



## **ABSTRACTS, OBJECTIVES, AND SPEAKER BIOS**

### ***Getting to the Root of Healthcare Violence***

#### **Abstract:**

Violence in healthcare is higher than any other industry and mainly consists of Type II events – patient to staff violence. Organizations are not focused on low level aggression in an effort to prevent events which escalate to a more serious level and can result in harm to the patient or the staff. Many professional organizations have been speaking out for years to encourage healthcare settings to focus on a safe work environment for staff. Serious harm to staff, as well as the long-term impact of consistent abuse, results in employee trauma which affects patient safety efforts. It is time to make staff safety as important as patient safety. The presenter will discuss the prevalence of violence in healthcare organizations, current healthcare culture, effects of violence on the staff and the system, and provide the participants practical strategies to reduce the risk of violence by patients. Tools for risk reduction efforts will be provided.

#### **Objectives:**

1. Describe the culture of non-tolerance for violence.
2. Identify factors that contribute to the culture of violence in healthcare.
3. Discuss and implement strategies that can reduce and/or prevent healthcare violence.

#### **Speaker:**

**Monica Cooke, BSN, MA, RN, PMH-BC, CPHQ, CPHRM, DFASHRM**, Quality Plus Solutions LLC  
Monica Cooke has more than 40 years of experience in the field of behavioral health & substance abuse. As a seasoned professional, she founded Quality Plus Solutions LLC in 2006 to provide organizational behavioral health and workplace violence assessments throughout the continuum of care. She provides legal nurse expert services, and as a Certified Psychiatric/Mental Health Nurse, Monica worked part time in a substance use and mental health setting up until 2020. Monica has served in several leadership positions with local risk and quality societies, as well as many years of service to the American Society for Healthcare Risk Management currently serving on the Nominating Committee. Monica provides 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. Little known facts (until now), she does stained glass and rides a 400cc Piaggio Vespa!

## ***Healthcare Cybersecurity in a Chat GPT/AI World***

### **Abstract:**

Information technological advancement has vastly outpaced our legal framework and the healthcare industry. Criminal organizations, hackers, weaponized AI and hostile nations increasingly see healthcare as a lucrative, data rich and soft target to exploit. This session will discuss the HIPAA Security Law baseline framework, disruptive laws such as Information Blocking Rules, and disruptive technologies and cyberthreats such as the emergence of AI chatbots. The panel will discuss these issues from legal, risk management, insurance, and technical viewpoints and review key risk management take aways to harden your organization's cybersecurity resilience.

### **Objectives:**

1. Recognize the legal framework from the HIPAA Security Rule and state laws which govern cyberliability protections and response.
2. Identify key markers of organizational and technical readiness to defend against cyberliability events as part of a cyber risk management program.
3. Outline key organizational considerations when purchasing cyberliability insurance coverage.
4. Prepare for emerging cyberliability threats to healthcare as part of our national infrastructure, including new disruptive technologies such as ChatGPT and other AI, as well as disruptive laws including Information Blocking provisions of the 21<sup>st</sup> Century Cures Act.

### **Speakers:**

**Chad Brouillard, MA, JD**, Foster & Eldridge

Attorney Brouillard is a medical malpractice defense trial attorney and health care lawyer. He is a partner at the law firm of Foster & Eldridge, LLP in Massachusetts. Attorney Brouillard has written extensively on health information technology liability and speaks internationally on these topics. He is also the course creator and Adjunct Professor at Tuft University School of Medicine, Public Health Division where he teaches Information Governance in Healthcare.

He is licensed in New Hampshire, New York, Massachusetts and Federal Courts including the Supreme Court of the United States.

**Laura C Yorke RN, BSN, MPH**, Catholic Medical Center

Laura Yorke serves as the Risk Professional at Catholic Medical Center (CMC) in Manchester NH. In addition to being the Risk professional for CMC, she also serves as the Patient Safety Officer. At CMC Laura started a Workplace Violence (WPV) Committee to decrease the risk of WPV at the hospital and throughout their 36 clinics. Before becoming a Risk Professional, Laura worked as an ICU Nurse in academic health care systems in Boston, Washington DC, and San Francisco.

Laura is on the education committee for both the Northern New England Society for Healthcare Risk Management and the New England Society for Healthcare Risk Management.

**Kris E. Oliveira, RN, MA, JD, CPHRM,** Gallagher National Risk Control.

Kris has dedicated her entire career to patient and provider safety and advocacy. Starting as an orthopedic trauma and oncology nurse, her path quickly led to administrative roles in healthcare systems, insurance carriers, brokerages and her own consulting firm. Receiving the first Distinguished Alumni award from her law school, she has also been recognized for exceptional client service, peer support and marketing successes.

Kris is a licensed P&C producer and is Clinical Risk Manager for Gallagher's National Risk Control, enhancing their healthcare strategy and vision. She leads initiatives in traditional clinical settings as well as senior care, telehealth, behavioral health, ERM, and captive and alternative risk financing. She has a BSN, JD and double Master's degree in Human Development and Organization and management. Certifications include CHRM, HIPAA, TeamSTEPS®, Highly Reliable Outcomes and Stop the Bleed.

### ***Risk Management Considerations in Human Trafficking: See, Pull, Cut the Threads of Violence®***

#### **Abstract:**

It's Friday at 3 p.m. and the risk manager's pager goes off.....

A 30-year-old woman that is 21 weeks pregnant presented to the Emergency Department with abdominal pain. She was admitted to Labor and Delivery. Once in Labor and Delivery, the patient stated that she was making up her symptoms and she would like to terminate her pregnancy. The patient was noted to have a flat affect, had a disorganized train of thought and provided different answers to the same questions. She was unable to recall where she had received prenatal care. Her living situation was unclear. She reported that she was living in Pennsylvania, then Miami, and moved to Massachusetts a few days prior. She reported she was living with her husband, but then revealed she was living in a shelter which she now "felt safe to go back to". She does not have any form of identification other than a boarding pass for a train from Miami to Boston. She refused psychiatry and social work assistance. She was medically cleared for discharge and a pre-op appointment was scheduled for the following week. The patient did not show up the following week for her pre-op appointment. When the phone number she gave was called, the voice mail message was for someone else.

Sound familiar? Risk Managers need to be empowered with the knowledge, skills, and trauma-informed attitude to care human trafficking survivors. This presentation will provide a foundation and tools for risk managers to understand the complex medical, legal, and regulatory reporting requirements from a local and macro level.

#### **Objectives:**

- 1) Define Human Trafficking

- 2) Identify one risk factor a person for a person at risk for human trafficking.
- 3) Recognize one human trafficking national or local referral number or organization.

**Speakers:**

**Patricia A. Normandin DNP, RN, CEN, CPN, CPEN, FAEN, Tufts Medical Center**

Dr. Normandin has been an emergency nurse for over 40 years with expertise in human trafficking and interpersonal violence. An accomplished speaker, writer, and researcher on human trafficking, Dr. Normandin has presented her human trafficking findings at many national and local conferences. Dr. Normandin developed the *See, Pull, Cut the Threads of Human Trafficking Violence*® education tool which has been presented and well received by many health care service providers. Dr. Normandin is the Executive Director and Founding Co-Chairperson of *Tufts Emergency Department Institute to Prevent Human Trafficking*, whose mission is to educate health care service providers to identify, screen, and make appropriate referrals for potential human trafficking persons across their lifespan.

**Beth Jackson, MS, Tufts Medical Center**

Beth Jackson, MS has been a Senior Risk Manager at Tufts Medical Center for the past five years. As part of her role, Beth is the coordinator for both the Patient Care Assessment Program and the Patient and Family Advisory Council. As a volunteer in the community, Beth has many years of experience working with vulnerable, at-risk children and families. Beth is one of the founding Executive Board of Directors of *Tufts Emergency Department Institute to Prevent Human Trafficking*.

***Enterprise Risk. Implicit Bias. Diversity, Equity, and Inclusion (DEI) Initiatives***

**Abstract:**

Recognizing the impact implicit biases have in healthcare is a fundamental step in understanding and addressing patient outcomes, health inequities and advancing DEI initiatives. Although employing risk management strategies is the responsibility of every member of a health care organization, the Healthcare Risk Manager is in a unique position to effect enterprise risk pertaining to bias and DEI by participating in developing an ERM approach that includes plans to identify and address potential implicit bias in all the enterprise's risk domains, such as with patient admission and treatment, in hiring and promotion of staff, in business relationships such as vendors and contracts, and in clinical research. Using an ERM approach provides an opportunity for an organization to understand the relationship between implicit bias and DEI initiatives by drilling down into each domain and focusing on identification, education, and risk mitigation for each domain.

**Objectives:**

- 1) Define and discuss concepts of implicit bias and diversity, equity, and inclusion
- 2) Review the potential financial impact implicit bias on the organization due to medical malpractice, discrimination, and/or equal opportunity allegations as well as reputational loss, and difficulty recruiting and retaining workforce.

3) Identify strategies, tools, and interventions to address unconscious or implicit bias in health care.

**Speakers:**

**Moira Wertheimer, Esq., BSN, RPLU, CPHRM, FASHRM**, Lexington Healthcare

Building upon her staff nurse experience, Juris Doctor and Bachelor of Science in Nursing, Moira's credentials include Certified Professional Healthcare Risk Manager (CPHRM) and Fellow of the American Society of Healthcare Risk Management (FASHRM). Moira is admitted to the Connecticut Bar and active in several professional associations, including two-terms as the President of the Connecticut Society of Healthcare Risk Management (CSHRM). Moira received the CSHRM 2018 Risk Professional of the Year award. Additionally, Moira is a Crisis Prevention Institute (CPI) certified nonviolent crisis intervention trainer.

Moira works with both underwriters and policyholders to mitigate potential patient care liability exposures by crafting relevant risk management education, resources, and programming. Moira is regularly published in top healthcare risk management periodicals and is invited to speak at national and regional industry forums.

**Anne Huben-Kearney, RN, BSN, MPA, CPHQ, CPHRM, CPPS, DFASHRM**, Risk and Patient Safety Consultant

Anne is currently a Risk and Patient Safety Consultant providing independent consultation for health care providers, including psychiatry and psychology professionals, as well as health care organizations and multiple clinical settings. She serves on the ASHRM Faculty for the Patient Safety Certificate Program and was elected to the ASHRM Board for 2020-2023. Anne was named "Risk Professional of the Year" in 2019 by the Connecticut Society for Healthcare Risk Management.

Anne writes on risk management and patient safety topics, including as a co-author of the ASHRM/American Hospital Association White Paper series on *Recognizing and Managing Bias - in the Ambulatory Care Setting* (published 2021) and *in the Inpatient and Long Term Care Setting* (pending publication), and author of ASHRM Forum articles. Anne earned a B.S.N. degree, Magna cum laude, from College Misericordia (now Misericordia University) and an M.P.A. degree with a concentration in health care management from the University of New Haven.

***Risks of Copy & Paste on Malpractice Cases***

**Abstract:**

Documentation in the medical record is completed to provide continuity of patient care, however, it is also completed for billing, compliance, and medico-legal purposes. Studies revealed that patient notes in the electronic health record (EHR) are 4 times longer in the U.S. compared to other countries and physicians spend 44% of computer-facing time on documentation and 24% on patient communication. A review of inpatient documentation identified that 18% of notes were manually entered original content. Copy and paste in the EHR

can increase efficiency but comes with risks including propagation of misinformation, incorrect documentation, and patient assessment and medical decision making may get lost.

Candello malpractice cases from 2017-2021 identified 365 cases with EHR related contributing factors. 30% of these were related to pre-populating/copy and paste. Understanding pitfalls in documentation and strategies to improve documentation and appropriateness of copy and paste is critical to safe patient care.

**Objectives:**

- 1) Describe how we use and learn from malpractice data to improve patient safety.
- 2) Discuss how copy and paste in the EHR impacts malpractice outcomes.
- 3) Understand pitfalls in documentation and strategies to improve documentation

**Speakers:**

**Maggie Janes RN, JD, CRICO**

Maggie is the Senior Program Director for the Patient Safety and Education department at CRICO. In this role she supports several CRICO-insured organizations to promote patient safety through detailed analysis of malpractice cases, risk assessments and education offerings. Prior to joining CRICO, Maggie has experience as a pediatric ICU nurse and in patient safety and risk management.

**Jen Vuu Sanchez, RN, BSN, MA, CRICO**

Jen is a Program Director in Patient Safety for CRICO. In her role, she partners with Harvard medical institutions to promote patient safety through the lens of malpractice data, providing education, and promoting safety initiatives. Jen previously worked as a staff nurse on a gynecology/oncology unit and as a risk manager.

***Patient Violence Prevention & Mitigation: We Cannot Wait for Legislation***

**Abstract:**

Violence by patients is the top driver of workplace violence in healthcare organizations in the US and beyond. The pandemic and its lingering aftereffects have only exacerbated this issue, sparking renewed calls for government officials in Massachusetts to better protect healthcare workers. The most recent bill is again seeking to require organizations to adopt a programmatic approach to violence prevention. But why should healthcare organizations wait to be mandated to implement such programs? In this presentation focused on prevention and mitigation of patient violence, the importance of leveraging proposed legislation to conduct a gap analysis will be emphasized. Further, participants will be provided with the case for building a comprehensive patient violence prevention and mitigation program based on risk, litigation avoidance, and moral grounds. Lastly, an evidence-based, strategic approach to building a sustainable program to prevent and mitigate patient violence will be outlined

**Objectives:**

- 1) Explain what proposed legislation to protect healthcare workers in Massachusetts tells us about the need for comprehensive programs to prevent and mitigate patient violence.
- 2) Describe how to identify gaps in your organization's patient violence prevention and mitigation program by conducting a focused risk assessment.
- 3) Provide concrete steps to effectively leverage a strategic, collaborative, and comprehensive approach to prevent and mitigate patient violence within your organization now to meet and exceed future statutory requirements.

**Speaker:**

**David Corbin, CPP, CHPA**, Dynamic Security Strategies,

David Corbin is the Principal Consultant for Dynamic Security Strategies, LLC, a security consulting firm specializing in healthcare security, violence prevention, and emergency preparedness. He has honed his specialization in healthcare security over more than two decades in leadership positions across community hospitals and a large urban Trauma I hospital. Using creativity and disruptive innovation, David has built highly effective, award-winning security operations in several healthcare organizations from the ground up.

David is the author of the Patient Violence Prevention and Mitigation Field Manual, which has received accolades from healthcare leaders around the globe. He is also a former undergraduate Adjunct Professor at the Northeastern University School of Criminology and Criminal Justice. David is board certified in security management and healthcare security management. David holds a master's degree in criminal justice from Northeastern University in Boston, MA and a bachelor's degree in Criminal Justice from Roger Williams University in Bristol, RI.

***Ambulatory Care: Taming the Wild, Wild, West***

**Abstract:**

In recent years, medical malpractice claims in ambulatory care have cost health care providers and their insurers 3 to 4.5 billion per year. Ambulatory care is an ever-evolving setting for the delivery of healthcare. Defined as medical care provided on an outpatient basis, ambulatory care encompasses diagnosis, observation, consultation, treatment, intervention, and rehabilitation services, with ambulatory patients typically seeing their primary care physician on as needed basis. The healthcare industry is facing a major shift in priorities in all healthcare settings including ambulatory care. New risks brought by the changes in methods and modes of care delivery and the prevalently continuing ambulatory care issues demand reevaluation of prior interventions. Ambulatory care leaders and professionals need to be aware of the associated risks with common and emerging types of malpractice allegations that occur in an ambulatory care setting to reduce the frequency and severity of lawsuits and regulatory and licensing complaints.

**Objectives:**

- 1) Identify the emerging and most common liability risks and allegations associated with malpractice claims in the outpatient ambulatory care setting.
- 2) Define and discuss current factors influencing patient safety in the outpatient ambulatory care setting.
- 3) Describe strategies to identify risks, improve patient safety, and mitigate claims in the outpatient

**Speakers:**

**Denise Neal RN, BSN, MJ, CPHRM, DFASHRM**, AWAC Services Company, a member company of Allied World

As an AVP of the RM Group, Denise provides risk management consulting services to Allied World's medical professional liability policyholders and insured psychiatrists, psychologists, psychiatric nurse practitioners, and physician assistants. Cumulatively Denise has over 30 years of healthcare and professional liability experience with extensive clinical, risk management, and legal nurse consulting experience. Denise earned her Diploma in nursing from Baystate School of Nursing, B.S. degree in Nursing from UMass Amherst, and Master of Jurisprudence in Health Law from Loyola University Chicago. Denise is a Certified Professional in Risk Management and Distinguished Fellow of the American Society for Healthcare Risk Management. She is past Chair of the ASHRM New Member Task Force. Denise is a member of the Massachusetts Society for Healthcare Risk Management.

**Gloria Umali RN, BSN, MS, MPA, CPHRM**, AWAC Services Company, a member company of Allied World

As an AVP of the RM Group, Gloria provides risk management consulting services to Allied World's medical professional liability policyholders and insured psychiatrists, psychologists, psychiatric nurse practitioners, and physician assistants. Gloria has over 25 years of healthcare and management experience: 15 years of experience in healthcare risk management, with the last seven years serving as a Regional Director of Risk Management for a large hospital system.

Gloria earned her B.S.N. from the University of the Philippines, an MSN from North Park University, and an MPA from Keller Graduate School of Management. Gloria is a Certified Professional in Risk Management and member of the American Society for Healthcare Risk Management. She is a member of the ASHRM New Member Task Force, a member of the Illinois Society for Healthcare Risk Management, and the Chicagoland Healthcare Risk Management Society. served in the role of President in 2021, Board of Directors, and as Member and Chair of the Programs and Membership Committees.

***ASHRM Update (No CEUs for this session)***

**Speaker:**

**Tatum O'Sullivan, RN, MHSA, CPHRM, DFASHRM**, North Shore Physician Group – Mass General Brigham

Tatum serves as a member of the Board for ASHRM, where she is currently the President-Elect. She has been on the Board of the Northern New England chapter since 2012, where she served

as Secretary and President in 2014 and in 2017. She also served on the Board of the Massachusetts chapter as Secretary and as President in 2018. For the local chapters, she has chaired and served on various committees including Education, Bylaws, Finance, and Regional Conference Planning.

is on the Faculty for the ASHRM Patient Safety Certificate Program, was a deputy chair of the ASHRM Chapter Leadership Task Force in 2018 and chaired the ASHRM Nominating Committee in 2017. She has also served on the ASHRM New Member Task Force in the past. Tatum was a contributor on a publication for *Health Care Management Review* in 2017 and is a contributor to the *ASHRM Workbook, Leading Health Care Risk Management*.

### ***The Growing Pains of a Disclosure Program***

#### **Abstract:**

When errors in care or unanticipated outcomes occur, a comprehensive disclosure program can be a valuable service to a healthcare institution. A comprehensive disclosure program should take unexpected outcomes or known errors in care and investigate them without bias. It should be structured in a way that facilitates the communication of the results of the investigation with the patients and within the healthcare system itself as another means of quality improvement. An effective program requires partnership with clinical staff, Risk Management and, in some cases, outside counsel. This collaboration is necessary for identification of errors and early corrective action and/or resolution of potential claims. We plan to discuss our past successes and lessons learned as we navigate through the intricacies of Yale's CLEAR program as in-house and outside counsel.

#### **Objectives:**

- 1) Identify the parameters of an effective disclosure program.
- 2) Outline partnerships necessary to implement objectives of the program.
- 3) Discuss successes and areas that need improvement based on experiences.

#### **Speakers:**

**Tracey Reiser, Esq.**, Yale New Haven Health Services Corp.

Attorney Reiser is Senior Assistant Counsel with the Legal and Risk Services Department at Yale New Haven Health System. She has been with the Health System since 2017 and part of their Litigation Team.

Prior to joining, YNHHS, Tracey was a partner at a law firm in Westchester, New York and an associate at a large New York City firm, focusing on defending physicians and hospitals in professional liability matters as well as before the New York Office of Professional Medical Conduct. Tracey received her undergraduate degree from St. John's University and her law degree from Hofstra University School of Law. She lives in Newtown, CT with her husband and daughter.

**Sandy Roussas, Esq.,** Stockman O'Connor Connors, PLLC

Attorney Roussas has spent her entire career since graduating Quinnipiac University School of Law over 15 years ago defending hospitals and physicians in medical malpractice lawsuits. She has successfully second-chaired several medical malpractice trials and obtained a defense verdict as lead trial counsel in a premises liability claim against a hospital. She has experience in defending claims involving allegations of negligent emergency department care, obstetrical care, orthopedic and general surgical care.

Clients also benefit from Attorney Roussas' ability to identify institutional level issues that arise during a case; issues that could be addressed and rectified through policy changes. Implementing recommended changes in an institution's policies and procedures may prevent the same event from occurring again.

### ***Member Engagement Is Essential for Professional Growth and Development***

#### **Abstract:**

Many Risk Management Professionals join a local ASHRM-affiliated chapter or become members of ASHRM and only attend the educational offerings. However, engaging with the local ASHRM-affiliated chapter is essential for professional growth and development. , Learn how engagement with your local chapter and ASHRM can help you fulfill your professional development goals, advance the risk profession, and in turn, establish lifelong professional and personal relationships.

#### **Objectives:**

1. Discuss the various opportunities to become involved with CSHRM, NNESHRM or MSHRM
2. Review the benefits of actively volunteering in your local chapter.
3. Identify how the local chapter can help you achieve greater industry recognition (FASHRM or DFASHRM)

#### **Speaker:**

**Amie Costello, MBA, BSN, RN, CPHQ, CPHRM, CPPS, HACP, FASHRM,** Pendulum Risk Management

Ms. Costello, Vice President of Risk Services, Pendulum Risk Management, has more than 25 years of healthcare experience in various care settings and specialized in critical care and emergency department before transitioning to patient safety, quality, and risk management.

She holds a Bachelor of Science in Nursing, a Master of Business Administration, and is certified as a Professional in Healthcare Quality (CPHQ), Healthcare Risk Management (CPHRM), Patient Safety (CPPS), and Healthcare Accreditation (HACP). She is an active member of the Northern New England Society for Healthcare Risk Management (NNESHRM), holding numerous leadership positions over the years. She is also an active member of the American Society of Health Care Risk Management (ASHRM), and was awarded the designation of fellow in 2023.

### ***Examining the Relationship Between Cognitive Bias and Diagnostic Error***

**Abstract:**

Amidst the mounting pressure of clinical barriers, patient-related barriers, and systems barriers, the barriers of which we have the greatest agency are provider-related. The most prevalent provider-related barrier is bias. At the end of education, training, and clinical judgment are the filters of intuition and bias. As human beings, implicit biases are unavoidable. Cognitive biases are learned. There is evidence of cognitive bias in many fields and industries, including healthcare. Clinicians with unchecked cognitive biases may compromise their ability to gather evidence, interpret data, and provide appropriate patient-centered care. However cognitive biases may be harnessed as useful data points. This presentation will provide action items to help mitigate the prevalence of bias-based diagnostic errors to improve decision-making and clinical outcomes.

**Objectives:**

- 1) Define cognitive bias vs implicit bias
- 2) Identify bias as a barrier to optimal patient care
- 3) Suggest strategies to mitigate biases and improve decision-making

**Speaker:**

**Jenelle Arnao, DHS, MS, CPHRM, Coverys**

Jenelle is a certified risk management professional with 15 years of hospital-based risk management experience. In 2020, she joined Coverys as a risk management consultant in Risk Management and Analytics (RM&A). Jenelle leads RM&A's staff development and advancement committee, their onboarding team, and the newcomer's engagement team. Jenelle is a member of the Coverys Diversity, Equity, and Inclusion (DE&I) advisory council, and leads their Black Indigenous People of Color (BIPOC) resource group.

Jenelle earned her doctorate in human services by designing a training program to help leadership identify and mitigate employee burnout. Her areas of interest and experience are needs assessments, research, risk assessments, and strategic planning. Jenelle is a member of the American Society for Healthcare Risk Management (ASHRM) as well as the Association for Healthcare Risk Management of New York (AHRMNY).

***Pediatric Claim Trends in 2023*****Abstract:**

Pediatrics is not often a focus in risk management programs. It is not considered a high risk department. Despite this, pediatric claims are among the most volatile and expensive of any kind of medical professional liability claim. Children are especially vulnerable to medical errors and when permanently injured in any health care setting, especially hospitals, they are very sympathetic plaintiffs regardless of fault. Life care plans attempt to justify very large awards and this is reflected in national verdict and settlement data.

The presenters will cover national pediatric claim trends using one of the best medical professional liability claims databases in the country: Candello (formerly CRICO) of the Harvard Risk Management Foundation.

This presentation will help establish a baseline understanding of pediatric claims, the scenarios and settings in which they often arise and identify key areas of focus for risk management, claims mitigation, and prevention.

**Objectives:**

- 1) Raise institutional and risk management staff awareness of the volatility of pediatric malpractice claims
- 2) Use closed claim data to focus institutional strategies to manage pediatric risk
- 3) Raise risk management staff awareness of why pediatric patients are so vulnerable to injury and use this information to design prevention strategies

**Speakers:**

**Paul Greve JD RPLU DFASHRM, Markel Specialty**

Paul has twenty years' experience as an administrator, risk manager and attorney for major hospitals in Ohio, including Cleveland Clinic, University Hospitals of Cleveland, and Columbus Children's Hospital. Paul also has twenty years' experience in the health care professional liability industry as a broker and consultant. He worked as a broker and consultant for Willis for 19 years. He has also worked for two health care professional liability insurance companies including Medical Protective and Markel Specialty. Paul is Past President of the Ohio Society of Hospital Risk Managers and a Distinguished Fellow of ASHRM.

Paul worked as a risk manager and lawyer at two Ohio children's hospitals. He has written medical textbook chapters and many articles on pediatrics.

Paul provides Markel staff and insureds with advice and research on a wide range of topics related to health care professional liability risk including claims and risk management and specific research requests.

**John Swift, BA, MBA, Candello/Harvard Risk Mgt Foundation**

John is the Director Systems and Software for Candello of the Harvard Risk Management Foundation. He has more than 35 years of experience working and consulting in insurance, healthcare risk management and their intersection with information technology and data analytics. Mr. Swift works directly with Candello clients in engagement management, implementation of applications and the delivery of services. He has consulted with organizations on the selection and implementation of applications, solutions and data analytics tools in the healthcare risk management arena. Mr. Swift also speaks at national conferences on medical professional malpractice and leveraging captive insurers to improve patient safety and enhance risk mitigation.

Prior to joining Candello, he worked in the commercial life, disability, and property and casualty industries with roles in information technology, systems analysis and operations management.

Mr. Swift holds a Bachelor's in Economics from Dartmouth College and a Master of Business Administration from Boston University.

## ***Your Claims Managers: They're People Too!***

### **Abstract:**

Few Insureds truly understand what goes on behind the scenes at carriers during the claims process. This session will pull back the curtain on claims management from the carrier's perspective to help attendees become better partners to their claims managers. The panel will stress the importance of an empathetic approach to the claims process with practical, real-world examples of simple steps Insureds can take to ensure that their claims managers are ready to step up to the plate when they're needed most.

### **Objectives:**

- 1) To understand and appreciate why an empathetic approach to your claims managers often leads to the best claims experience.
- 2) To learn what you can do to help your claims manager manage claims more efficiently.
- 3) To understand how to leverage the goodwill you've built to drive better results on your claims.

### **Speakers:**

#### **Dan Joyal, CPCU, RPLU, Edgewood Healthcare Advisors**

Dan Joyal is a Vice President of EPIC's National Healthcare Practice where he works with primarily clients who are large hospital systems. Dan's work also covers other aspects of the healthcare industry to include senior living/long term care, allied healthcare and life sciences. He is based out of EPIC's Boston office and joined the firm in February of 2020. Prior to joining EPIC, Dan worked for two national retail and wholesale brokerages in the Greater Boston area. His decade of insurance industry experience has been focused primarily as a healthcare placement broker but with training in all lines of property and casualty. Dan has completed his CPCU and RPLU designations and is currently pursuing his MBA at Boston University. He has his undergraduate degree from the University of Vermont.

#### **Gregory Goetz, Edgewood Healthcare Advisors**

Greg Goetz is a Principal in EPIC's Policy Response Unit where he works with clients on both pre and post-loss coverage issues and advocacy. Greg's work spans across all areas of healthcare, from professional liability to management risk and cyber. He is based out of EPIC's New York office and works with many of EPIC's New England – based healthcare clients. Greg joined EPIC in April 2021. He began his career as an attorney in private practice, specializing in commercial litigation and employment defense. Greg subsequently worked for two international insurance carriers, most recently as a national claims practice lead over healthcare management liability claims. Greg holds a JD from DePaul University in Chicago, as well as undergraduate degrees from Indiana University's Kelley School of Business.

#### **Erika Smart, JD, University of Vermont Health System**

Erika Smart serves as the Legal Risk Manager at the University of Vermont Health Network, an integrated healthcare system in Vermont and Northern New York, comprised of an academic medical center, five community hospitals, a home health and hospice agency, and three skilled nursing facilities. Before entering the world of healthcare, Erika gained litigation defense experience as a Public Defender, and later directed a treatment-focused pre-trial diversion program. She held positions in hospital supply chain and served in the role of Assistant General Counsel at UVM Medical Center prior to joining the Risk Management department.

**Fiona St. John-Parsons, Esq., Coverys**

Fiona St John-Parsons, Esq. is a Director of Claims at Coverys, where she has worked for the past 15 years out of its Boston office. Prior to joining Coverys, she worked for AIG as a professional liability claims adjuster, both in Boston and in New York City, and before that she was a practicing medical malpractice defense attorney at various law firms in New York City. She began her legal career as an Assistant Corporation Counsel for the City of New York, where she handled child abuse and neglect, foster care placement, and termination of parental rights proceedings. In her role at Coverys, Fiona oversees several claims teams handling matters on behalf of Coverys policyholders as well as leads claims management for Coverys' assumed reinsurance book of business.

***Informed Consent and Medical Liability: Not a Matter of Form***

**Abstract:**

Informed consent is more than just a form. It is the fundamental piece of documentation for protecting everyone involved in the healthcare experience. It is a legal transcript of the core interaction between patient and provider. This presentation covers a 360-degree view of informed consent from a legal perspective including: Informed Consent basics (a legal definition, who provides, etc.), ethical, professional and legal obligations, potential for liability and risk, accreditation, benefits (patient satisfaction, fewer medical malpractice claims, etc.), negligence, anatomy of a medical malpractice lawsuit, state-based and federal laws, board regulations, obstacles, best practices and case studies. THREE Objectives: 1) Understand how informed consent can protect the healthcare organization from medical malpractice claims. 2) Identify benefits to both patient and providers when consents are properly executed, and conversely the risks of negligence. 3) Be familiarized with legal and professional obligations for informed consent based on state and federal laws, accreditation, and board regulations.

**Objectives:**

- 1) Understand how informed consent can protect the healthcare organization from medical malpractice claims.
- 2) Identify benefits to both patient and providers when consents are properly executed, and conversely the risks of negligence.
- 3) Be familiarized with legal and professional obligations for informed consent based on state and federal laws, accreditation, and board regulations

**Speakers:****Chad Brouillard, MA, JD, Foster & Eldridge**

Attorney Brouillard is a medical malpractice defense trial attorney and health care lawyer. He is a partner at the law firm of Foster & Eldridge, LLP in Massachusetts. Attorney Brouillard has written extensively on health information technology liability and speaks internationally on these topics. He is also the course creator and Adjunct Professor at Tuft University School of Medicine, Public Health Division where he teaches Information Governance in Healthcare.

He is licensed in New Hampshire, New York, Massachusetts and Federal Courts including the Supreme Court of the United States.

**Jim Purcell, BA, Taylor Healthcare**

Jim Purcell is a subject matter expert at Taylor Healthcare where he is responsible for patient engagement and education solutions. He has spent 25 years in HIT and including Standard Register Healthcare, Dialog Medical and NextGen. Jim has an interest in research and helped orchestrate the largest-ever study of the practice of teach-back to confirm patient understanding. Jim has presented at the regional HIMSS, ASHRM and ACRP conferences presenting on topics related to informed consent and patient engagement including most recently at the New Mexico HIMSS conference.

**Gil Gilman, BA, Taylor Healthcare**

With over 20 years in healthcare consulting, Glen Gilman has collaborated on the digital strategy in place today at many New England health systems. As a Business Development Manager for Taylor Healthcare, he has been focused on helping clients mitigate risk in the informed consent process by leveraging Taylor's iMedConsent Solution. Born and raised in Connecticut, Glen and his family currently live just outside Boston in Danvers.

***Creating Work Force Safety in Behavioral Health*****Abstract:**

In 2020, our hospital was tasked with creating a Workforce Safety Council. The greatest threat at the time was COVID-19. As COVID began to recede, it was apparent that patient assaults were the biggest threat to our staff. Prior to this, physical plant-related and safety issues were resolvable for the team, however, patient behavior was out of reach for this group. In conjunction with the clinical team, we were able to address this issue. The clinical team developed a "Pause" program to address egregious, violent, biased, or threatening behavior in a clinically therapeutic fashion. Although we have just begun realizing the data, the morale and overall satisfaction of the staff have improved.

**Objectives:**

- 1) Outline the development of a Workforce Safety Council that addresses the entire work force across shifts, locations and disciplines.
- 2) Explain the benefits (retention, financial, employee satisfaction) of having a workforce safety council.

- 3) Describe the integration of clinical work into work force safety initiatives to prevent staff injury related to assaults

**Speaker:**

**Sarah Nottage, RN, BSN**

Bradley Hospital, a Lifespan affiliate

Sarah Nottage is a risk manager from Rhode Island. She has been an RN for 40 years, working in operations, quality, medical education and risk for over 30 years. Sarah was the first risk manager to be hired exclusively for Bradley Hospital and has developed a risk management service for the hospital including inpatient, outpatient, residential and school services. In 2018, Sarah co-led a team that received Lifespan's Barnett Fain Award for Quality for reducing risk through development of a safe medication protocol for Lifespan residential services. In 2020, Sarah established the Bradley Workforce Safety Council, recruiting staff members from Bradley's many locations, shifts and disciplines.

***Media Considerations and Medicine***

**Abstract:**

This presentation will cover "hot topics" and general guidance regarding media (in its many forms) relevant to medical practice, including: 1) use of social media by physicians, generally and relative to communications about pending litigation; 2) physician webpage/biography content considerations and concerns; 3) patient audio and video recordings and media posts and patient privacy concerns; and 4) media coverage of litigated matters. We will include real world examples for consideration and discussion by attendees.

**Objectives:**

- 1) Impress upon attendees the importance of restraint in social media use by physicians and other medical professionals.
- 2) Give real world examples of helpful/beneficial and harmful/detrimental media presence to medical professionals.
- 3) Provide awareness of patients' recording and social media use relating to medical visits and the rights and responsibilities of medical providers and facilities to limit same.

**Speakers:**

**Rose Marie Joly, Esq,** Sulloway & Hollis

Rose Marie Joly is a member of Sulloway & Hollis, with over 25 years of experience in civil litigation, including defense of medical malpractice, employment, personal injury and contract cases. Rose has represented clients in both state and federal courts, and in disciplinary matters brought before the New Hampshire Boards of Medicine, Nursing, Mental Health and Psychology. She has also conducted employment investigations. Rose has successfully negotiated pre-hearing and pre-trial case resolutions in her clients' best interests. Rose is admitted to the Bar in Massachusetts, New Hampshire, and the U.S. District Court District of New Hampshire.

Rose Marie was named as one of the 2023 Best Lawyers in America® in the field of Medical Malpractice Law (peer-selected) and received the Martindale-Hubbell Distinguished Rating. She is the State Chairperson, Association of Defense Trial Attorneys State Chairperson, co-Vice Chair, Publications Committee, Association of Defense Trial Attorneys, and serves in the NH Access to Justice Commission.

**Paula Domanski, Esq.,** Sulloway & Hollis, P.C.

Paula R. Domanski is associated with Sulloway & Hollis, P.L.L.C. and has over 18 years of civil litigation and insurance experience. She is a JD, *cum laude* graduate of Boston University School of Law and has a BA *cum laude* from the University of New Hampshire. She has represented clients in state and federal court in a wide range of matters including medical malpractice, insurance coverage, premises liability, contract disputes, auto liability and guardianship proceedings.

Paula is admitted to practice in MA and NH state and federal courts but has also represented clients in NJ and PA while serving as national counsel for a large commercial carrier.