenter Section - Primary Presenter:

We encourage you to limit the number of presenters to no more than three 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.

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

* 7. Current position title:

* 8. Brief description of your position:

* 9. Organization:

* 10. Street address, city, state, zip code:

* 11. Professional email address:

* 12. Best phone number to reach you:

* 13. Expertise: BIO - Describe your expertise in 1 or 2 paragraphs on this topic. Please do not provide a CV or resume.

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

Education credentials,
school attended, area
of study:

Education credentials,
school attended, area
of study:

Education credentials,
school attended, 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. Date:

* 18. Do you require a Secondary Presenter?

○ Yes

○ No

○ If no, please go to the end of the proposal and choose DONE.

Secondary Presenter:

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

20. Current position title:

21. Brief description of your position:

22. Organization:

23. Street address, city, state, zip code:

24. Professional email address:

25. Best phone number to reach you:

26. Expertise: BIO - describe your expertise in 1 or 2 paragraphs on this topic. Please do not provide a CV or resume.

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

Education credentials, school attended , area of study:

Education credentials, school attended , area of study:

Education credentials, school attended , area of study:

28. 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.

29. Add signature here:

[   ]

30. Date:

[   ]

31. Do you require a Third Presenter?

○ Yes

○ No

○ If no, please go to the end of the proposal and choose DONE.

[   ]

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Third Presenter:

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

[   ]

33. Current position title:

[   ]

34. Brief description of your position:

[   ]

35. Organization:

[   ]

36. Address, city, state, zip code:

[   ]

37. Professional email address:

[   ]

38. Best phone number to reach you:

[   ]

39. Expertise: BIO - Describe your expertise in 1 or 2 paragraphs on this topic. Please do not provide a CV or resume.

[   ]

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

Education credentials, school attended, area of study: [   ]

Education credentials, school attended, area of study: [   ]

Education credentials, school attended, area of study: [   ]

41. 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.

42. Add signature here:

[ ]

43. Date:

[ ]