2022

STRONGER

vizient® CONNECTIONS SUMMIT

Sept. 19–21, 2022

EDUCATION PROGRAM

POWER HUDDLES AT A GLANCE

	TUESDAY, SEPTEMBER 20	
	EXECUTIVE POWER HUDDLES	
	2:45–3:45 p.m.	**4:00–4:45 p.m.**
Bandol 1	**VPH211** **Drive Global Impact on Care Equity and Access: Leveraging Big Data** *Panel*	**VPH221** **March Madness in September** *Vizient*
Bandol 2		**VPH222** **Leveraging Vizient to Support Your Health Equity Needs** *Vizient*
Meursault	**VPH213** **Service Line Strategy: A Cross Service Line Perspective** *Sg2*	**VPH223** **New Energy, New Urgency: Health Care Hits Reset** *Sg2*
Fleurie	**VPH214** **Managing a Medication Access Meltdown in 340B Degrees** *Panel*	**VPH224** **Navigating Health Care Cybersecurity: What's Now, What's Next, What We Need to Know** *Panel*
Castillon	**VPH215** **Patient Care Utilization Trends and Their Impact on Spend Projection** *Sg2*	
Musigny	**VPH216** **Strategic Solutions for Reimagining Your Workforce** *Vizient*	**VPH226** **Medical University of South Carolina Patient Collections** *Panel*

WEDNESDAY, SEPTEMBER 21 *(Morning)*

POWER HUDDLES

	8:00–8:45 a.m.	9:00–9:30 a.m.	9:45–10:45 a.m.
Bandol 1	**PH311** **Telemedicine's Impact on Rural Hospitals and Vulnerable Patient Populations** *Member Panel*	**PH321** **Vertical and Horizontal Alignment Drive HRO Success** *NYU Langone Health*	**PH331** **Assessing and Implementing AI and Machine Learning to Optimize Care** *Member Panel*
Bandol 2	**PH312** **Supporting Our Staff: Promoting Resiliency and Well-Being** *Member Panel*	**PH322** **Lactate and INR Dashboarding to Action** *UT Health*	**PH332** **Technology and Changing Culture Intensify Focus On Hospital-Acquired Conditions** *Member Panel*
Meursault	**PH313** **Reimagining the Inbox: A Tale of Two Hospitals** *Member Panel*	**PH323** **One Health: Building A New Ecosystem of Care for the Uninsured** *Regional One Health*	**PH333** **Addressing SDoH to Advance Health Equity Goals** *Member Panel*
Castillon	**PH314** **Investing in Our Future: Nurse Leadership Development and Succession Planning** *Member Panel*	**PH324** **Improving Patient Flow: A Roadmap to Health System Synchronization** *The Ohio State University Wexner Medical Center*	**PH334** **Clinical Documentation Integrity: Improving Capture of Risk Variables** *Member Panel*
Fleurie	**PH315** **Clinical Navigators: Facilitating Transitions of Care** *Member Panel*	**PH325** **Multifaceted Management of Behavioral Concerns in a Nonpsychiatric ED and General Hospital** *Duke Raleigh Hospital*	**PH335** **Reducing Readmissions Using AI, Predictive Analytics and Interdisciplinary Teams** *Member Panel*
Musigny	**PH316** **Establishing a Medication Value Analysis Committee With Site-of-Care Considerations** *UCSF Health* **(8:15 start time)**	**PH326** **Equipment Found! Using an RTLS to Track Movable Medical Equipment** *Novant Health*	**PH336** **Supply Chain Process Improvement: From Problems to Opportunities** *Member Panel*
Hermitage	**PH317** **Advancing Antimicrobial Stewardship for the Future** *Member Panel*	**PH327** **Opioid Stewardship: Where the Rubber Meets the Road** *UAB Hospital*	**PH337** **The Importance, Implementation and Optimization of Biosimilars: Proven Strategies** *Member Panel*
	8:00–8:45 a.m.	9:00–9:30 a.m.	9:45–10:45 a.m.
Lafleur	**VPH318** **Evolving Care Models: Let's Talk About Your Ambulatory Opportunities** *Vizient*	**VPH328** **Capital Strategy Continuum: How To Build a Comprehensive Construction Program** *Panel*	**VPH338** **Supply Chain Economic Outlook and Preparing for the Unexpected** *Panel*

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vizient. CONNECTIONS SUMMIT

September 19–21, 2022

POWER HUDDLES AT A GLANCE

WEDNESDAY, SEPTEMBER 21 *(Afternoon)*		
POWER HUDDLES		
	1:30–2:00 p.m.	2:15–2:45 p.m.	3:00–3:45 p.m.

	1:30–2:00 p.m.	2:15–2:45 p.m.	3:00–3:45 p.m.
Bandol 1	**PH341** **Prediction Software Helps Reduce Hypotension and Improve Outcomes** *Cleveland Clinic*	**PH351** **AI and Collaborative Workflows Predict and Prevent Clinical Deterioration** *Stanford Health Care*	**PH361** **Partnering With the C-Suite for Effective Communication** *The University of Kansas Health System* **(3:30 end time)**
Bandol 2	**PH342** **Changing the Narrative in Our Region During the Pandemic** *The University of Kansas Health System*	**PH352** **Developing a Physical Rehabilitation Program for Long-COVID-19 Patients** *Ellenville Regional Hospital*	**PH362** **ED Sepsis Care: Reducing Delays in Antibiotic Administration** *The Johns Hopkins Hospital* **(3:30 end time)**
Meursault	**PH343** **Operationalizing Clinical Governance and Continuous Improvement in a Health System** *UCHealth*	**PH353** **Creating Physician/APP Engagement Through the Use of Data** *Intermountain Healthcare*	**PH363** **Collaborative, Dynamic Culture Engages Workforce** *Reid Health*
Castillon	**PH344** **Shifting From Crisis to Control: Strategies for Life With COVID-19** *UC San Diego Health*	**PH354** **People Analytics: Bring Your People Data to Life** *Duke University Health System*	**PH364** **Implementing a Comprehensive Workplace Violence Prevention Program** *Member Panel*
Fleurie	**PH345** **How a Safety Net Hospital Reduced LOS Index by 13%** *Denver Health*	**PH355** **Bridging Hospitals and Home Care to Support Safe Transitions Home** *Penn Medicine*	**PH365** **Virtual and Bridge Clinic Approaches That Improve Care Transitions and Reduce Readmissions** *Member Panel*
Musigny	**PH346** **Optimizing the SPD: Error Capture and Data-Driven Decision-Making** *OSU Wexner Medical Center*	**PH356** **Creating New Roles and Tools for Tomorrow's Supply Chain** *Penn State Health*	**PH366** **Powering Mayo Clinic Supply Chain Analytics Through Product Information Management** *Mayo Clinic* **(3:30 end time)**
Hermitage	**PH347** **Transitional Care Pharmacists Bridge Hospital-to-Home Gaps for Geriatric Patients** *Stanford Health Care*	**PH357** **Booze, Benzos and Barbiturates: Developing UCHealth Alcohol Withdrawal Therapy** *UCHealth*	**PH367** **Quantifying and Reducing Medication Waste in Health Care** *Member Panel*

	1:30–2:45p.m.		3:00–3:45 p.m.
Lafleur	**VPH348** **The Future of Transparency: Solving Health Care's Toughest Challenges** *Vizient*		**VPH368** **How A Supply and Clinical Variation Reduction Program Improved Quality** *Vizient*

POWER HUDDLES

EXECUTIVE POWER HUDDLES

EXECUTIVE POWER HUDDLES

Session VPH211
Drive Global Impact on Care Equity and Access: Leveraging Big Data
Tuesday, 2:45–3:45 p.m.
Bandol 1

Heather Blonsky, Lead Data Scientist, Vizient

Jonathan Gleason, MD, Executive Vice President and Chief Clinical Officer, Prisma Health, Greenville, SC

Wendy Ross, MD, Director, Associate Professor, Jefferson Center for Autism and Neurodiversity, Philadelphia, PA

Keywords:
Intellectual Disability, Developmental Disability, Care Gaps, Health Disparities, Data Mining, COVID-19

Learning Objectives:
- Describe the evolution of data utilization to build capacity and consensus and improve community health for high-risk patients.
- Identify the types of data used to detect independent risk factors of the community of interest, the challenges and opportunities that currently exist in the health care system, and the overall impact data messaging and visualizations can have on health care equity.
- Explain the potential impact an organization can have using data mining on the greater health care landscape.

Overview:
Research published in 2021 in *NEJM Catalyst* about the devastating impact of COVID-19 on people with intellectual disabilities has not only led to policy change within the U.S. but also practice changes across the world.[1] A team from Jefferson Health partnered with Vizient to perform an analysis of 64 million U.S. patients to determine the impact of an intellectual disability as a contributing risk factor for receiving a COVID-19 diagnosis or dying from COVID-19. In this interactive session, team members will discuss this research and their experience to date in catalyzing change for people with intellectual and developmental disabilities, as well as the gaps in care they still face and how health care systems should address health disparities for this population and others using data to drive change.

This session does not award accredited CE credit.

Session VPH213
Service Line Strategy: A Cross Service Line Perspective
Tuesday, 2:45–3:45 p.m.
Meursault

Chad Giese, MBA, Principal, Sg2 Intelligence
Rebecca Limestall, MBA, MHSA, Principal, Sg2 Intelligence

Keywords:
Service Line, Forecast, Utilization, Trends, Strategy

Learning Objectives:
- Discuss how to anticipate growth opportunities for inpatient and outpatient services in the next three, five and 10 years for high-growth service lines.
- Identify the factors and strategic levers that will most influence future demand.
- Assess how shifts in care delivery locations will impact future growth opportunities.
- Explain how to leverage growth opportunities and better prepare for an evolving system of CARE.

Overview:
Sg2® experts will present 10-year growth projections, site-of-care shifts, and adjustments made for ongoing effects of the COVID-19 pandemic, while also discussing workforce shortages for core growth service lines, including orthopedics, cancer, cardiovascular, neurosciences and behavioral health. They will explain the strongest influences on growth across the care continuum and key service lines, helping organizations learn how to understand and leverage growth opportunities to deliver value-driven care in the decade ahead. Join us to learn the relevant trends across your service lines to anticipate and capture growth.

1. Gleason J, Ross W, Fossi A, Blonsky H, Tobias J, Stephens M. The devastating impact of Covid-19 on individuals with intellectual disabilities in the United States. *NEJM Catalyst*. March 5, 2021. doi: 10.1056/CAT.21.0051

● General CE ● Pharmacist ● Nurse ● Physician ● Pharmacy Technician ● ACHE ● IPCE ● CPHQ

Session: VPH214
Managing a Medication Access Meltdown in 340B Degrees
Tuesday, 2:45–3:45 p.m.
Fleurie

Greg Medley, PharmD, MBA, 340B ACE, FASCP, *Senior Director, 340B Drug Pricing Program Services, Vizient*

Jenna Stern, JD, *Senior Regulatory Affairs and Public Policy Director, Vizient*

Charlton Park, *Chief Financial Officer, University of Utah Health, Salt Lake City, UT*

Sara Bamford, *340B Pharmacy Manager, University of Utah Health, Salt Lake City, UT*

Shelly Wiest, PharmD, *Senior Vice President, 340B Compliance and Education, Apexus LLC*

Keywords:
340B, Drug Pricing, Outpatient Drugs, Safety Net Providers, Underserved Populations

Learning Objectives:
• Describe 340B program history.
• Assess the current situation and develop potential strategies to mitigate the impact of manufacturers' restrictions.
• Describe Vizient position and activity.
• Discuss impact on health care organizations.

Overview:
Created in 1992, the 340B Drug Pricing Program provides discounts on outpatient drugs purchased by safety net providers for eligible patients. The program's intent is to provide financial relief to facilities that provide care to medically underserved populations. Fast forward to October 2020 and manufacturers banned covered outpatient drugs from discounted 340B prices at retail contract pharmacies that partner with covered entities — significantly disrupting financial margins and operations for many organizations. Join us for this informational session where we will discuss the impact of uncovered drugs and assist Vizient members experiencing ongoing issues that impact the 340B program.

This session does not award accredited CE credit.

Session VPH215
Patient Care Utilization Trends and Their Impact on Spend Projection
Tuesday, 2:45–3:45 p.m.
Castillon

Jeff Moser, *Principal, Sg2 – Session Facilitator*

Maddie McDowell, MD, *Senior Principal, Intelligence, Sg2*

Keywords:
Collaboration, Outcomes, Relationships, Processes, Growth, Enhanced Patient Care, Differentiated Connectivity, Sustainable Partnerships, Optimize Performance, Insights, Thought Leadership

Learning Objectives:
• Outline care utilization trends by service line across the inpatient and outpatient environments.
• Explain how utilization changes impact spending strategy.
• Compare and contrast utilization projections to supply chain spend budget.

Overview:
Patient care demand continues to grow in the outpatient market, while the inpatient environment continues shifting toward more complexity. Growth and care complexity both impact supply spend. In this session, you'll hear directly from Vizient members and suppliers on how they're changing the way they anticipate supply spend budgeting. Additionally, you'll better understand how more sophisticated budgeting creates opportunities for provider/supplier collaboration.

This session does not award accredited CE credit.

EXECUTIVE POWER HUDDLES

Session VPH216
Strategic Solutions for Reimagining Your Workforce
Tuesday, 2:45–3:45 p.m.
Musigny

Jackie Herd, DNP, RN, NEA-BC, FACHE, Principal, Operations and Workforce, Vizient

Evy Olson, MSN, MBA, BSN, RN, Vice President, Nursing Programs, Vizient

William Bowen, Principal, Workforce Solutions, Vizient

Keywords:
Operational Efficiency, Workforce, Health Care Burnout, Workforce Consulting, Workforce Recruitment, Workforce Retention, Workforce Solutions, Practicing at the Top of Your License, Workforce Engagement, Workforce Optimization, Workforce Transformation

Learning Objectives:
- Review the macroeconomic factors leading to short- and long-term health care workforce issues.
- Discuss interventions to address current and future workforce shortages.
- Evaluate the effectiveness of various solutions/ interventions in response to workforce challenges.

Overview:
As hospitals and providers settle into an evolving new normal, solutions are beginning to emerge for providers to reimagine care delivery. From recruitment, onboarding and retention strategies to analytics, new technologies, mental health and self-care, many Vizient members are discovering and implementing new best practices. Join Jackie Herd, recently of Grady Health System, and our Vizient team of experts for a panel discussion on what they are seeing and learning in the workforce arena. We will then open the floor for questions and discussion around the challenges and opportunities you're seeing in your health care organizations.

This session does not award accredited CE credit.

Session VPH221
March Madness in September
Tuesday, 4:00–4:45 p.m.
Bandol 1

Tom Robertson, Executive Director, Research Institute, Vizient

Keywords:
National Health Systems, Private Versus Public Health System Models

Learning Objectives:
- Compare features of national health systems, including funding, access, outcomes and costs.
- Identify aspects of a preferred health system model for the future.

Overview:
Borrowing the concept of seeded tournament brackets from athletics, this interactive session will involve audience choices between pairs of existing national health systems to serve as the foundation of a new health delivery system for a fictional country with no preestablished mechanisms for funding or delivering care.

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Session VPH222

Leveraging Vizient to Support Your Health Equity Needs

Tuesday, 4:00–4:45 p.m.
Bandol 2

Eric Lam, *Associate Principal, Intelligence, Vizient*

Heather Blonsky, *Lead Data Scientist, Vizient*

Shaleta Dunn, *Associate Vice President, Member Diversity and Community Initiatives, Vizient*

Nicole Spatafora, *Associate Vice President, PI Programs, Vizient*

Keywords:
Health Equity, Vizient Vulnerability Index, Equity, Social Determinants of Health

Learning Objectives:
• Outline successful strategies that can be used to advance community health equity.
• Discuss best practices for health equity initiatives.

Overview:
Join us for this forum to learn how members can use Vizient tools and leading practices to identify vulnerable populations, increase access and improve outcomes.

This session does not award accredited CE credit.

Session VPH223   ●

New Energy, New Urgency: Health Care Hits Reset

Tuesday, 4:00–4:45 p.m.
Meursault

Mike Strilesky, *Senior Principal, Consulting, Sg2*

Rebecca Limestall, MBA, MHSA, *Principal, Sg2 Intelligence*

Keywords:
Strategy, Growth, Future, Trends

Learning Objectives:
• Describe the trends impacting and influencing your market.
• Assess the resets in the industry, challenging the assumptions of your market and your organization.
• Identify how to grow with new energy, maintaining a mindset of growth in today's financial reality.
• Discuss how to create urgency for a culture of boldness at your organization.

Overview:
After more than two years of primarily reactive, rapid decisions and deployment, the health care industry is ready to reset, as strategic leaders return their attention to the future of their organizations with renewed awareness. However, challenges remain: the markets have changed and variables such as workforce and margins have become constrained. There is still a need for urgency, nimbleness and — now more than ever — a differentiated, strategic approach. We must resist the temptation to do what is easy — that is, reverting to former, more traditional strategies or allowing the past two years to hinder our drive for change.

It is time for our organizations, and all of us as leaders in the health care space, to rise to the occasion to successfully meet the demands of a new environment as health care hits the reset button. Sg2 identifies the trends and resets for health care strategy in 2022 and beyond. Topics of reset will include workforce, growth, virtual health and increased patient acuity.

EXECUTIVE POWER HUDDLES

Session VPH224
Navigating Health Care Cybersecurity: What's Now, What's Next, What We Need to Know
Tuesday, 4:00–4:45 p.m.
Fleurie

Michael Ash, MD, FACP, *Executive Vice President – Chief Transformation Officer, Nebraska Medicine, & Vice Chancellor of Information & Technology at the University of Nebraska Medical Center, Omaha, NE*

Lynn Sessions, *Partner, BakerHostetler*

Josh Sudbury, *Cybersecurity Leader*

Steve Carpenter, *Vice President, Member Networks, Vizient*

Keywords:
Cybersecurity, Risk Assessment, Security Strategies, High Reliability

Learning Objectives:
• Outline best practices to minimize cyber attacks.
• Explain how to detect existing and potential vulnerabilities in organizational systems and protocols.
• Describe security and risk management strategies for incident response to cyberbreaches.

Overview:
Join us for a panel discussion focused on key insights and lessons learned on how health care executives can prepare and execute effective strategies to help minimize the negative impact of a cyber attack on operations, organizational reputation and brand. Experts in cybersecurity, health care privacy and compliance will outline best practices and strategies for risk assessment, risk management and incident response. In addition, Vizient member executives will share their experiences preparing for, discovering and responding to systemwide data breaches with a specific focus on strategic communications to patients, staff and the community.

This session does not award accredited CE credit.

Session VPH226
Medical University of South Carolina Patient Collections
Tuesday, 4:00–4:45 p.m.
Musigny

Franco Cardillo, *Director of Patient Financial Services, Medical University of South Carolina, Charleston, SC*

Leslie Vairo, *Consulting Director, Revenue Cycle, Vizient*

Keywords:
Revenue Cycle, Increased Revenue, Performance Improvement, Reduced Cost

Learning Objectives:
• Identify strategies to optimize vendor performance and increase revenue.
• Outline steps to build successful organizational partnerships.

Overview:
Medical University of South Carolina (MUSC) provides patient care at 14 hospitals with approximately 2,500 beds — with five additional hospital locations in development and nearly 750 care locations. During this Power Huddle, we will discuss MUSC's significant growth that led to outsourcing its patient collections. We will describe in-depth the patient collections project, including the challenges, successes, revenue impact, and the relationship between MUSC and Vizient.

This session does not award accredited CE credit.

POWER HUDDLES AND PANELS

POWER HUDDLES AND PANELS

Session PH311

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Telemedicine's Impact on Rural Hospitals and Vulnerable Patient Populations
Wednesday, 8:00–8:45 a.m.
Bandol 1

Kathleen Fear, PhD, *Director of Data Analytics, Health Lab, University of Rochester Medical Center, Rochester, NY*

Carly Hochreiter, *Senior Analyst/Programmer, Health Lab, University of Rochester Medical Center, Rochester, NY*

Michael Hasselberg, PhD, RN, PMHNP-BC, *Chief Digital Health Officer, University of Rochester Medical Center, Rochester, NY*

John Williams, RN, MBA, *Clinical Operations Director, Specialty Based Care, Intermountain Healthcare, Salt Lake City, UT*

Nathan Starr, DO, *Lead, Tele-Hospitalist Program and Medical Director, Castell Home Services, Intermountain Healthcare, Murray, UT*

Heidi Parker, RN, BSN, *Lead Hospitalist Coordinator, Tele-Hospitalist, Intermountain Healthcare, Salt Lake City, UT*

Keywords:
Telehealth, Transitions of Care, Access, Readmissions, Medication Management, Ambulatory Care, Population Health, SDoH, Social Determinants of Health

Learning Objectives:
- Describe successful strategies to establish telemedicine as an option for vulnerable populations in rural settings.
- Outline services that can be used within a tele-hospitalist program.
- Describe how use of nonelectronic health record data can provide broader context as to how patients make care decisions.

Overview:
Join us for a panel discussion and learn how two health care organizations established innovative approaches to deliver telemedicine in their communities to address health disparities and inequities.

Intermountain Health, which started its tele-hospitalist program to address needs in its rural communities, will describe its growth from a nocturnist program at two hospitals to one that now delivers more than 1,700 unique patient interactions annually across three states.

University of Rochester will explain how its most vulnerable patients benefited from telemedicine during the COVID-19 pandemic, with 17.9% of the University of Rochester Medical Center Medicaid patient population accounting for 25.2% of patients who used telemedicine most extensively. These and other findings provide evidence as to the importance of telemedicine in delivering equitable care.

● General CE   ● Pharmacist   ● Nurse   ● Physician   ● Pharmacy Technician   ● ACHE   ● IPCE   ● CPHQ

Session PH312   ● ● ● ●
Supporting Our Staff: Promoting Resiliency and Well-Being
Wednesday, 8:00–8:45 a.m.
Bandol 2

Tara Rynders, RN, MFA, BSN, BA, Clinical Nurse Educator, Denver Health, Denver, CO

Caroline Bartlett, RN, Surgical RN, Denver Health, Denver, CO

Natalie Tybor, BSN, RN, Surgical RN, Denver Health, Denver, CO

Scott W. Cowan, MD, FACS, Associate Professor of Surgery, Medical Director for Enterprise Risk, Thomas Jefferson University Hospitals, Philadelphia, PA

John T. Olsen, MDiv, BCC, Chaplain, RISE Team Manager, Jefferson Health Abington Hospital, Abington, PA

Keywords:
Staff Empowerment, Staff Resiliency, Second Victim, Proactive Outreach, Workplace Violence

Learning Objectives:
• Describe a team-based and cost-effective implementation model for psychological first aid used at a large health care system.
• Develop a personal definition of resiliency.

Overview:
This session features a panel of health care leaders who will share their insights and experiences with successful programs that support staff well-being and resilience. The discussion will focus on two interventions that support staff resiliency, followed by a moderated discussion on promoting and supporting staff well-being. Interventions include the systemwide implementation of a psychological first aid program, as well as a safe space and protected time for staff to collectively share and care for themselves and each other, focusing on resiliency through the arts and play.

Session PH313   ● ● ● ● ●
Reimagining the Inbox: A Tale of Two Hospitals
Wednesday, 8:00–8:45 a.m.
Meursault

Jeffrey Quach, PharmD, BCACP, LSSGB, Clinical Pharmacy Manager, Ochsner Health, New Orleans, LA

Matthew Malachowski, PharmD, MHA, BCPS, System Director, Ochsner Health, New Orleans, LA

Julian Z. Genkins, MD, Hospitalist, Clinical Informatics Fellow, Stanford Medicine, Palo Alto, CA

Hurley Smith, MHA, MBB, Director, Improvement Team, Stanford Medicine, Palo Alto, CA

Keywords:
Workforce, Physician Burnout, Patient Messaging, Telehealth Management

Learning Objectives:
• Describe the relationship between patient messages and care team wellness.
• Discuss new processes proven to alleviate some of the patient messaging burden on clinic teams.

Overview:
Ochsner Health and Stanford Medicine will share their experiences in reimagining care delivery with providers and patients in mind, optimizing contributions made by each member of the care team. This session will highlight interventions that include reducing the burden of electronic messaging on providers, as well as an innovative approach to centralizing refill requests.

POWER HUDDLES AND PANELS

Session PH314 ● ● ●

Investing in Our Future: Nurse Leadership Development and Succession Planning
Wednesday, 8:00–8:45 a.m.
Castillon

Patricia Soltero Sanchez, RN, DNP, MAOM, BSN, Clinical Nursing Director II, Los Angeles County Department of Health Services – Rancho Los Amigos National Rehabilitation Center, Montebello, CA

Alice Nash, PhD, RN, NEA-BC, NPD-BC, System Senior Director, Nursing Professional Development & Clinical Outcomes, NYU Langone Health, New York, NY

Kathryn Lang, DNP, RN, NE-BC, Senior Director Nursing, NYU Langone Hospital – Long Island, Mineola, NY

Keywords:
Workforce, Retention, Professional Development, Career Ladder, Nurse Leaders

Learning Objectives:
• Identify the steps needed to develop a nurse leadership program for charge nurses.
• Discuss strategies to plan and implement a program for nurse leadership succession planning.

Overview:
This session features a panel of nurse leaders who will share insights on how to successfully develop strong and resilient nurse leaders for the future.

Rancho Los Amigos National Rehabilitation Center created a nurse leadership development program that provides charge nurses with the additional leadership education, support and experience needed to transition into anticipated future leadership vacancies within the organization. The outcome of this evidence-based approach is to grow nurses into competent and confident leaders.

At NYU Langone Medical Center, succession planning is a critical component in nurse leadership development, ensuring that key roles remain filled with competent leaders in alignment with the mission, vision and values of the organization. One strategy, the Nursing Leadership Bench Strength Project, is specifically designed to create and develop a pipeline of future nurse leaders. This succession strategy was developed collaboratively through a doctor of nursing practice

(DNP) and PhD partnership at an academic medical center within an integrated health system.

Join us to learn how the panelists are developing and securing a robust pipeline of future nurse leaders.

● General CE   ● Pharmacist   ● Nurse   ● Physician   ● Pharmacy Technician   ● ACHE   ● IPCE   ● CPHQ

Session PH315   ● ● ● ● ●
Clinical Navigators: Facilitating Transitions of Care
Wednesday, 8:00–8:45 a.m.
Fleurie

Kathryn Allen, CRNP, AGACNP, *Acute Leukemia Transitions Coordinator, The Hospital of the University of Pennsylvania, Philadelphia, PA*

Erin Lightheart, MBA, CSSBB, PMP, *Master Improvement Advisor, Penn Medicine, Philadelphia, PA*

Colleen Kucharczuk, DNP, CRNP, *Manager of Oncology Advanced Practice Providers, Penn Medicine, Philadelphia, PA*

Hae Mi Choe, PharmD, *Associate Chief Clinical Officer for Quality and Care Innovations, Michigan Medicine, Ann Arbor, MI*

Michelle Neeley, *Project Manager, Michigan Medicine, Ann Arbor, MI*

Vikas Parekh, MD, *Associate Chief Medical Officer and Professor of Internal Medicine, Michigan Medicine, Ann Arbor, MI*

Keywords:
Transitions of Care, Readmissions, Predictive Analytics, Clinical Navigator, Medication Reconciliation

Learning Objectives:
• Describe a team-based approach to reduce admissions through a centralized, bundled, transitions-of-care program.
• Discuss how to identify and address team-based gaps in transitions of care from inpatient to post-acute and outpatient settings.
• Identify how to incorporate clinical navigator roles to smooth transitions of care between teams.

Overview:
Join us for a panel discussion about how two health care organizations incorporated navigator roles to smooth transitions of care from inpatient to post-acute and outpatient settings.

Michigan Medicine implemented a comprehensive transitions-of-care program that contributed to reduced readmissions. The program includes a bundled approach with centralized nurse and pharmacist contact before primary care appointments, as well as follow-up post-inpatient discharge to address clinical and medication-related questions. Results to date demonstrate decreased readmission rates for program participants versus nonparticipants.

Penn Medicine will share the evolution of its new transitions provider role that addresses identified care transition gaps for acute leukemia patients. An inpatient-based nurse practitioner serves as an expert consultant to the primary care team and patient while advancing care planning and facilitating a smooth transition out of the hospital. Results to date demonstrate reduced readmissions for this patient population. This quality improvement intervention creates a system that better supports patient care needs across the continuum and prevents essential elements from being overlooked.

Join the panelists to learn more about their successful transitions of care.

POWER HUDDLES AND PANELS

Session PH316

Establishing a Medication Value Analysis Committee With Site-of-Care Considerations
Wednesday, 8:15–8:45 a.m.
Musigny

Candy Tsourounis, PharmD, *Pharmacoeconomics and Drug Use Management Supervisor, UCSF Health, San Francisco, CA*

Jessica Galens, PharmD, MBA, *Assistant Chief Pharmacy Officer, Business Services, UCSF Health, San Francisco, CA*

Keywords:
High-Cost Medications, P&T Committee, Site of Care

Learning Objectives:
- Identify the essential components of a comprehensive medication review for inpatient site-of-care appropriateness.
- Examine ways that your organization might adopt a similar strategy to ensure value-based care.

Overview:
UCSF Health underwent a comprehensive assessment to identify ways to manage use of high-cost medications. The assessment incorporated strategies in the published literature and external best practices to develop a new model for site-of-care considerations during inpatient hospital stays. This effort resulted in the formation of an interdisciplinary subcommittee of the Pharmacy & Therapeutics Committee called the Medication Value Analysis Committee, as well as the creation of a site-of-care appropriateness questionnaire called the Outpatient Medication Used Inpatient.

Session PH317

Advancing Antimicrobial Stewardship for the Future
Wednesday, 8:00–8:45 a.m.
Hermitage

Joseph Reilly, PharmD, *Pharmacist, AtlantiCare Regional Medical Center, Pomona, NJ*

Nick Bennett, PharmD, BCIDP, *Manager, Antimicrobial & Diagnostic Advisement Program, Saint Luke's Health System, Kansas City, MO*

Sarah Boyd, MD, *Medical Director, Antimicrobial & Diagnostic Advisement Program, Saint Luke's Health System, Kansas City, MO*

Cindy (Mei Xian) Hsieh, PharmD, BCPS, BCIDP, *Clinical Pharmacy Specialist – Infectious Diseases, Alta Hospitals System, Los Angeles, CA*

Sehjan Bhura, PharmD, *Chief Pharmacy Officer, Prospect Medical Holdings, Los Angeles, CA*

Keywords:
Antimicrobial Stewardship, Antibiotic Stewardship, HAI, Antibiotic Protocol, Orthopedics, Resource Utilization, Diagnostic Testing, Hybrid Work Model, Infectious Disease, Diagnostic Stewardship, Community Hospitals, Antibiotic Stewardship Program

Learning Objectives:
- Identify the major pathogens associated with postoperative orthopedic surgeries.
- Discuss the methods employed to ensure proper antibiotics are used for surgical prophylaxis in orthopedic procedures.
- Outline strategies to engage multidisciplinary and leadership teams in the redeployment of a diagnostic testing application — leveraging the skills and knowledge of the antimicrobial stewardship program and microbiology department.
- Identify the implementation, engagement and savings of a multi-facility, centralized, antibiotic stewardship program in a community health system.

Overview:
This session features a panel of health care leaders who will share their experiences surrounding the benefits and importance of advanced antimicrobial stewardship programs.

After observing a surgical site infection (SSI) increase in certain orthopedic procedures, AtlantiCare Regional

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Medical Center's Antimicrobial Stewardship Program modified its existing surgical prophylaxis protocol by adding gentamicin to reduce the postoperative infection rate — successfully reducing the rate of SSI occurrence.

The centralized Antimicrobial and Diagnostic Advisement Program at Saint Luke's Health System leads diagnostic stewardship efforts. The organization successfully navigated diagnostic challenges by hosting a diagnostic stewardship summit, informing other health systems how embracing diagnostics optimizes long-term fiscal and clinical gains.

Alta Hospitals established a multihospital, centralized antibiotic stewardship program (ASP) among five acute care and three subacute care community facilities. Within two years of its inception, this centralized ASP transformed the hospital facilities from having minimal ASP oversight to achieving the California Department of Public Health Antimicrobial Stewardship Program Honor Roll.

Join this session to hear great insights to help advance antimicrobial stewardship at your organization.

Session PH321   ● ● ● ● ●
Vertical and Horizontal Alignment Drive HRO Success
Wednesday, 9:00–9:30 a.m.
Bandol 1

Ilseung Cho, MD, MSc, Chief Quality Officer and Associate Professor of Medicine, NYU Langone Health, New York, NY

Julia Gardner, MBA, RN, Director of Clinical Operations and Resourcing, NYU Langone Health, New York, NY

Keywords:
Unit-Based Scorecard, Staff Engagement, Shared Accountability, High-Reliability Organization

Learning Objectives:
• Describe how vertical alignment of goals and initiatives from the unit level drives organizational improvement.
• Explain how to engage senior leadership in unit-level performance to enhance staff engagement and performance improvement.

Overview:
Maintaining alignment of unit-based improvement activities with organizational goals is a challenge in a rapidly expanding and complex academic medical center environment. Transparently monitoring data at the unit level, ensuring that targeted interventions aligned with our areas of greatest opportunity, and engaging frontline staff in developing and implementing improvement activities were paramount to achieving success in two areas: our high-reliability organization journey and our domain goals of quality, safety, patient experience and efficiency. We will describe how we maintain alignment of the initiatives undertaken by the units with our organizational goals, while also supporting areas struggling to meet their goals.

POWER HUDDLES AND PANELS

Session PH322 ● ● ● ● ●
Lactate and INR Dashboarding to Action
Wednesday, 9:00–9:30 a.m.
Bandol 2

Jeffrey Chen, MD, Hospitalist, Memorial Hermann-Texas Medical Center; UT Health McGovern Medical School, Houston, TX

Michelle Narat, MS, Six Sigma Master Black Belt, Memorial Hermann-Texas Medical Center; UT Health McGovern Medical School, Houston, TX

Bela Patel, MD, CMQ, FCCP, Regional Chief Medical Officer/Executive Medical Director of Critical Care Medicine, Memorial Hermann-Texas Medical Center; UT Health McGovern Medical School, Houston, TX

Keywords:
Sepsis Bundle, Real-Time Learning, Patient-Level Dashboard, International Normalized Ratio

Learning Objectives:
- Interpret a sample patient-level dashboard for warfarin INR and sepsis lactate.
- Discuss a multidisciplinary approach to dealing with warfarin INR and sepsis lactate fallouts.

Overview:
At Memorial Hermann-Texas Medical Center, we recognized that patients on warfarin with an international normalized ratio (INR) greater than five and sepsis patients with no lactate drawn within the first 12 hours led to increased mortality and length of stay. We developed patient-level dashboards that visualize the timeline surrounding each identified fallout. A new case appearing on the dashboard activates multidisciplinary teams to review and provide feedback to all involved parties for each event. This real-time, continuous learning model for each fallout has improved both our warfarin INR and sepsis lactate metric values.

Session PH323 ● ● ●
One Health: Building A New Ecosystem of Care for the Uninsured
Wednesday, 9:00–9:30 a.m.
Meursault

Susan Cooper, MSN, RN, FAAN, Chief Integration Officer, Senior Vice President, Regional One Health, Memphis, TN

Megan Williams, MSN, RN, CNL, Director, Complex Care, Regional One Health, Memphis, TN

Keywords:
Health Equity, Continuum of Care, Community Partnership, SDoH, Social Determinants of Health, Safety Net Provider

Learning Objectives:
- Identify two benefits of team-based screening of patients for social risk factors.
- Describe how to utilize social risk data to engage community partners in community care planning.

Overview:
The current health care system is not adequately structured to serve people with complex health and social needs. Individuals experiencing poverty, lack of insurance, homelessness, hunger and violence often use the emergency department (ED) as their main or only source of care. One Health was designed to improve the health of our uninsured and medically and socially complex frequent utilizers and to bend the financial cost curve. By addressing identified social risk factors and engaging with community partners in new ways, the program has demonstrated sustainable health improvements, a significant decrease in inappropriate ED utilization, and a positive and significant impact on the organization's financial performance.

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Session PH324 ● ● ● ●

Improving Patient Flow: A Roadmap to Health System Synchronization

Wednesday, 9:00–9:30 a.m.
Castillon

Naeem Ali, MD, *Medical Director, The Ohio State University Wexner Medical Center, Columbus, OH*

Franklin Owusu, MBA, MPA, FACHE, *Administrator, Hospital Operations, The Ohio State University Wexner Medical Center, Columbus, OH*

Keywords:
Capacity Management, Operational Efficiency, Governance, Key Performance Indicators, Dashboard

Learning Objectives:
• Describe a systems-based patient flow strategy that aligns teams across the care continuum, including development of a robust improvement portfolio and key performance indicator dashboard.
• Outline a clear delineation of shared and separate roles and responsibilities of health system leaders related to patient flow, including key performance indicators and operational alignment.

Overview:
The Ohio State University Wexner Medical Center historically structured patient flow-related functions in a siloed environment. Key departments reported through different administrators and hospitals, including environmental services (EVS), patient transport, transfer center, bed placement and University Hospital's emergency department (ED). To improve alignment and accountability, we underwent an administrative restructuring, recruiting a single leader for systemwide patient flow oversight. This role oversees EVS, patient transport, transfer center, bed placement and ED operations. Next, we redesigned the patient flow governance model, creating a health system oversight committee structure covering areas from telehealth, outreach, ambulatory services, ED and acute care hospitals through post-acute operations.

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Session PH325 ● ● ●

Multifaceted Management of Behavioral Concerns in a Nonpsychiatric ED and General Hospital
Wednesday, 9:00–9:30 a.m.
Fleurie

Erin Howard, PhD, *Assistant Professor, Department of Psychiatry and Behavioral Sciences, Duke School of Medicine, Duke Raleigh Hospital, Raleigh, NC*

Elizabeth Larson, MSN, RN, *Service Line Director, Neurosciences and Behavioral Health, Duke Raleigh Hospital, Raleigh, NC*

Katia S. Ferguson, MSN, RN, CEN, NEA-BC, *Clinical Operations Director, Duke Raleigh Hospital, Raleigh, NC*

Keywords:
Behavioral Health, Workflow, Mental Health Evaluations

Learning Objectives:
- Describe variations on traditional face-to-face psychiatric consultation-liaison to improve care management in a nonpsychiatric general hospital.
- Discuss delayed admission workflow for patients presenting to the general emergency department with behavioral health needs.

Overview:
In this 200-bed medical-surgical hospital without a dedicated inpatient psychiatric unit or psychiatric emergency department (ED), new patient arrivals needing mental health evaluations were admitted to the medical-surgical unit and seen by the Consult-Liaison Psychiatry (CLP) service. Hospital leadership recognized the significant demand for liaison work around staff responses to patient behavior (e.g., agitation and uncooperativeness), as well as an opportunity to streamline care and decrease non-medically necessary transfers between care areas. Following the trial of a 24-hour delay between the psychiatric evaluation and hospital admission, this new workflow was associated with a 60% decrease in nonmedical hospital admissions and a 50% decrease in length of stay for all patients visiting the ED for behavioral health concerns, independent of discharge destination. In addition, from 2019 to 2021 the CLP service evolved in depth and breadth. Specific initiatives included: (1) use of behavioral health rounding nurses; (2) needs-driven interdisciplinary behavioral rounding; (3) protocolized behavioral emergency responding; and (4) complex management planning for patients at demonstrated risk of disruptive behavior. Preliminary analyses show progressively decreasing restraint utilization alongside decreased overhead calls for behavioral emergencies.

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Session PH326   ● ● ● ●
Equipment Found! Using an RTLS to Track Movable Medical Equipment
Wednesday, 9:00–9:30 a.m.
Musigny

Adam Worland, CPM, *Sourcing Director, Novant Health, Kannapolis, NC*

Cody Absher, *Manager, Supply Chain Inventory Planning, Novant Health, Kannapolis, NC*

Keywords:
Supply Chain, Logistics, Tracking System, Real-Time Location Service, Equipment Replacement

Learning Objectives:
- Discuss which equipment categories commonly incur loss and what causes these losses.
- Define what an RTLS is and how it works.
- Identify the multiple benefits of an RTLS.

Overview:
Novant Health deployed a real-time location service (RTLS) to track the location of movable equipment within the organization. Since deployment more than two years ago, we have greatly reduced loss of IV and sequential compression device pumps, telemetry boxes, and more. The savings from avoiding replacement of lost equipment is substantially greater than the annual fee of the Bluetooth-enabled RTLS system. Additionally, clinicians are reclaiming valuable time at the bedside by not having to search for equipment. Our next phase is to rightsize our equipment fleet to maximize efficiency using the capabilities and data from RTLS tracking.

Session PH327   ● ● ● ● ● ● ●
Opioid Stewardship: Where the Rubber Meets the Road
Wednesday, 9:00–9:30 a.m.
Hermitage

Elise Dasinger, PharmD, MHA, *Opioid Stewardship Pharmacist, UAB Hospital, Birmingham, AL*

Laura Leal, MSN, RN, CNL, *Opioid Stewardship Manager, UAB Hospital, Birmingham, AL*

Keywords:
Medication Stewardship, Pain Management, Service Line Leadership, Opioid Stewardship Program

Learning Objectives:
- Discuss three benefits of opioid stewardship programs and service line partnerships.
- Explain how data is instrumental in driving quality improvement of pain practices.

Overview:
This presentation demonstrates the importance of close relationships between opioid stewardship programs (OSP) and clinical service lines in addressing the opioid crisis through standardized data analysis, resource sharing, and understanding the unique pain needs of various patient populations. Through collaboration with subject matter experts in an OSP, clinicians are empowered to design solutions tailored to specific patient populations. This presentation will illustrate positive qualitative and quantitative outcomes achieved through clinical partnerships and it will also validate that best practice processes can be standardized at the organizational and microsystem levels while meeting individualized patient needs.

POWER HUDDLES AND PANELS

Session PH331 ● ● ●
Assessing and Implementing AI and Machine Learning to Optimize Care
Wednesday, 9:45–10:45 a.m.
Bandol 1

Kory Anderson, MD, CHCQM-PHYADV, FACP, *Medical Director, Physician Advisor Services, CDI & Quality, Intermountain Healthcare, Salt Lake City, UT*

Sathya Vijayakumar, MS, MBA, *Senior Clinical Operations Manager, Intermountain Healthcare, Salt Lake City, UT*

Kearstin Jorgenson, MSM, CPC, COC, *Operations Director, Intermountain Physician Advisor Service and CDI, Intermountain Healthcare, Salt Lake City, UT*

Olubusayo Daniel Famutimi, MBBS, MPH, *Senior Healthcare Analytics Consultant, University of Missouri Healthcare, Columbia, MO*

Amelia Sattler, MD, *Physician and Associate Medical Director of Stanford Healthcare AI Applied Research Team, Stanford Family Medicine-Hoover, Palo Alto, CA*

Margaret Smith, MBA, *Director of Operations, Stanford Healthcare AI Applied Research Team, Stanford School of Medicine, Redwood City, CA*

Keywords:
AI Mortality Improvement, Observed and Expected Mortality

Learning Objectives:
• Discuss the use of AI-based tools to sustain expected mortality and patient safety indicator improvement efforts.
• Compare and contrast approaches using traditional research versus quality improvement methodology for the co-development and translation of AI/ML technologies in health care.
• Identify how AI can be leveraged for risk stratification of hospitalized COVID-19 patients.

Overview:
This moderated session features panelists with different perspectives on assessment and implementation of artificial intelligence (AI) technology. Panelists will discuss the assessment, development and translation of artificial intelligence/machine learning (AI/ML) into health care, coupled with perspectives from three organizations that will shed light on experiences leveraging AI to improve care in the inpatient and outpatient setting.

Session PH332 ● ● ●
Technology and Changing Culture Intensify Focus On Hospital-Acquired Conditions
Wednesday, 9:45–10:45 a.m.
Bandol 2

Justin F. Smyer, MBA, MPH, MLS(ASCP)CM, CIC, FAPIC, *Director, Clinical Epidemiology, The Ohio State University Wexner Medical Center, Columbus, OH*

Emily Hazelton, RN, MSN, *Administrative Director of Nursing Operations, SSM Health Saint Louis University Hospital, St. Louis, MO*

Lindsay Werth, MSN, RN, CMSRN, CPPS, *Patient Safety Program Manager, Northwestern Medicine Lake Forest Hospital, Lake Forest, IL*

Mechelle Krause, MSN, APRN, AGCNS-BC, WCC, OMS, *Clinical Practice Specialist Wound/Ostomy, Northwestern Medicine Lake Forest Hospital, Lake Forest, IL*

Keywords:
Compliance, HAI, CAUTI, Culture Change, Wound Management

Learning Objectives:
• Discuss how to create a culture of ownership where patient harm is unacceptable.
• Identify three benefits and three challenges of implementing an electronic hand hygiene monitoring system.
• Describe how to develop a thermal imaging protocol in your organization.

Overview:
This session features a panel of health care leaders who will share their experiences and discuss the importance and impact of reinvesting in basic patient safety and patient care measures. The Ohio State University Wexner Medical Center will share its successful implementation of an electronic hand hygiene system at a large academic medical center, including lessons learned and key strategies for successful adoption. Initial results demonstrated a 10% to 30% increase in hand hygiene compliance.

An uptrend with deep tissue injuries (DTIs) more than doubling year-over-year had Northwestern Medicine Lake Forest Hospital laser-focused on reducing hospital-acquired pressure injuries. By leveraging thermal imaging technology and identifying 43 cases

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that would have been deemed deep tissue injuries, the DTI rate has decreased by 88% year-over-year.

SSM Health Saint Louis University Hospital identified an opportunity to reduce its catheter-associated urinary tract infections (CAUTIs). Transitioning leaders to a culture of adverse event ownership and treating each CAUTI event like a plane crash — requiring urgent attention to prevent future harm — helped reduce CAUTIs overall.

Join us for this exciting panel discussion and stories of success in reducing hospital-acquired conditions.

Session PH333   ● ● ● ●
Addressing SDoH to Advance Health Equity Goals
Wednesday, 9:45–10:45 a.m.
Meursault

Keri Robertson, DO, *Physician Quality Advisor, Swedish Hospital, Chicago, IL*

Shameem Abbasy, MD/MPH, *Vice President, Quality and Clinical Transformation, Swedish Hospital, part of NorthShore, Chicago, IL*

Kristin O'Neal, BSN, RN, ACM-RN, CCM, *Administrator – Post Acute Transitions & Community Engagement, Norman Regional Health System, Norman, OK*

Wendy Fiebrich, MBA, *Executive Director of Volunteer Services, Norman Regional Health System, Norman, OK*

Barry D. Mann, MD, FACS, *System Medical Director for Health Equity, Main Line Health, Radnor, PA*

Eileen E. Jaskuta, MHA, BSN RN, *System Vice President, Quality and Patient Safety, Main Line Health, Radnor, PA*

Shonalie Roberts, MHA, ARM, LSSGB, *System Director, Health Equity, Main Line Health, Radnor, PA*

Joseph Macdonald, MBA, LSSBB, *Process Improvement Engineer, Main Line Health, Radnor, PA*

Keywords:
Health Equity, Social Determinants of Health, Food Insecurity, Readmissions

Learning Objectives:
• Describe how to translate an organizational strategic imperative into measurable opportunities and actionable interventions to address disparities in care.
• Apply process engineering and operational excellence tools to systematically address complex social determinants of health (SDoH) issues to advance health equity.
• Identify team-based strategies related to food insecurity efforts, depending on the different levels of care for patients being screened and the food distributed.

Overview:
This session will address health care disparities through multiple tactics that highlight community partnerships. Strategies around establishing a leadership structure and use of data analytics will also be featured to address disparities like food and housing insecurity that will help reduce readmissions and improve care coordination efforts.

POWER HUDDLES AND PANELS

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Session PH334

Clinical Documentation Integrity: Improving Capture of Risk Variables
**Wednesday, 9:45–10:45 a.m.
Castillon**

Nissa Perry, MA, LSSBB, *Senior Improvement Advisor, M Health Fairview, St. Paul, MN*

Melissa Haala, RHIA, CCS, *Manager, Inpatient Coding, M Health Fairview, Minneapolis, MN*

Bradley Burns, DO, MBA, FACOEP, *Director of Physician Informatics for Emergency Medicine, M Health Fairview, Minneapolis, MN*

Katherine A. Hochman, MD, *Director, Division of Hospital Medicine and Associate Chair for Quality (Medicine), NYU Langone Health, New York, NY*

Adam J. Goodman, MD, *Director of Quality, Medicine, NYU Langone Brooklyn, Brooklyn, NY*

Ulka Kothari, MD, *Pediatric Physician Informaticist and Director for Ambulatory Quality, Children's Services, NYU Hospital Long Island, NYU Langone Hospital, New York, NY*

Keywords:
Coding, Mortality, AI, CDI

Learning Objectives:
- Identify opportunities for improvement in documentation and coding, specific to mortality.
- Identify a collaborative and highly reliable solution to improve capture of conditions present on admission.
- Describe five key components of quality in medical documentation.
- Discuss the power of machine learning in driving change around improved clinical documentation.

Overview:
Join us for a panel discussion and hear how two health care organizations leveraged technology to accurately capture conditions present on admission and integrate them into the electronic medical record (EMR).

M Health Fairview built an information technology solution that leverages discrete EMR data to identify and fully automate documentation of conditions present on admission in provider history and physical and progress notes. The organization will share how this favorably impacted both capture and mortality rates.

NYU Langone leaders will explain how they created a powerful template to streamline documentation and a tableau dashboard to track utilization and drive feedback. They will also share how they employ an artificial intelligence learning tool and a 5C's rubric they created to grade medical documentation: complete, concise, contingency planning, correct and clinical assessment.

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Session PH335   ● ● ● ● ●

Reducing Readmissions Using AI, Predictive Analytics and Interdisciplinary Teams
Wednesday, 9:45–10:45 a.m.
Fleurie

Tricia L. Baird, MD, FAAFP, MBA, *Vice President, Care Coordination, Spectrum Health, Grand Rapids, MI*

Lindsey L. Eastman, RN, MSN, *Director, Inpatient Care Management and Utilization Management, Spectrum Health, Grand Rapids, MI*

Erica Auger, MSW, *Director, Ambulatory Care Management and Transitions, Spectrum Health, Grand Rapids, MI*

Julie Merz, BSE, *Clinical Quality Manager, Rush University Medical Center, Chicago, IL*

Tisha Suboc, MD, *Advanced Heart Failure Physician, Rush University Medical Center, Chicago, IL*

Zachary Menn, MD, MHA, MBA, *Director, Value Based Care, Houston Methodist Coordinated Care, Houston, TX*

Varun Kumar, MD, *Medical Director, Inpatient Services, Houston Methodist Coordinated Care, Houston, TX*

Keywords:
Transitions of Care, ACO, Heart Failure Readmissions

Learning Objectives:
- Describe how to identify readmission risk using robust predictive analytics.
- Review a balanced risk communication method for real-time handoff of complex acute patients to transition support.
- Discuss the importance of interdisciplinary team care plans to successful outcomes in readmission reduction programs.
- Describe a structured format for patient case review and tracking of program outcomes that can be used to develop data-driven strategic improvements.

Overview:
Join us for a panel discussion to hear how three health care organizations reduced readmissions.

Spectrum Health used artificial intelligence (AI), clinical judgement and predictive analytics to create a communication method that streamlined real-time hand-offs of complex patients to transition support. This program resulted in reduced overall readmissions, as well as reduced readmissions for the orthopedics and pulmonary service lines.

Houston Methodist collaborated with its accountable care organization to develop a patient-centered, physician-led, interdisciplinary approach to reduce heart failure readmissions. Weekly analysis of current data, combined with proactive root cause analyses, contributed to reduced readmissions, as well as improvements in patient care, literacy and health equity.

Rush University Medical Center also focused on heart failure readmissions, developing a heart failure risk score that provides real-time calculated scores for all hospitalized patients. High-risk patient care is coordinated through the Readmission Engagement and Care Transition program, resulting in a steady decrease in readmissions.

POWER HUDDLES AND PANELS

Sessio: PH336 ● ● ● ●

Supply Chain Process Improvement: From Problems to Opportunities
**Wednesday, 9:45–10:45 a.m.
Musigny**

Amanda Puls, BSN, RN, CVAHP, *Clinical Value Analytics Manager, Froedtert Health, Milwaukee, WI*

Jack Koczela, MBA, *Director of Supply Chain Services, Froedtert Health, Milwaukee, WI*

Hussam Bachour, MBA, MSc, *Manager, Supply Chain Systems, The University of Chicago Medicine, Chicago, IL*

Cara Eason, *Strategic Sourcing Manager, University of Chicago Medical Center, Chicago, IL*

Keywords:
Operational Improvement, Case Usage Data, Contract Compliance, Price Validation

Learning Objectives:
• Describe how to implement a solution to streamline the bill-only requisitioning process.
• Discuss the outcomes and challenges from the pilot project.
• Describe data points required for a successful service line utilization dashboard.
• Create visualizations that provide directional clinically integrated supply chain data to support daily operations.

Overview:
This session features a panel of health care leaders who will share their experiences and discuss successful improvements to high-impact supply chain processes.

At the University of Chicago Medical Center, bill-only manual requisitions were resulting in the use of noncontracted products, and much of the process was inefficiently tracked through email — leading to pricing inconsistencies and inaccuracies that resulted in longer payment cycles and invoice holds. The supply chain team streamlined the bill-only process using a cloud-based solution, coupled with process and data standardization, to automate the requisitioning and purchase order creation process. Leaders will share this streamlined process, as well as the project's challenges and outcomes.

Froedtert Health's established goal is to drive a more clinically integrated supply chain with a robust data and analytics platform. Its supply chain clinical value analytics team created dashboards that demonstrate physician utilization of supplies and implants in correlation with clinical data, such as procedure times, patient age groupings, revision rates and more. These dashboards have been transformative in maintaining contract compliance, identifying gaps, decreasing clinical variance and developing transparency.

Join this session to learn about exciting new process improvements in supply chain and value analysis.

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Session PH337   ● ● ●
The Importance, Implementation and Optimization of Biosimilars: Proven Strategies
Wednesday, 9:45–10:45 a.m.
Hermitage

Alexander Quesenberry, PharmD, BCOP, *Director of Pharmacy, Baptist Memorial Health Care Corp/Baptist Cancer Center, Memphis, TN*

Susan Sachs, PharmD, *Manager of Pharmacy Finance and Regulatory Compliance, Sharp HealthCare, San Diego, CA*

Nilay Pradhan, PharmD, BCACP, *Senior Specialist, Pharmacy Contracts, Sharp HealthCare, San Diego, CA*

Adam Biggs, PharmD, *Pharmacist, Center for Medication Utilization, Froedtert Health, Milwaukee, WI*

Shannon Werner, PharmD, *Coordinator, Center for Medication Utilization, Froedtert Health, Milwaukee, WI*

Keywords:
Spend Management, Expense Management, Cost Avoidance, Conversion Process, Utilization, Medication Management, Reimbursement

Learning Objectives:
• Describe how to design a process for biosimilar implementation and utilization across the health system.
• Explain the barriers to and challenges of implementing a biosimilar conversion process within an integrated health care system.
• List various metrics needed to maintain and monitor success of the biosimilar conversion process.

Overview:
This session features a panel of health care leaders who will share their experiences and insights into the implementation, use and management of biosimilars.

The pharmacy team at Baptist Cancer Center (BCC) has been successful in optimizing biosimilar use across 17 outpatient oncology offices. In fiscal year 2021, the BCC pharmacy surpassed its goal by increasing overall biosimilar utilization from 58% to 79% — saving $9 million in drug purchase expense. BCC also successfully converted first-to-market biosimilars to newer, lower-priced products.

Biologics are one of the highest expenses at Sharp HealthCare, representing over 40% of pharmaceutical spend. With few opportunities to optimize savings in the treatment of chronic diseases and cancers, the Infusion Center and Pharmacy Workgroup formed to expand the use of biosimilars. The group was successful due to multidisciplinary collaboration; provider education; and standardized, efficient processes. Biosimilar use is above 90%, resulting in a $6 million cost savings in two years.

Froedtert & the Medical College of Wisconsin has successfully addressed challenges around the use of biosimilars, such as prescriber and patient misperceptions, variability in insurance coverage, and revenue cycle complexities — all of which make biosimilar adoption more difficult to achieve. Leaders will describe a novel strategy to address these challenges by expediting formulary inclusion of biosimilars and maximizing their value for patients and the health system. Interdisciplinary collaboration, leadership support and pharmacy revenue assessment are important for initiative success.

Join this session to learn how to optimize the use of biosimilars at your organization.

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Session PH341

Prediction Software Helps Reduce Hypotension and Improve Outcomes
Wednesday, 1:30–2:00 p.m.
Bandol 1

Kamal Maheshwari, MD, MPH, *Director, Center for Perioperative Intelligence, Associate Professor of Anesthesiology, Cleveland Clinic, Cleveland, OH*

Keywords:
Hemodynamic Management, Intraoperative Management

Learning Objectives:
- Articulate the relationship between hypotension and postoperative outcomes for surgical patients.
- Articulate the relationship between hypotension and increased costs for surgical patients.
- Explain the role of hypotension prediction index software in reducing hypotension in the surgical patient, thus improving patient outcomes and decreasing costs.

Overview:
During surgery, blood pressure management varies among clinicians across various health care settings. This variation is not benign because hypotension is common and can lead to severe complications, such as myocardial and kidney injury, delirium, and even mortality. Also, hypotension increases hospital costs. Hypotension prediction index software alerts clinicians to a future hypotensive event, while a standardized treatment algorithm guides the therapeutic intervention. In a large multicenter clinical trial, use of this proactive, data-driven system reduced hypotension. Such innovative technology can reduce care variation and improve surgical patient outcomes.

Session PH342

Changing the Narrative in Our Region During the Pandemic
Wednesday, 1:30–2:00 p.m.
Bandol 2

Steven Stites, MD, *Chief Medical Officer, The University of Kansas Health System, Kansas City, KS*

Jill Chadwick, MA, *Director of Media Relations, The University of Kansas Health System, Kansas City, KS*

Marcia Francis, PR, *Assistant Director of Marketing – Digital Media and Strategy, The University of Kansas Health System, Kansas City, KS*

Keywords:
Media Relations, Crisis Communications, Social Media

Learning Objectives:
- Identify three important components with distinct value-added metrics to ensure success in crisis communications management.
- Explain five essential methods to adapt unique crisis communications to your health messaging.

Overview:
Unlike many other hospitals in March 2020, images of patients on gurneys lining hospital corridors and reports of drug, personal protective equipment and ventilator shortages were *not* our story. Yes, the pandemic was headed our way, but we had knowledge that could potentially prevent our health system and the region from being overwhelmed by COVID-19. Local media, however, were making incorrect comparisons and asking all the wrong questions. News reports of anxiety and stress swirling around us ultimately impacted patient care and outcomes. Our academic medical center leadership made a time-critical decision to resolve the threat posed by the distribution of incorrect information by launching urgent, strategic and evidence-based daily communication in a bold new way. There was no time for more traditional platforms or messaging. Historical competition was ignored. Opposing hospitals and media were brought together for a daily interactive news conference. Two years into the pandemic, awareness, loyalty and preference scores at our academic medical center are up 4.8 points (Net Promoter Score measured by NRC, comparing March 2020 to January 2022).

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Session PH343
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Operationalizing Clinical Governance and Continuous Improvement in a Health System
Wednesday, 1:30–2:00 p.m.
Meursault

Matt Thompson, MBA, *Director, Clinical Strategy, UCHealth, Aurora, CO*

Nathan Evans, MD, *Chief Quality Officer, Southern Region, UCHealth, Colorado Springs, CO*

Keywords:
Governance Model, Evidence-Based Care, Care Standardization

Learning Objectives:
- Discuss the value of system clinical governance in a performance excellence journey.
- Outline strategies to operationalize continuous improvement and systemwide engagement around quality goals.

Overview:
In early 2021, UCHealth saw a need to create a governance model for a systemwide approach to care across our 12-hospital system. As a result, we created clinical outcomes governance groups (COGGs). These are groups of clinical and operational leaders that direct our approach to care for defined patient populations in an appropriately standardized, evidence-based manner across the UCHealth system. The COGGs include key regional leaders who are accountable for clinical outcomes, patient and provider experience, operations, and value for their patient populations. COGGs partner with clinical quality, information technology, performance improvement, supply chain and others to achieve their aims.

Session PH344
● ● ●
Shifting From Crisis to Control: Strategies for Life With COVID-19
Wednesday, 1:30–2:00 p.m.
Castillon

Christopher Longhurst, MD, MS, *Chief Medical Officer and Chief Digital Officer, UC San Diego Health, San Diego, CA*

Matt Jirsa, MHSA, *Administrative Fellow, UC San Diego Health, San Diego, CA*

Keywords:
Predictive Analytics, Wastewater Testing, Viral Outbreaks, Public Health

Learning Objectives:
- Describe how to predict future COVID-19 outbreaks using proactive, data-driven thresholds and analytic public health modeling.
- Explain how to create a strategic framework that specifies clear operational guidelines to maintain care excellence and resiliency during respiratory viral outbreaks.

Overview:
After two years of living with the challenges of COVID-19, health systems must adopt proactive, data-driven strategies to life with COVID-19. UC San Diego Health established a strategic approach to our new normal that uses rapid, risk-based data on wastewater viral loads, county cases and ED percentage of influenza-like illness to outline tier thresholds. These thresholds proactively trigger systemwide responses for the safety of our patients, workforce, university students and community. These evidence-based guidelines drive the strategic plan that shifted our organization to a proactive, comprehensive and controlled response position to COVID-19 and other respiratory viral outbreaks.

POWER HUDDLES AND PANELS

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Session PH345

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How a Safety Net Hospital Reduced LOS Index by 13%
Wednesday, 1:30–2:00 p.m.
Fleurie

Mara Prandi-Abrams, *Project Management Professional, Operations Manager of Patient Flow, Denver Health, Denver, CO*

Joseph Walker Keach, MD, *Medical Director of Patient Flow and Hospital Care Management, Denver Health, Denver, CO*

Keywords:
Patient Flow, Capacity Management, Safety Net Population, Length of Stay Index

Learning Objectives:
• Discuss how to develop a methodology and metrics to monitor improvements in hospital LOS index.
• Apply Lean principals and data analytics to determine the highest impact diagnosis-related groups and interventions that will reduce your organization's LOS index.
• Utilize your existing internal resources to manage patient flow and LOS index.

Overview:
Denver Health Medical Center had a chronically high length of stay index (LOSI). Patients were kept 10% to 15% longer than their expected length of stay, increasing hospital costs and limiting the number of patients served. After multiple unsuccessful broad-based interventions to decrease LOSI, in 2019 we pivoted to a Lean-driven, diagnosis-related group-focused approach. LOSI decreased by 13% within three months. We've maintained this decrease for 30 months — despite significant internal and external stressors. We've discharged patients sooner and increased the number of patients served while maintaining excellent quality of care and stable readmissions.

Session PH346

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Optimizing the SPD: Error Capture and Data-Driven Decision-Making
Wednesday, 1:30–2:00 p.m.
Musigny

Nanette Richardson, MBA-HCA, CSSBB, *Senior Process Engineer, James Cancer Hospital, Columbus, OH*

Carrie M. Miller, DHSc, MBA, MHA, CST, *Periop Enterprise Coordinator, OSU Wexner Medical Center, Columbus, OH*

Keywords:
Sterile Processing, Operating Room, Dashboard, Data Repository, Analytics, Process Improvement

Learning Objectives:
• Describe how development and implementation of a real-time feedback application allows for both end-to-end analysis and creation of an operational health dashboard.
• List two ways the initiative fostered collaboration between SPD and the O.R.

Overview:
The sterile processing department (SPD) at The Ohio State University Wexner Medical Center developed and implemented an application that provided real-time feedback between the SPD and the operating room (O.R.). This application allowed for end-to-end data analysis and creation of an operational health dashboard — fostering collaboration between the SPD and O.R. by increasing communication and creating a centralized data repository. The SPD worked with the enterprise's data analytics and process improvement teams to deploy the application by using Structured Query Language databases and leveraging process improvement's change leadership methodology.

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Session PH347   ● ● ●
Transitional Care Pharmacists Bridge Hospital-to-Home Gaps for Geriatric Patients
Wednesday, 1:30–2:00 p.m.
Hermitage

Jennifer Shieh, PharmD, Ambulatory Care Clinical Pharmacist, Stanford Health Care, Palo Alto, CA

Keywords:
Medication Reconciliation, Medicare, Care Continuum, Readmission Rates, Geriatric Care, Transitional Care

Learning Objectives:
• Describe the impact of post-discharge pharmacist transitional care services on geriatric patients.
• Discuss the methods employed to launch post-discharge pharmacist transitional care services.
• Calculate the potential return on investment for this type of pharmacist transitional care program.

Overview:
An integral component of the health care team, pharmacists are key to improving patient outcomes during transitional care periods. Given the rise in preventable hospital readmissions related to medication-related adverse events, we piloted a pharmacist transitional care program to evaluate the impact of pharmacist involvement on medication reconciliation, education and post-discharge follow-up for geriatric patients at a large academic medical center. We found that 30-day hospital readmission rates were lower among patients enrolled in this program — translating to improved patient outcomes, enhanced provider satisfaction and reduced hospital costs. Investing in transitional care pharmacists plays a vital role in ensuring safe post-discharge care.

Session PH351   ● ● ●
AI and Collaborative Workflows Predict and Prevent Clinical Deterioration
Wednesday, 2:15–2:45 p.m.
Bandol 1

Lisa Shieh, MD, PhD, Associate Chief Quality Officer, Stanford Health Care, Palo Alto, CA

Margaret Smith, MBA, Director of Operations, Stanford School of Medicine, Redwood City, CA

Jerri Westphal, MSN, RN, RN-BC, Manager of Nursing Informatics, EHR Optimization and Reporting, Stanford Health Care, Palo Alto, CA

Keywords:
Early Recognition, Predictive Modeling, Artificial Intelligence, Teamwork, Multidisciplinary, Mortality, Proactive Care, Patient Safety, Safety Culture, Clinical Deterioration

Learning Objectives:
• Discuss how machine learning can drive workflows in hospital settings.
• Apply design principles for electronic health record applications and multidisciplinary workflows to enable key drivers for an improvement project.
• Describe a collaborative approach leveraging artificial intelligence to improve patient outcomes and safety culture.

Overview:
While artificial intelligence (AI) has demonstrated accuracy in predicting inpatient clinical deterioration, few examples exist of successful implementations in real-world settings that improve outcomes. We implemented a multidisciplinary, AI-enabled system at an academic medical center comprised of three components: (1) a machine learning model that predicts clinical deterioration; (2) a physician and bedside nurse alert system, driven by model predictions, that is sent to both the electronic health record and a mobile communication app; and (3) a multidisciplinary workflow that includes a physician and nursing team huddle, guided by a standard checklist to align the plan of care.

POWER HUDDLES AND PANELS

Session PH352
Developing a Physical Rehabilitation Program for Long-COVID-19 Patients
Wednesday, 2:15–2:45 p.m.
Bandol 2

Steven Kelley, FACHE, *President & Chief Executive Officer, Ellenville Regional Hospital, Ellenville, NY*

Ashima Butler, CPHQ, *Vice President & Chief Operating Officer, Ellenville Regional Hospital, Ellenville, NY*

Theresa Aversano, MSPT, *Director of Rehabilitation Services, Ellenville Regional Hospital, Ellenville, NY*

Keywords:
Readmissions, Critical Access, Chronic Care, Post-COVID-19, Rural Health Care

Learning Objectives:
• Determine which patients are at risk for long-COVID-19 by assessing characteristic symptoms and using various questionnaires.
• Explain the three elements of this physical therapy protocol for long-COVID-19 patients.
• Develop a strategy for replicating the model for your own facility at a relatively low cost without expensive technological or medical intervention.

Overview:
Ellenville Regional Hospital, a critical access hospital in New York state, developed a physical rehabilitation program to assist long-COVID-19 patients with and without comorbidities in their recovery. The goal was to develop an evidence-based program to assess and treat patients with long-COVID-19. The program entails manual muscle testing, balance assessments, respiratory endurance and exercise tolerance testing. Patients are also aligned for care with other specialties as needed, including occupational therapy, speech-language pathology, respiratory therapy and behavioral health. This model can be replicated by other rural and critical access hospitals with limited resources.

Session PH353
Creating Physician/APP Engagement Through the Use of Data
Wednesday, 2:15–2:45 p.m.
Meursault

Missi Roeber, MSN, CPHQ, *Clinical Operations Senior Manager – Office of Patient Experience, Intermountain Healthcare, Salt Lake City, UT*

Milli West, MBA, CPHQ, *System Quality Director, Intermountain Healthcare, Salt Lake City, UT*

Keywords:
Quality Improvement, Physician Engagement, OPPE, Ongoing Professional Practice Evaluation

Learning Objectives:
• Discuss how Intermountain Healthcare leveraged a data platform to develop an OPPE process.
• Develop a plan to implement an interactive OPPE data insight review session at your own organization.

Overview:
Historically, Intermountain Healthcare's ongoing professional practice evaluation (OPPE) process did not deliver meaningful value. The report content satisfied a regulatory requirement but did not point physician leaders toward meaningful improvement opportunities. Intermountain needed a solution to the "no-OPPE" conundrum. We selected an easy-to-use, customizable and insightful tool to bring actionable insight to physician leaders. Use of the platform proved to be the user-friendly, customizable and insightful tool we needed to bring actionable insight to physician leaders. Our OPPE has transformed into an interactive, ongoing activity between physician leaders and quality professionals that sparks curiosity and fosters trust, learning and continuous improvement.

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Session PH354   ● ● ●
People Analytics: Bring Your People Data to Life
Wednesday, 2:15–2:45 p.m.
Castillon

Madeline Crow, BS IE, *Management Engineer, Performance Services, Duke University Health System, Durham, NC*

Casey Williams, BS IE, MIE, *Health Systems Engineer – Staffing Optimization, Duke University Health System, Durham, NC*

Keywords:
Workforce, Resiliency, Employee Engagement, Diversity, Equity and Inclusion, Retention

Learning Objectives:
• Identify the key stakeholders, relevant data and priority workstreams necessary for an organization to start building out a people analytics platform.
• Explain the best practices and methods needed to develop a successful people analytics platform that empowers leaders to make effective and well-informed workforce decisions.

Overview:
People have always been our greatest asset in the health care delivery realm, yet little attention has been given to the topic of people analytics — which takes learnings from health care quality principles and enables leaders to effectively recruit, employ and retain engaged workforces. Most health care leaders do not have the information they need to understand turnover hotspots, recruitment trends, staffing gaps or workforce diversity challenges. Our project can enable health system leaders to analyze and improve their workforce outcomes like they do their quality outcomes.

Session PH355   ● ● ● ● ●
Bridging Hospitals and Home Care to Support Safe Transitions Home
Wednesday, 2:15–2:45 p.m.
Fleurie

Ujwala Tambe, RN, MSN, *Director, Quality and Patient Safety – Neuroscience Service Line, Penn Medicine, Philadelphia, PA*

Scott G. Rushanan, OTD, MBA, OTR/L, *System Director – Patient Access, Informatics and Rehabilitation, Penn Medicine at Home, Bala Cynwyd, PA*

Keywords:
Transitions of Care, Home Health Partnership, Rehab Therapy, Stroke Systems of Care, Ischemic Stroke

Learning Objectives:
• Identify three translatable strategies to optimize and support more patients in their return to home after hospitalization.
• Implement best practices used by home health agencies to reduce hospital readmission risk for stroke patients.

Overview:
Optimizing stroke systems of care to bridge home health agencies with acute care hospitals can improve transitions, reduce post-acute complications and improve overall clinical outcomes. Our study discusses the development and success of a comprehensive home care program that shifts more ischemic stroke patients (mild and moderately impaired) safely home after hospitalization, and the corresponding programmatic and functional outcomes, including: (1) an increase in the number of ischemic stroke patients transitioned to home versus inpatient rehab; (2) improvements in functional performance of salient daily activities; and (3) a reduction in 30-day readmission rates among patients discharged home.

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Session PH356 ● ● ● ●
Creating New Roles and Tools for Tomorrow's Supply Chain
Wednesday, 2:15–2:45 p.m.
Musigny

Scot T. Zernick, BSM, EET, *Director of Value Analysis and Strategic Sourcing, Penn State Health, Harrisburg, PA*

Melanie Stutzman-Ricci, RN, BSN, CNN, MBA, *Director, Procurement, Penn State Health, Hershey, PA*

Keywords:
Global Supply Chain, Root Cause Analysis, Inventory Management, Supply Chain Talent

Learning Objectives:
* Identify the roles, talent and key skills needed for the health care supply chain of the future.
* Discuss the tools required for the health care supply chain of the future.

Overview:
The talent and skills of the legacy supply chain team are no longer sufficient to manage our complex health care supply chain. The supply chain of the future requires new skills and competencies to ensure success. Do you find yourself running fire drills every day, yet not able to get ahead? It might be time to rethink the talent and roles necessary for our new reality. At Penn State Health, we made investments and changes in our supply chain tools and talent. In this session we will share our journey and solutions.

Session PH357 ● ● ● ●
Booze, Benzos and Barbiturates: Developing UCHealth Alcohol Withdrawal Therapy
Wednesday, 2:15–2:45 p.m.
Hermitage

Melanie Roberts, DNP, RN, CNS, CCNS, CCRN-K, FCNS, *Critical Care Clinical Nurse Specialist, UCHealth, Loveland, CO*

Brandi Koepp, PharmD, BCPS, *Pharmacy Clinical Coordinator, UCHealth Medical Center of the Rockies, Loveland, CO*

Ellen Seymour, *Director of Clinical Strategy, UCHealth, Loveland, CO*

Keywords:
System Level, Multidisciplinary, Detoxification, Alcohol Withdrawal Management

Learning Objectives:
* Identify three subject matter experts included in the subgroup for protocol development.
* List three safety measures built into the system protocol to protect patients from oversedation.
* Describe a pilot success regarding patient intubation rates and escalation to severe withdrawal.

Overview:
Upon review of UCHealth patient outcomes regarding alcohol withdrawal management, we identified regional treatment differences. This prompted development of a multidisciplinary, system-level team, with senior leadership support, tasked with creating and implementing an evidence-based, standardized, systemwide approach for patients experiencing alcohol withdrawal. The resulting treatment plan included a standardized measurement tool, treatment protocol, order set and additional leveraging of clinical decision support tools. Post-implementation metrics demonstrated significantly improved patient capture rates at all locations, as well as decreased intubation rates and patient escalations to intensive care unit level of care.

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Session PH361 ● ● ● ● ●
Partnering With the C-Suite for Effective Communication
Wednesday, 3:00–3:30 p.m.
Bandol 1

Tammy Peterman, MS, RN, FAAN, President, Kansas City Division; Executive Vice President, Chief Operating Officer and Chief Nursing Officer, The University of Kansas Health System, Kansas City, KS

Gayle Sweitzer, PT, MBA, Vice President, The University of Kansas Health System, Kansas City, KS

Keywords:
Strategic Partnership, Culture of Trust, Transparency, C-Suite

Learning Objectives:
- List three to five interventions that are effective in developing trust with the C-suite.
- Identify three biases/fears that traditionally prevent C-suite interventions and how to overcome them.
- Describe three to five impact goals for your organization based on the outlined interventions.

Overview:
Since March 2020, we've experienced a series of crises requiring new and innovative communication processes. Our employee teams let us know that accurate and real-time communication is necessary and expected. Not having the right information leads to uncertainty, promotes stress and anxiety, and impacts patient care and outcomes. The pandemic required our organization to communicate quickly and effectively, yet traditional processes were too time-consuming. To succeed, we needed a committed partnership with our C-suite leaders, and the ability to quickly establish a much higher level of trust. The C-suite allowed, supported and empowered the communications team to be bold. As a result of this trust-based strategic partnership, senior executives had confidence because of the alignment of values. This enabled the team to work more rapidly, effectively and independently than ever before. Engagement and job satisfaction have never been higher for the communications team, which provided much-needed information to operations and the community. As a result, our 2021 patient outcomes were better than ever and our consumer data indicates our Net Promoter Score increased from 55.5 in March 2020 to 60.3 in January 2022.

Session PH362 ● ● ● ● ● ● ●
ED Sepsis Care: Reducing Delays in Antibiotic Administration
Wednesday, 3:00–3:30 p.m.
Bandol 2

Anushree R. Ahluwalia, MSN, RN, ACNS-BC, CPHQ, Quality Improvement Team Leader, The Johns Hopkins Hospital, Baltimore, MD

Kelly Williams, MSN, RN, Quality and Regulatory Coordinator, Department of Emergency Medicine, The Johns Hopkins Hospital, Baltimore, MD

Keywords:
Sepsis Care, ED Process Improvement

Learning Objectives:
- Identify the impact of early intervention to prevent mortality in suspected sepsis patients.
- Explain the importance of including the clinician's voice in bedside quality improvement projects.
- Discuss the use of process improvement tools (A3, value stream mapping, waste walk, fishbone diagram) to identify clinical process improvement opportunities.

Overview:
Timely administration of antibiotics is a persistent challenge when treating septic patients. Despite best intentions, rapid intervention is often hampered by complex diagnostic, treatment and systemic processes. Partnering with frontline care providers, we reduced the median wait time from order-to-antibiotic administration in patients suspected of sepsis by implementing certain continuous quality improvement measures in the adult emergency department. By implementing simple process interventions in a dynamic clinical environment, we increased the percentage of patients that received antibiotics within one hour of order placement from 58% to 75% and reduced wait time from 82 minutes to 65 minutes in the process.

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Session PH363 ● ●
Collaborative, Dynamic Culture Engages Workforce
Wednesday, 3:00–3:45 p.m.
Meursault

Jennifer Bales, MD, *Emergency Medicine Physician, Reid Health, Richmond, IN*

Tiffany Ridge, CPPM, *Manager, Medical Education/PERC Program Lead, Reid Health, Richmond, IN*

Christen Hunt, DNP, FNP, CPNP-AC, *Associate Vice President, Clinical Team Insights, Vizient*

Keywords:
Physician Burnout, Workforce, Retention, Engagement

Learning Objectives:
- Identify at least three ways to prioritize higher-reaching operational goals pertaining to performance.
- Describe strategies that can be implemented to enhance physician engagement, reduce burnout and increase resilience.

Overview:
To combat high physician turnover rates and physician burnout, Reid Health developed a process to improve those areas by seeking physician guidance and solutions. Physicians are natural problem solvers. Thus, the Physician Engagement and Resilience Committee (PERC) was developed. The vision to foster an engaged, resilient and content medical staff is crucial to the long-term success of Reid Health. Reid and its physician leaders are committed to creating a positive and supportive environment in which to practice medicine and provide the best care for our patients. This environment will promote long-term physician retention and aid in recruitment of quality physician candidates to build a robust medical staff.

Session PH364 ● ● ● ●
Implementing a Comprehensive Workplace Violence Prevention Program
Wednesday, 3:00–3:45 p.m.
Castillon

Daren J. Dooley, MS, *Corporate Director of Security, AtlantiCare, Atlantic City, NJ*

Susan Battaglia, MBA, BSN, RN, *Assistant Vice President Nursing, AtlantiCare, Atlantic City, NJ*

Nelly C. Perez-Melendez, MS, NREMT, *Public Safety Support Specialist, Main Line Health, Radnor, PA*

Regina Reilly, MSN, RN, *Clinical Nurse Educator – Behavioral Health, Main Line Health, Radnor, PA*

Nasuh Malas, MD, MPH, *Director, Pediatric Consult-Liaison Psychiatry, Child and Adolescent Psychiatry Service Chief, Michigan Medicine, Ann Arbor, MI*

Susan Burgess, MSN, APRN, AGCNS-BC, *Psychiatric Behavioral Consultation Liaison Advanced Practice Nurse, University of Michigan Health, Ann Arbor, MI*

Keywords:
Employee Well-Being, Staff Safety, Risk Assessment, Employee Assistance Program, Employee Health, Management of Aggressive Behavior Training

Learning Objectives:
- Describe components of an effective health care violence prevention program.
- Discuss strategies that can be adopted to prevent and respond to workplace violence.

Overview:
This session features a panel of health care leaders who will share their experiences and discuss efforts to prevent violence in the workplace, keeping patients and staff safe.

Violence against health care workers has steadily increased for at least a decade. U.S. Bureau of Labor Statistics data shows health care workers were five times more likely to experience violence in the workplace than other workers.[1] Although the number of events has increased, they are still underreported — indicating that the actual number of events could be much higher. Staff exposure to workplace violence can affect patient care and lead to emotional distress, job dissatisfaction, absenteeism, turnover and increased cost. Using a

collaborative approach between clinical staff and security allowed AtlantiCare to increase awareness and reporting and develop a systematic approach to prevention.

Potential violence in the workplace is a high priority in many health systems. Interventions like deescalation training and specialty personnel are often part of prevention efforts. The Michigan Medicine team sought to find ways to leverage the electronic medical record to support safe patient care related to potentially violent events. Conceptualizing behavioral escalation as a "vital sign" that can be measured, identified and trended to deliver targeted interventions and resource allocation has been the guiding principle for the workplace violence prevention program at this health system. Seeing behaviors as clinical symptoms that needed trending, along with alerts, helped escalate treatment and support. Through this system we are now able to more readily see risk and put supports in place to mitigate violence early.

Main Line Health (MLH) is committed to identifying and addressing occupational health and safety hazards. In 2016, MLH leadership recognized the need to address violence and aggression that employees were experiencing while at work. An MLH task force was formed to support the launch of the Code Green Team, a response team that supports employees and helps prevent injuries during threats, actual violence or any other disruptive behaviors. Leaders were offered Management of Aggressive Behavior training to assist in risk mitigation by using techniques to decrease the risk of harm through appropriate prevention. In 2018, the task force became the Workplace Violence Prevention Committee and developed and incorporated multiple other components into the organization's workplace violence prevention program, such as the use of the electronic health record to communicate risk and use of data to support targeted interventions.

Join this session to learn more from these leaders on preventing workplace violence.

1. Fact sheet: workplace violence in healthcare, 2018: April 2020. U.S. Bureau of Labor Statistics. Updated April 8, 2020. Accessed July 15, 2022.
    https://www.bls.gov/iif/oshwc/cfoi/workplace-violence-healthcare-2018.htm

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Session PH365

Virtual and Bridge Clinic Approaches That Improve Care Transitions and Reduce Readmissions

Wednesday, 3:00–3:45 p.m.
Fleurie

Sarah Horman, MD, *Hospitalist, Medical Director, Virtual Transitions of Care Clinic, UC San Diego Health, San Diego, CA*

Eric Lundin, *Project Manager & Organizational Consultant, UC San Diego Health, San Diego, CA*

Claire Raab, MD, *Chief Executive Officer, Temple Faculty Practice, Temple University Hospital, Philadelphia, PA*

Dharmini Shah Pandya, MD, *Medical Director, MVP Clinic, Associate Program Director, Internal Medicine Residency, Temple University Hospital, Philadelphia, PA*

Steven R. Carson, MHA, BSN, RN, *Senior Vice President Population Health, Temple University Hospital, Philadelphia, PA*

Keywords:
Telehealth, Virtual Clinic, Transitions of Care, Access, Readmissions, Medication Management, Ambulatory Care, SDoH

Learning Objectives:
• Discuss the role of a transitions clinic in identifying systemic care lapses to inform broader quality initiatives.
• Describe how to care for patients across the continuum of care from inpatient to outpatient and, specifically, how to prevent readmissions in an urban area with high socioeconomic barriers.

Overview:
This session features a diverse panel of health care leaders who will share their experiences and successful methods to bridge the patient experience, transitioning from acute care to the post-acute care environment.

UC San Diego Health implemented a post-discharge virtual transitions of care clinic (VToC) that reduced 30-day all-cause readmissions. The period immediately after discharge is overwhelming for patients, leaving them vulnerable to poor experiences and outcomes. The VToC bridges the chasm caused by care silos, communication lapses and social determinants of health (SDoH). Additionally, observations from this clinic shed light on systemic inefficiencies to inform broader organizational quality improvement around increasing transitional care reliability.

Temple University Hospital developed a "bridge clinic" that manages patients through multidisciplinary transitional care that utilizes community health workers who partner with clinicians to provide close post-discharge engagement and follow-up. This community health worker-driven transitional clinic addresses SDoH needs through interventions like the provision of transportation, fresh food, patient health education and social worker access. The clinic has demonstrated higher than average clinic show rates and decreased 90-day all-cause ED visits and readmissions after participation. Relationships with patients across the continuum of health care can be a key method in improving health literacy, patient engagement and patient outcomes. This approach serves as a cost-effective model to prevent readmissions.

Join this panel to learn and discuss ideas for successful care transitions.

Session PH366 ● ●

Powering Mayo Clinic Supply Chain Analytics Through Product Information Management

Wednesday, 3:00–3:30 p.m.
Musigny

Sara Erickson, PharmD, RPh, *Pharmacy Specialist – Supply Chain Management, Mayo Clinic, Rochester, MN*

Scott Wilde, MBA, *Senior Director – Supply Chain Management, Mayo Clinic, Rochester, MN*

Greg Worden, MBA, *Senior Technology Analyst – Supply Chain Management, Mayo Clinic, Rochester, MN*

Keywords:
Spend Management, Pharmacy Formulary, Workflow

Learning Objectives:
- Explain the benefits of using a product information management system.
- Describe successful strategies to streamline pharmaceutical formulary workflows within a health system.
- Differentiate device and supply management versus pharmaceutical formulary management.

Overview:
Having accurate product information is more important than ever before. Even more vital is putting that product information at the fingertips of the people who need it. Mayo Clinic implemented a product information management system that allows us to do just that. From more than 650,000 contracted products and more than 6,500 pharmacy formulary products we have found ways to increase trusted data, data attribution, accessibility, patient safety, and dissemination and communication. We've also reduced spend and can now track substitutes and clinically equivalent products, as well as put data management in the hands of those who need it.

POWER HUDDLES AND PANELS

Quantifying and Reducing Medication Waste in Health Care

Wednesday, 3:00–3:45 p.m.
Hermitage

Kelsey Waier, PharmD, *System Wide Pharmacy Operations Director, UCSF, San Francisco, CA*

Erin St. Angelo, PharmD, *Procurement and Contracting Director, UCSF, San Francisco, CA*

Gee Mathen, *Director of Pharmacy Clinical Applications & Technical Services, Texas Children's Hospital, Houston, TX*

Adam Witas, CPhT, *Application Architect, Texas Children's Hospital, Houston, TX*

Keywords:
Resource Optimization, Inventory Management, Data Integration, Resource Optimization, Product Information Management System, Pediatrics

Learning Objectives:
• Apply the medication waste/inventory management equation created at UCSF to your own inpatient pharmacy business model to demonstrate potential cost avoidance and/or dollars saved per average patient day.
• Explain what a product information management system can do and how it can benefit your organization.
• Describe how multiple data sources can be integrated together to identify and predict usage to help in daily ordering.

Overview:
This session features a panel of leaders who will share their experiences and methods to successfully reduce waste within the health care system to drive greater efficiencies.

How do you quantify medication waste? Drugs that expire before use? What about compounded products? Static inventory in your pharmacies and automated dispensing cabinets? Excessive and unnecessary medication spend? At UCSF, we developed a dashboard that compiles all medication waste and medication inventory opportunities to showcase cost avoidance and direct cost savings. This is normalized per patient day and compares month to month and fiscal year to fiscal year.

In response to excessive medication wastage, Texas Children's Hospital sought to replace metrics such as, "I feel like we need this medication," or "This is what we usually use," with metrics such as actual, predictive and adjustable usage. The team developed an innovative predictive ordering technology to help us be more efficient and accurate in the medication we keep on our shelves — reducing the volumes of medication ordered and returned without a single instance where operations had to go without medication for patient care.

Join this session to learn new methods to reduce waste in health care.

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Session VPH318

Evolving Care Models: Let's Talk About Your Ambulatory Opportunities

Wednesday, 8:00–8:45 a.m.
Lafleur

Eric Burch, MBA, RN, FACHE, *Executive Principal, Vizient*

Mike Strilesky, *Senior Principal, Sg2, a Vizient company*

Brian Hardy, *Associate Vice President, Pharmacy Consulting, Vizient*

Keywords:
Ambulatory, Virtual Health, System Footprint, Revenue Growth, Growth Margin, System Margin, Disruptors, Specialty Pharmacy, Home Infusion

Learning Objectives:
• Discuss the information and insights around market performance, consumer expectations and access that will drive ambulatory growth.
• Describe the systems and technology necessary to enhance access to care and optimize the use of providers.
• Identify the trends impacting care delivery and how to evaluate financial viability for your system.

Overview:
The pandemic ushered in new care models and site-of-care shifts that are changing where care is delivered. Accelerated outpatient surgical shifts and the rapid adoption of virtual visits, for example, are moving both profit and patients.

These shifts affect multiple factors, including how a system leader alters their perspective of patients as consumers; where a system dispenses therapeutics; the infrastructure in place to support care in the home, on the phone or in an office; and the workforce charged with providing the right care at the right place at the right time.

Join us for this panel discussion hosted by our experts; we encourage audience participation and questions!

This session does not award accredited CE credit.

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Session VPH328
Capital Strategy Continuum: How To Build a Comprehensive Construction Program
Wednesday, 9:00–9:30 a.m.
Lafleur

James R. Copley, *Director, Real Estate, TMC Health, Tucson, AZ*

Mark Webb, *Principal, Capital, Facilities and Construction, Vizient*

Charles Messamore, *Senior Consulting Director, Capital, Facilities and Construction, Vizient*

Keywords:
Construction, Lean-Led Design, Spend Optimization, Strategic Planning, Medical Equipment, Reduced Cost, Operational Efficiency, Facility Activation

Learning Objectives:
- Describe how to apply value-added capital and construction strategies for all life cycle phases of a construction project.
- Discuss how today's leaders must reconsider their capital strategies to optimize operational efficiency for every project.
- Explain how to build transparency of construction costs into each project while increasing reported spend.

Overview:
The continued increase in the cost of building materials has added to the financial stress in an already-burdened health care industry. As health systems expand to meet patient needs, the need to rethink capital strategies to ensure that every project meets patient needs in the most operationally efficient and cost-effective manner has never been more relevant. During this Power Huddle, our capital strategy continuum experts will share industry best practices on how to build a comprehensive program using data and market insights, Lean-led design practices, medical equipment planning, and construction material purchasing solutions that maximize operational efficiency and minimize exposure to rising construction costs.

This session does not award accredited CE credit.

Session VPH338
Supply Chain Economic Outlook and Preparing for the Unexpected
Wednesday, 9:45–10:45 a.m.
Lafleur

Jesse Schafer, *Executive Director, HIRC, Mayo Clinic, Rochester, MN*

Chad Mitchell, *Associate Vice President, Contract and Program Services, Vizient*

Kevin Johns, *Senior Director, Supply Assurance, Vizient*

Lisa McGuire, *Senior Consulting Director, Sg2*

Keywords:
Supply Chain, Economic Forecast, Supply Chain Challenges, Resiliency, Clinical Supply Integration, Downstream Price Pressures, Shortages, Delays

Learning Objectives:
- Discuss economic and statistical analysis of recent price movements and future expectations for the health care market.
- Apply strategies that integrate supply chain solutions and leverage collaborative relationships to improve cost, quality and long-term sustainability.
- Explain how to engage clinicians to improve care delivery and financial performance.
- Describe how to build transparency and resiliency into your supply chain to protect against disruptions.

Overview:
The health care supply chain ecosystem has been stressed for years — with little relief — as providers battle everything from COVID-19's continuing aftershocks and the Russia-Ukraine conflict to labor shortages and temporary and complete closures of key manufacturing facilities worldwide. As supply chain leaders look to the future, there is a clear need to clarify the economic forecast, determine tomorrow's challenges and plan how to manage unexpected events and/or market fluctuations.

During this Power Huddle, our experts will share economic and statistical analysis of recent price movements, future expectations for the health care market, and their unique perspective and understanding of supply chain challenges and winning strategies necessary to build and sustain a successful, integrated and resilient supply chain.

This session does not award accredited CE credit.

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Session VPH348
The Future of Transparency: Solving Health Care's Toughest Challenges
Wednesday, 1:30–2:45p.m.
Lafleur

Moderator: Steven Lucio, PharmD, BCPS, Senior Principal, Center for Pharmacy Practice Excellence, Vizient

Mittal Sutaria, Senior Vice President, Contract and Program Services, Pharmacy, Vizient

Margaret Steele, Senior Vice President, Med-Surg, Vizient

Deborah Hunt Simonson, PharmD, Ochsner Health System, New Orleans, LA

Kristine M. Komives, MHSA, Senior Director of Supply Chain Strategy and Procurement, University of Michigan Health, Ann Arbor, MI

Keywords:
Pharmaceuticals, Drug Shortages, Critical Drugs, Novaplus®, Supply Chain, Resiliency, Transparency, Critical Supply Inventory Management, Group Purchasing Organization, GPO, Risk Management, Supplier Profiles

Learning Objectives:
• Explain how Vizient is working with suppliers and other stakeholders to create access to additional inventory of essential medications and critical supply through transparency solutions.
• Describe the role of partnerships across the supply chain and the importance of data transparency in avoiding supply disruption.
• Discuss the role of collaboration in developing innovative strategies to support improved quality and security, as well as predictive modeling, to anticipate disruption.

Overview:
From health systems and hospitals to suppliers and other stakeholders, pharmaceutical and supply shortages continue to impact the delivery of care. While some shortages were exacerbated by the COVID-19 pandemic, there is still lack of clarity into the cause and cost of these shortages, as well as the impact on quality of care. This panel session will provide a unique combination of insights into areas of collaboration and new sourcing strategies that are challenging the norm, improving data transparency and increasing access to inventory. Although transparency across stakeholders isn't the only solution, it's beginning to pay off as more providers and suppliers embrace new ways of working together to manage costs, mitigate disruption and improve supply availability.

This session does not award accredited CE credit.

Session VPH368
How a Supply and Clinical Variation Reduction Program Improved Quality
Wednesday, 3:00–3:45 p.m.
Lafleur

Marshall Leslie, Group Senior Vice President, Operations and Quality, Vizient

Simrit Sandhu, Executive Vice President, Strategic Transformation and Clinical Supply Solutions, Vizient

Aman Sabharwal, Executive Principal, Quality, Vizient

Gena Futral, Executive Principal, Reliability and Management, Vizient

Blane Schilling, Senior Principal, Clinical Supply Solutions, Vizient

Keywords:
Care Variation, Clinical Variation Reduction, Supply Variation, Clinical Supply Integration, Clinical Quality, Quality Improvement, Performance Improvement, Value Analysis

Learning Objectives:
• Discuss why the link between supply purchasing and clinical decision-making has become even more important.
• Identify governance models and best practices that can strengthen and sustain supply and clinical collaboration.
• Analyze how this model and discipline can benefit health care organizations from both a cost and a patient outcomes standpoint.

Overview:
Despite recent challenges, delivering on quality patient care remains the primary mission of hospitals and providers. The imperative now is to either find new ways of improving patient outcomes or double down on current efforts. The COVID-19 pandemic stimulated collaboration, particularly among supply and clinical leaders and their departments. Clinical integration is one such opportunity area. In our work with members over the past several years, we've noted that supply variation and its direct connection to physician practice and patient quality is a conversation that merits further exploration. Let's discuss!

This session does not award accredited CE credit.

POWER HUDDLES AND PANELS

BONUS POWER HUDDLES

The On-Demand Only Sessions are recorded and will be available for viewing by Vizient members and staff following the Vizient Connections Summit.

BONUS POWER HUDDLES

Session PH401

Decreasing 30-Day Readmissions for Pleural Effusions After Lung Transplant

Nataliya Budanova, RN, *Senior Quality & Performance Improvement Specialist, Department of Quality & Safety, University of California San Francisco, Brisbane, CA*

Keywords:
Readmission, Length of Stay, Ultrasound Protocol, Complications, Standardized Documentation

Learning Objectives:
• Identify key strategies to improve patient outcomes and reduce or prevent 30-day readmissions.
• Describe methods used in identification, early detection and treatment of pleural effusion post-lung transplant.

Overview:
Pleural effusions (PEF) after lung transplant (LT) are a common cause of early readmissions, leading to patient suffering and increased costs. We conducted a quality improvement intervention to reduce 30-day readmissions for PEF after LT by 50% over six months. We determined the baseline conditions of 30-day readmissions using a database analytic platform for PEF among 2018 and 2019 patients transplanted at our institution. We then analyzed clinical, laboratory and radiological data and interviewed LT providers to identify root causes. Finally, we explored countermeasures, implemented targeted interventions (from March 2020 to September 2020) and tracked monthly performance.

Session PH402

The Path to Peak Performance: Achieving National Orthopedics Recognition

Ashley Kaplan, RN, BSN, MSN, *Manager, Quality and Care Transformation, NorthShore University HealthSystem, Skokie, IL*

Jason Koh, MD, MBA, *Mark R. Neaman Family Chair of Orthopaedic Surgery, NorthShore University HealthSystem, Skokie, IL*

Keywords:
Benchmarking, Service Line, Scorecard, Systemness, Patient Experience, Patient Safety

Learning Objectives:
• Describe how to measure and monitor improvement efforts using a customized scorecard.
• Explain how to create custom measures that align with performance improvement initiatives.

Overview:
We will share the story of how NorthShore Orthopedic and Spine Institute integrated analytics to benchmark competitive targets, provide systemwide service line transparency and improve quality — ultimately being listed as one of *U.S. News & World Report*'s top 50 Best Hospitals for Orthopedics. This overview will cover our monthly processes of scorecard reporting with custom measures, ongoing performance improvement engagement with physicians, ad-hoc analysis for at-risk measures, and opportunities for future expansion and development.

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Session PH403　　　● ● ● ● ●

Reducing Unplanned Extubations in the NICU

Amber Cantrell, BSN, RN, RN-C, *Assistant Patient Care Manager, KY Children's Hospital, Lexington, KY*

Shannon Haynes, MSN, RN, CNML, *Patient Care Manager, KY Children's Hospital, Lexington, KY*

Timothy Roark, MHA, RRT-NPS, *Pediatric Respiratory Care Manager, KY Children's Hospital, Lexington, KY*

Keywords:
Mechanical Ventilation, Patient Safety, Neonates

Learning Objectives:
• Explain how team-based interventions can be used to decrease extubation in the neonatal population.
• Identify contributing factors associated with unplanned extubation in the neonatal population.

Overview:
Unplanned extubations in neonates are associated with unfavorable outcomes, including increased days of mechanical ventilation, length of hospital stay, ventilator-associated pneumonia rates, health care costs and mortality. Our focus is to improve quality of care and patient safety by reducing the incidence of unplanned extubations in the neonatal intensive care unit (NICU).

Session PH405　　　● ● ● ●

Putting the Backbone in Our Spine Program

Lauren Marozzi, MS, *Project Manager, Value Based Care, Medical University of South Carolina, Charleston, SC*

Gayle Wadford, MSN, MBA, RN, *Program Manager, Medical University of South Carolina, Charleston, SC*

Deanna Marie Carter, BSN, RN, CCM, CPN, *Spine Center Care Coordinator, Medical University of South Carolina, Charleston, SC*

Stacey Seipel, MSN, RN, *Director, Value Based Care Coordination, MUHA, Medical University of South Carolina, Charleston, SC*

Keywords:
Nurse Navigator, Care Coordination, Bundled Payments

Learning Objectives:
• Describe successful team-based strategies to improve patient outcomes.
• Identify strategies to reduce costs for spine surgery patients.

Overview:
The Medical University of South Carolina's Spine Center began participating in the Centers for Medicare & Medicaid Services' (CMS) Spine Procedures Bundle Payments for Care Improvement Advanced Initiative in January 2021. Since that time, the team has implemented some of the CMS best practices, with the addition of a dedicated care coordinator and nurse navigator. The addition of these roles has helped engage patients throughout the course of their care and thus decreased readmissions, lengths of stay and costs.

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Session PH406

Implementing a Pharmacy-Driven COPD Transition-of-Care Service

Allison Brunson, PharmD, BCPS, *Internal Medicine Pharmacy Specialist, Baptist Memorial Hospital-Memphis, Memphis, TN*

Keywords:
Readmissions, Medication Adherence, Hospital Readmission Reduction Program

Learning Objectives:
- Explain the impact of a pharmacy-driven transition of care service on COPD-related hospital readmissions.
- Identify different areas of intervention that would benefit COPD patients who are admitted to a hospital.

Overview:
With the addition of chronic obstructive pulmonary disease (COPD) to the Centers for Medicare & Medicaid Services' Hospital Readmission Reduction Program, hospitals could be penalized with up to a 3% reduction in Medicare reimbursements for 30-day readmissions. As a result, in addition to the need to provide a high standard of COPD care, hospitals now have a financial incentive to reduce COPD readmissions. COPD patients who are nonadherent to their medications are at high risk of readmission. We implemented a pharmacy-driven, multidisciplinary, transition-of-care service to identify and circumvent barriers to medication adherence to improve patient care and reduce 30-day hospital readmissions. Implementation of this pharmacist-led, transition of care program showed a significant reduction in COPD-related 30-day readmission rates and a reduction in all-cause readmissions.

Session PH407

Before Rowing, Get in the Boat: Lowering NSTVL C-Section Rates

Kay Young, MSN, RNC-OB, CPHQ, CCE, *Director, OBGYN Quality Assurance and Performance Improvement, Lehigh Valley Health Network, Allentown, PA*

Travis Dayon, MD, *Chief, Division of Obstetrics; Associate Practice Leader LVPG OBGYN, Lehigh Valley Health Network, Allentown, PA*

Danielle Durie, MD, MPH, *Vice Chair, Quality, Department of OB/GYN; Associate Professor University of South Florida Morsani College of Medicine, Lehigh Valley Health Network, Allentown, PA*

Keywords:
Obstetrics, Data-Sharing, Maternal Mortality, Provider Education

Learning Objectives:
- Identify why safe reduction of the NTSVL C-section rate is indicated.
- Discuss two interventions to successfully reduce the NTSVL C-section rate.
- List three counter metrics used to safely reduce the NTSVL C-section rate.

Overview:
This presentation will outline the steps a large health network took to effectively decrease its nulliparous term singleton vertex living (NTSVL) cesarean delivery rate. Provider awareness of guidance from the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine, combined with ongoing education and public and private data-sharing, successfully reduced NTSVL cesarean rates — both as a network and individually among five campuses.

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Session PH408   ● ●
Ready, Set, Go! Preparing Practice-Ready Nurses

Stephanie McGinnis, MAAL, *Education Specialist, Norman Regional Health System, Norman, OK*

Kelia Crabbe, MSN, RN, RDMS, *Transition to Practice Specialist, Norman Regional Health System, Norman, OK*

Keywords:
Workforce, Nursing Recruitment, Student Nurse Partners, Professional Development

Learning Objectives:
• Explain the steps needed to implement a collaborative clinical-academic partnership between school, facilitator and student.
• Illustrate how a clinical-academic partnership can enhance the clinical experiences of nursing students.
• Describe the benefits and outcomes of a clinical-academic partnership.

Overview:
For many years academia and hospitals have investigated collaborative approaches to better prepare nurses through clinical education and practice. Norman Regional Health System's solution paired clinical-academic partnerships with a compensation model to help nursing students gain clinical knowledge. The Student Nurse Partner (SNP) program prepares fourth-semester nursing students by building clinical and leadership skills, resulting in confident, practice-ready nurses. The SNP program strengthened the transition-to-practice pipeline by providing increased recruitment and retention of graduate nurses. Learn how to implement this transferable and sustainable program in your facility.

Session PH409   ● ● ● ● ●
Utilizing a Predictive Model to Prevent Readmissions

Elizabeth C. Crabtree Killen, PhD, MPH, *Administrator, Clinical Transformation, Medical University of South Carolina, Wadmalaw Island, SC*

Heather Toeppner, MSN, RN, *Project Manager, Value Based Care, Medical University of South Carolina, North Charleston, SC*

Peggy Jenny, BSN, RN, *Director, Value Intelligence, Medical University of South Carolina, Charleston, SC*

Keywords:
Readmission Risk Score, Workflow, Risk Stratification

Learning Objectives:
• Discuss how a predictive modeling tool uses risk stratification to reduce 30-day hospital readmission rates.
• Identify interprofessional, evidenced-based workflows that optimize patient care while decreasing 30-day hospital readmission rates.

Overview:
Predictive modeling allows hospitals to identify patients at high risk for readmission, prioritize post-discharge follow-up for those at high risk for readmission and reduce readmission rates. The readmission risk score has transformed the way we care for patients by tailoring care to readmission risk factors, improving care coordination between disciplines, prioritizing discharge milestones, and communicating discharge barriers or delays in a timely and organized manner. The first 10 months post-implementation, our 30-day all-cause readmission rate decreased from 12% to 9.6%.

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Session PH410 ● ● ● ●

Bundled Interventions: The Answer to High Resource Utilization?

Lucy Shi, MD, *Associate Physician, UC Davis Medical Center, Sacramento, CA*

Garima Agrawal, MD, MPH, *Associate Physician, UC Davis Medical Center, Sacramento, CA*

Keywords:
Multidisciplinary Huddle, Readmission Rate, Health Navigators, Value Team, Transitions of Care, Length of Stay

Learning Objectives:
- Identify key interventions that led to improved mortality, LOS and 30-day readmissions.
- Describe patient-specific needs and challenges that these key interventions addressed.

Overview:
Many hospital systems face external pressures to improve patient outcomes while simultaneously reducing health care cost drivers, such as length of stay (LOS) and readmissions. By focusing on bundled interventions centered around multidisciplinary care coordination, we reduced LOS and readmissions while also improving our mortality index — despite increasing patient complexity. Our experience highlights the importance of identifying high-resource users and common themes that contribute to readmissions. Given the numerous factors involved, a successful approach requires implementation of a targeted, multifaceted program that addresses the unique needs of every patient population.

Session PH412 ● ● ● ● ● ●

Quality, Documentation and Coding Collaborate to Reduce Patient Safety Indicators

Roberta L. Moore, MBA, RHIT, *Lead Improvement Specialist, Spectrum Health, Grand Rapids, MI*

Sandra K. Zuiderveen, BSN, RN, CPHQ, *Senior Improvement Specialist, Spectrum Health, Grand Rapids, MI*

Amanda J. Pett, RHIT, *Senior Inpatient Coding Quality Analyst, Spectrum Health, Grand Rapids, MI*

Adrien M. Ross, MSN, RN, CPHQ, *Lead Improvement Specialist, Spectrum Health, Grand Rapids, MI*

Keywords:
PSI, Patient Safety Indicators, Coding, Quality, Present on Admission

Learning Objectives:
- Describe a multidisciplinary approach to solve clinical documentation and coding integrity gaps within a complex health system.
- Explain how to use a database to identify areas of improvement in CMS penalty programs.
- List the necessary participants to make significant process changes toward improvement in documentation and pre-bill coding integrity to accurately represent patient status, interventions and clinical outcomes.

Overview:
Our organization successfully reduced Centers for Medicare & Medicaid Services (CMS) penalty in four patient safety indicators (PSI) as a result of collaboration between quality improvement, coding and documentation integrity, and the coding quality teams. This multidisciplinary group relied on captured performance data to identify PSI of greatest penalty risk. Through a pre-bill review process initiated by quality improvement, a reduction of greater than 25% was realized in each of four PSIs (03, 11, 12 and 15). We will present the reduced CMS penalty realized through this process.

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Session PH413 ● ● ● ●
Optimizing the Video Visit Experience to Drive Outcomes and Value

Mike Woodruff, MD, *Chief Patient Experience Officer, Intermountain Healthcare, Salt Lake City, UT*

Brian Roundy, MSc, *Senior Director, Software Development, Intermountain Healthcare, Salt Lake City, UT*

Brian Wayling, MBA, *Executive Director, Intermountain Healthcare, Salt Lake City, UT*

Keywords:
Virtual Visit, Telehealth, Access, Reducing Variation, Patient Experience, Consumer Strategy

Learning Objectives:
- Discuss how broad deployment of virtual visits in acute care services, specialty services and primary care can drive value across the continuum of care.
- Identify barriers to trust and broad adoption of virtual care by patients and care teams.
- Illustrate evolutionary and iterative change cycles to address key points of friction in the virtual care experience: reliable technology, operational processes and human connection.

Overview:
Delivering high-quality care through technology is a strategic imperative for most health care organizations seeking to grow their business and build consumer trust. We will focus on our journey to improve the patient experience and their understanding of scheduled video visits in primary and specialty care, and how data-driven continuous improvement has enabled success. This includes how Intermountain Healthcare has embedded telehealth across the continuum of care to provide a higher quality of care at a lower cost while keeping patients closer to home. Through a systematic approach, we identified and solved various technology, caregiver engagement and support issues to improve patient experience scores over the last 12 months while maintaining safety and quality of care.

Session PH414 ● ● ● ●
Aligning Spine: Access, Triage and Navigation at Penn Medicine

Rachel Kanter, MSN, RN, *Director of Access, Neuroscience Service Line, Penn Medicine, Philadelphia, PA*

Lee Leibowitz, MBA, *Chief Administrative Officer, Neuroscience Service Line, Penn Medicine, Philadelphia, PA*

Keywords:
Service Line Growth, Consults, Referrals

Learning Objectives:
- Discuss how to develop and manage a multidisciplinary consult order spanning multiple divisions in an electronic health record system.
- Explain how a coordinated approach to spine care improves patient access and referring provider satisfaction.

Overview:
To improve access and reduce care variation for spine patients, Penn Medicine centralized its internal spine referral and triage process across four divisions (orthopedic surgery, neurosurgery, rehabilitation medicine and pain management), creating the Spine Access program in 2018. It serves as a single entry point and triage mechanism for specialty spine care referrals, with team members proactively calling patients to navigate them appropriately across the care continuum. The program has enhanced patient and provider experiences, contributed to double-digit growth in appointment volumes across all four specialty departments, and enabled data-based insights that inform strategy.

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Session PH415 ● ●

Reducing Sugammadex Usage: Optimization of Use Criteria and Outcomes Evaluation

Gerald Rebo, PharmD, BCPS, BCCCP, D-PLA, *Director, Pharmacy Value and Outcomes, Novant Health, Winston-Salem, NC*

Keywords:
Medication Cost, Formulary, Resource Utilization

Learning Objectives:
• Describe how to create evidence-based use criteria to effectively manage high-cost medications.
• Explain how to leverage internal data collection and analysis to allow evaluation of patient outcomes associated with the formulary management process.

Overview:
Sugammadex sales reached $1.5 billion globally in 2021,[1] with Vizient reporting it is "ranked no. 3 in total member spend in the category of acute care drugs for which greater than 95% of sales occur in the acute care class of trade."[2] This project focused on the assessment of value and outcomes of sugammadex in comparison with neostigmine/glycopyrrolate for the reversal of neuromuscular blockade. The primary endpoint of this project was to develop evidence-based use criteria, while the secondary endpoint was to realize a 90% reduction in the use of sugammadex systemwide while prioritizing no impact to patient outcomes. The results of newly added use criteria demonstrate an 86% reduction in the use of sugammadex with no appreciable impact on measured outcomes.

Credit(s) available: Pharmacist, General CE

1. Merck Q3 2020 earnings. Merck. February 3, 2022. Accessed June 24, 2022. https://s21.q4cdn.com/488056881/files/doc_financials/2021/q4/Q4-2021-Merck-Earnings-Deck.pdf

2. Pharmacological reversal of neuromuscular blockade: an expert panel's review of the literature and practice considerations. Vizient Inc. January 2022. Accessed July 15, 2022. www.vizientinc.com/-/media/documents/sitecorepublishingdocuments/secured/solutions/pharmacy/ep_sugammadexvsneostigmine_40122_final.pdf

Session PH416 ● ● ● ● ●

Leveraging Clinical Databases for Reports That Work!

Guido Bergomi, MHA, *Executive Director, Office of Patient Experience, Intermountain Healthcare, Salt Lake City, UT*

Milli West, MBA, CPHQ, *System Quality Director, Intermountain Healthcare, Salt Lake City, UT*

Nathan Barton, MS, *Data Analytics Manager, Intermountain Healthcare, Salt Lake City, UT*

Keywords:
Mortality, Enterprise Data Warehouse, Systemness, Pediatrics

Learning Objectives:
• Describe the benefits of developing an internal report suite to prioritize performance management.
• Discuss the methods employed to capture clinical data for internal insight, flexibility and value.

Overview:
Intermountain Healthcare is a 32-hospital integrated health care delivery system, including one standalone children's hospital. To support system priorities, leaders from Intermountain's Office of Patient Experience created a suite of internal reports using data from a performance improvement analytic platform. Intermountain's outcomes report provides enhanced insight into the database data and drives internal operations support and outcomes improvement with numerous customization options. The report houses ongoing trending data for lead and lag metrics and points leaders more specifically toward highest impact opportunities in the areas of mortality, length of stay, direct cost, readmissions, patient safety indicators and equity.

POSTERS

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Poster P101
Leading Fall Prevention by Being a R.A.P.P.E.R.

Margaret Carroll, DNP, RN, MBA, System Associate Nurse Executive – Quality, Professional Development, & APRN Practice, Cook County Health System, Chicago, IL

Keywords:
Standard Work, Patient Safety, Patient Falls

Learning Objectives:
- Employ cause analysis techniques to structure frontline staff feedback as a tool to improve patient care quality and safety.
- Summarize frontline staff feedback in a manner that leads to improved quality metrics and clinical patient outcomes.
- Apply innovative and creative quality improvement methods to move your health system to zero preventable patient harm.

Overview:
Reduction of patient falls and falls with injury is a national health care quality and patient safety priority. Nurses led an initiative to address this priority in a highly regulated and complex academic safety net hospital. Through staff engagement, interdisciplinary collaboration and a campaign centered around cause analysis results, the health system achieved a 17% reduction in patient falls and a 30% reduction in patient falls with injury in 2021 (as compared to 2020). The hospital also performed in the 10th percentile in the second and third quarters of 2021 and in the 25th percentile in the fourth quarter of 2021. The hospital returned to the 10th percentile in the first quarter of 2022, based on National Database of Nursing Quality Indicators benchmarked data.

The R.A.P.P.E.R. campaign included essential fall prevention strategies identified in the cause analysis:
- **R:** Rounding purposefully and hourly
- **A:** Assessing patients comprehensively upon admission and on an ongoing basis
- **P:** Planning patient care (nurse care planning) and individualizing that plan
- **P:** Prevention measures that were individualized to each patient's specific needs
- **E:** Educating and engaging patients in fall prevention measures
- **R:** Repeating these measures throughout the patient's hospitalization

A hospitalwide contest for best rap (poem) using the R.A.P.P.E.R. acronym was held to publicize the fall prevention initiative, promote staff engagement and hardwire core expectations. Join us to learn more about this successful and fun intervention.

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Poster P102   ● ● ● ●
Leveraging Lean Methodology to Prevent Falls

Lacie Damhorst, MSN, RN, CNL, CMSRN, CPHQ, *Process Improvement Specialist, Emory Saint Joseph's Hospital, Atlanta, GA*

Alireza Danaie, CMQ/OE, CSSBB, *OpEx Manager, Emory Saint Joseph's Hospital, Atlanta, GA*

Michele Chisolm, MSN, RN, ONC, *Specialty Director of Acute Care, Emory Saint Joseph's Hospital, Atlanta, GA*

Keywords:
Standard Work, Patient Safety

Learning Objectives:
- Explain how Lean methodology can be leveraged to address clinical challenges and hardwire standard practices by involving frontline staff and leadership in the development of standard work and confirmation practices.
- Discuss the role of visual management in changing the culture of clinical practice.

Overview:
A community hospital used standard work and Kamishibai cards (K-cards) as a proactive approach to address fall prevention. Preliminary assessments showed inconsistent fall prevention practices and fall rates above targets. Standard work with process confirmation, a Lean methodology, was leveraged to address practice variations. This approach reduced and sustained falls to less than 2.28 falls per 1,000 patient days and achieved 157 days between falls. Embedding this approach into the daily workflow helped transform fall prevention culture by facilitating clear practice expectations, compassionate coaching, real-time data gathering and problem-solving.

Poster P103   ● ● ● ● ●
Behavioral Health Clinical Navigator Promotes Equitable Access to Pediatric Care

Erika D. Owen, MS, LCSW, *Operations Manager of Integrated Behavioral Health, Departments of Ambulatory Care Management and Psychiatry, Rush University Medical Center, Chicago, IL*

Neha V. Gupta, MD, *Vice Chair of Clinical Affairs, Department of Psychiatry and Behavioral Sciences, Assistant Professor of Psychiatry and Internal Medicine, Rush University Medical Center, Chicago, IL*

Elizabeth A. Elrick, LCSW, *Behavioral Health Integration Social Worker, Rush University Medical Center, Chicago, IL*

Rosario Cosme-Cruz, MD, *Assistant Professor, Rush University Medical Center, Chicago, IL*

Keywords:
Behavioral Health, Health Equity, Pediatrics

Learning Objectives:
- Discuss the elements of the behavioral health system that often drive inequitable access to care.
- Recognize how the role of a behavioral health clinical navigator can drive effective behavioral health services for youth.
- Describe the role of the consultant child and adolescent psychiatrist in an integrated behavioral health model for youth.

Overview:
The Rush Collaborative Care Program (CCP) expands patient access to mental health services through a team-based approach to depression screening and intervention. This program experienced significant declines in pediatric referrals following the collapse and restructuring of care management teams. The CCP engaged key stakeholders to develop the behavioral health clinical navigator role, charged with uniquely structuring the needs of the pediatric practice. This integrated approach substantially increased pediatric behavioral health navigation and promoted equitable access to behavioral health care in a landscape fraught with longstanding barriers to mental health services.

POSTERS

Poster P104 ● ● ●

Collaborative Care Model Increases Patient Access to Mental Health Services

Jonathan L. Kaplan, MD, *Associate Division Chief of Integrated Behavioral Health, Department of Psychiatry and Behavioral Sciences, Assistant Professor of Psychiatry and Internal Medicine, Rush University Medical Center, Chicago, IL*

Aatif Hashmi, MS, *Senior Data Developer, Rush University Medical Center, Chicago, IL*

Neha V. Gupta, MD, *Vice Chair of Clinical Affairs, Department of Psychiatry and Behavioral Sciences, Assistant Professor of Psychiatry and Internal Medicine, Rush University Medical Center, Chicago, IL*

Keywords:
Behavioral Heath, Depression Screening, Escalation Pathway, Reimbursement, Primary Care, Access

Learning Objectives:
• Describe how a collaborative care model can improve behavioral health access for primary care providers.
• Discuss the roles of the behavioral health care manager and the patient registry in a collaborative care model.
• Classify reimbursement opportunities for providing mental health services in the primary care setting.

Overview:
The Rush Collaborative Care Program expands patient access to mental health services through a team-based approach to depression screening and intervention. This cost-effective model assists primary care teams with management of behavioral health diagnoses while leveraging reimbursement opportunities to support an escalation pathway when specialty care is needed. This outcomes-driven and scalable approach substantially increases systemwide behavioral health offerings, despite longstanding challenges around access to counseling and specialty services.

Poster P105 ● ●

Improving Access to Inpatient Care for Socioeconomically Disadvantaged Psychiatry Patients

Ana Owolabi, MSN, RN, *Transfer Center Manager, Stanford Health Care, Stanford, CA*

Sharon Alano, BSN, RN, *Assistant Manager, Stanford Health Care, Stanford, CA*

Keywords:
Behavioral Health, Health Equity, Psychiatric Care

Learning Objectives:
• Identify the primary cause of health care disparity related to inaccessible mental health care for psychiatric patients.
• Discuss successful strategies to achieve more equitable transfer rates between public/uninsured and privately insured psychiatric patients.

Overview:
According to Stanford emergency department (ED) 2021 data, psychiatric patients in the ED who are publicly insured or uninsured are less likely to be accepted for transfer to another facility, despite the Emergency Medical Treatment and Labor Act law requiring facilities to accept patients regardless of ability to pay. This project highlighted the compounded marginalization of an already stigmatized patient population within the health system. In line with Stanford's mission and values for diversity, equity and inclusion, we believe this project represents how to be at the forefront of a commonly known, but rarely addressed issue.

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Poster P106 ● ● ● ●
Quality Reporting and Management: Closing the Reporting Gap

Emma Mollenhauer, BS, *Senior Data Analyst, Cottage Health, Santa Barbara, CA*

Baraka Peterman, BSN-RN, MSHA, CPHQ, CPPS, *Director of Quality, Cottage Health, Santa Barbara, CA*

Keywords:
Core Measures, Health Disparities, Sepsis

Learning Objectives:
- Describe effective strategies to identify trends in quality reporting data.
- Discuss the creation of dashboards for specific core measures that can be used to implement meaningful process improvements.

Overview:
Core measure data is expensive to collect and often difficult to report, analyze and use to drive improvement. To better understand how sepsis bundle compliance affects patient mortality, readmissions and length of stay and to implement meaningful process improvements, we created interactive dashboards that tie together quality and patient-level data. These dashboards allow all core measure results to be reported monthly and easily aggregated/disaggregated to identify trends. By linking patient demographics to core measures, we can also look for potential health care disparities by language or ethnicity.

Poster P107 ● ● ● ●
Harnessing the Power of 40,000: Becoming an Idea-Driven Organization

Meghan E. Wencker, MBA, *Senior Continuous Improvement Manager, SSM Health-DePaul Hospital, Bridgeton, MO*

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Keywords:
Cultural Problem-Solving, Staff Engagement, Staff Autonomy

Learning Objectives:
- Discuss the fundamentals of an effective idea system and how to apply them.
- Describe strategies to effectively and inclusively engage caregivers and other potential key stakeholders.

Overview:
Harness the power of ideas from your entire workforce to drive improvement, innovation and engagement. SSM Health developed a systematic approach to collect and implement ideas from its approximately 40,000 employees, resulting in solutions that are quicker to implement, less expensive and more attainable. When done correctly, soliciting employee ideas creates a culture of autonomy and shared ownership in which every team member offers improvements and witnesses the progress toward implementation. Through this systematic approach, we have solved multiple problems daily and achieved our goals across the organization more effectively and efficiently.

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Poster P108

Recipe for Equity: Hospital/ Community Partnership Addresses Local Food Insecurity

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Keywords:
Health Equity, Food Insecurity, Readmissions

Learning Objectives:
- Discuss implementation steps for a food pantry at a large academic medical institution.
- Apply shared knowledge of how an institution can address a basic need (food insecurity) for its patient populations.
- Identify at least one solution for addressing food insecurity in the community your health care organization serves.

Overview:
Throughout the 10-county service area of Foodlink, University of Rochester (UR) Medicine's regional food bank, more than 152,000 residents experience food insecurity — meaning they have limited or uncertain access to enough food for everyone in their household. To better address food insecurity in our community, UR Medicine partnered with Foodlink to establish a hospital-based food pantry that meets patients where they are. During the session, our pantry team will share the importance of community partnerships, the implementation process and lessons learned and provide insight on future growth.

Poster P109

Reducing Hospital-Acquired Infections in a Medical Intensive Care Unit

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Keywords:
Nurse Empowerment, CAUTI, CLABSI

Learning Objectives:
- Discuss effective methods to reduce CLABSI and CAUTI.
- Describe diagnostic options that can be used to identify secondary sources of infection.

Overview:
As hospital-acquired infections increased in a large academic medical center, we needed to take a proactive approach and engage quality, nursing, and physician and infection prevention leaders to devise corrective measures. By engaging this multidisciplinary team, performing a thorough retrospective case review, implementing daily leader rounds, and taking a proactive approach to analyze central line-associated bloodstream infection (CLABSI) and catheter-associated urinary tract infection (CAUTI) bundles, our team significantly improved patient outcomes in a medical intensive care unit — reducing CLABSIs by more than 40% and reducing CAUTIs to zero.

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Poster P110   ● ● ● ● ● ● ●
An Allied Strategy to Manage Complexity and CAUTI Reduction

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Keywords:
HAI, Quality Patient Outcomes, Patient Safety

Learning Objectives:
• Discuss strategies to consider when implementing a project to standardize an approach across a health care system.
• Identify key participants to include in a collaborative approach to hospital-acquired infection prevention.

Overview:
Catheter-associated urinary tract infections (CAUTI) make up a substantial portion of health care-associated infections. CAUTI involve many points of risk, from the decision to place a catheter, to insertion and maintenance, to the timing of removal. Despite standard prevention measures, our urinary catheter rate of infections was worsening. As a result, infection prevention and quality leaders embarked on a multidisciplinary project to assess current state and optimize prevention efforts.

Poster P111   ● ● ● ● ●
Interprofessional Leadership and Collaboration Leads to Reduced Pressure Injuries

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Keywords:
HAPI, Patient Safety

Learning Objectives:
• Discuss the benefit of a structured leadership approach to simultaneously address multiple drivers of change.
• Explain the impact of actionable data on developing timely point-of-care interventions.
• Describe critical tactics to engage frontline staff in the performance improvement/change management processes.

Overview:
A Lean continuous improvement approach supported by strong institutional leadership resulted in a 50% reduction in hospital-acquired pressure injuries (HAPI) at UMass Memorial Medical Center. A focused collaborative, a series of data-driven interventions and process changes drove the reduction. Every point of care, from initial patient contact through discharge and coding, generated interprofessional opportunities that contributed to this significant reduction in HAPI. Relentless and structured pursuit of multiple simultaneous opportunities, driven by the Performance Improvement Safer Team, supported bedside caregivers as they implemented successful and sustainable change.

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Poster P112

Wombmates to Roommates: Rooming-In to Manage Infant Withdrawal

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Keywords:
NOWS, Neonatal Opioid Withdrawal, Family-Centered Care, Pediatrics, Total Cost of Care

Learning Objectives:
• Describe the potential benefits of rooming-in for both mom and baby.
• Outline the components of implementing a rooming-in practice change.

Overview:
Faced with increasing rates of babies born with neonatal opioid withdrawal syndrome (NOWS), we recognized the need to develop a program to provide more comprehensive care for these patients. We focused on the idea of rooming-in, whereby discharged moms are allowed to stay in an inpatient room with their *admitted* baby. Our pilot demonstrated that rooming-in reduced the need for medication treatment and resulted in shorter lengths of stay for this patient population. The rooming-in process was well received by the nurses and parents experienced little to no anxiety.

Poster P113

It Takes a Village to Improve Placenta Accreta Outcomes

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Amy Mosely, BSN, RN, CLC, *Perinatal Nurse Navigator, UF Health Physicians, Gainesville, FL*

Keywords:
Health Equity, Maternal Morbidity and Mortality, Risk Stratification, Standardized Protocols

Learning Objectives:
• Outline the creation of a standardized protocol based on best practices.
• Illustrate the importance of improved communication among multidisciplinary teams.
• Identify methods that can be used to assess the effectiveness of implemented changes.

Overview:
Placenta accreta spectrum disorders, which involve abnormal invasion of the uterine myometrium by villous tissue, are significant contributors to maternal mortality and morbidity due to excessive blood loss and organ injury. In April 2018, we formed a core team of more than 30 individuals from seven clinical departments to create a standardized protocol based on best practices, streamline our services, and improve the process through efficient communication and continuous quality control. This approach decreased our maternal morbidity rate by 70%, intraoperative blood loss by 50% and the need for blood component replacement therapy by 68%.

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Poster P114   ● ● ● ● ●

Sustaining Malnutrition Hospital Reimbursement from Dietitian-Led Interventions

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Keywords:
Nutrition-Focused Physical Exams, Total Cost of Care, Reimbursement

Learning Objectives:
• Explain the dietitian's role in identifying malnutrition.
• Describe the importance of congruent documentation between dietitian and provider on hospital reimbursement values for malnutrition.

Overview:
It is estimated that 20% to 60% of hospitalized patients are malnourished. Failing to correctly identify and document malnutrition can negatively impact reimbursement. The implementation of dietitian-performed, nutrition-focused physical exams; a formalized documentation process; and accompanying provider education resulted in: (1) increased diagnosing of malnutrition in surgical patients [pre-intervention: 194, post-intervention: 334]; (2) increased concordance in severity of malnutrition between the dietitian and provider [pre-intervention: 8.64%, post-intervention: 46.3%]; (3) increased reimbursement [pre-intervention: $278,566, post-intervention: $571,281]; and (4) sustained reimbursement at six, 12, 18 and 24 months post-intervention. Continued interdisciplinary collaboration is needed to optimize identification and documentation of malnutrition and ultimately improve patient outcomes.

Poster P115   ● ● ●

Urgent Outpatient MRI Program for Neurology Patients Prevents Unnecessary Admissions

Andrew Huang, MD, *Neurology Resident, University of Rochester Strong Memorial Hospital, Rochester, NY*

Keywords:
Expense Management, Imaging, Utilization, Resource Stewardship, MRI

Learning Objectives:
• Describe an urgent outpatient care model for patients with acute neurologic symptoms presenting to the emergency department.
• Discuss the cost savings related to prevented hospital days when inpatient imaging is deferred to the outpatient setting.

Overview:
An urgent outpatient MRI care model was designed and implemented for neurology patients to prevent unnecessary admissions at a tertiary academic hospital. Qualified patients seen in the emergency department who were awaiting MRI imaging but did not have urgent inpatient or therapy needs were discharged home with timely outpatient MRI imaging. During a 12-month period, 117 patients underwent urgent MRI imaging, producing approximately $150,000 in MRI revenue and $370,000 to $550,000 in cost savings from prevented hospital days. This urgent outpatient care model for neurology patients is potentially feasible and cost-saving for other hospitals.

POSTERS

Poster P116

Four to the Floor: Optimizing ED-to-Floor Patient Flow

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Keywords:
Capacity, Throughput, Discharge, Turnaround Time

Learning Objectives:
• Describe a framework to optimize hospital patient flow from the emergency department to the floor.
• List interventions to improve patient flow in a hospital.
• Discuss potential outcomes of such interventions in a hospital.

Overview:
Optimizing patient flow is paramount to improving quality and access to care. Emergency department (ED)-to-floor patient flow involves multiple steps, as well as opportunities to streamline these steps. We achieved a hospital "discharge order to next patient occupy time" for a patient from the ED of less than four hours ("four to the floor"). Intermediate steps were individually analyzed and optimized with rapid Plan-Do-Study-Act improvement cycles. Senior leadership support from our executive chief medical officer, automation of certain steps, standard work and workflow modification helped achieve these results.

Poster P117

Time is Not Refundable! Optimizing Cardiac Surgery Patient Throughput

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Keywords:
Capacity Management, O.R. Utilization, Patient Flow, Throughput, Dashboard, Digital Optimization

Learning Objectives:
• Apply communication methods to relieve patient congestion from operating rooms to intensive care units.
• Describe elements of the interactive dashboard that assist with throughput and capacity management.
• Describe a multidisciplinary approach to addressing patient flow bottlenecks in a surgical service line.

Overview:
Efficient patient flow and capacity management are essential to the success of any hospital organization. The opening of Stanford Health Care's new adult hospital increased operating room (O.R.) capacity, but the cardiac surgery service quickly identified a bottleneck in transferring patients from the O.R. into intensive care unit beds. The need for immediate resolution drove the engagement of multiple clinical stakeholders to develop an effective patient flow and throughput process. Throughput capacity improved through deployment of an interactive communication system, including an innovative and interactive patient-level capacity dashboard.

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Leveraging a Discharge Reception Area to Improve Patient Flow

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Eric Gross, MD, MMM, Physician Advisor, Quality Director of Emergency Medicine, UC Davis Medical Center, Sacramento, CA

Keywords:
Capacity Management, Throughput, Patient Discharges

Learning Objectives:
• Describe opportunities to improve expedited patient discharges and patient flow by leveraging a discharge reception area.
• Identify methods to increase utilization of a discharge reception area.

Overview:
Efficient orchestration of patient discharges is critical to daily operations within a hospital. In April 2020, our patient flow management team took charge of a previously limited discharge reception area (DRA). Through several process improvement initiatives and implementation of a daily multidisciplinary discharge huddle, the DRA realized a 77% increase in patient discharges facilitated through the reception area. In 2022, patients discharged through the DRA have a higher rate of leaving the facility before 1400 (58%) compared to patients discharged from the units (32%).

Poster P119 ● ● ● ● ● ● ●

A Journey From Inpatient to Outpatient: Autologous Stem Cell Transplant

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Keywords:
Care Delivery Model, Ambulatory, Care at Home

Learning Objectives:
• Describe the development, implementation and evaluation of an outpatient ASCT program.
• Identify characteristics of a successful outpatient ASCT program.

Overview:
In spring 2020, COVID-19 forced a reduction in elective hospital admissions, resulting in extended wait times for patients needing autologous stem cell transplantation (ASCT). To reduce the critical backlog of patients waiting for admission to the inpatient bone marrow transplant unit, a multidisciplinary group created an outpatient ASCT program, located in the acute infection management/cellular therapy unit of the main hospital that supports infusion therapy and other outpatient services. The initial transplant was completed within six months of the first operational meeting. In the 11 months since the inaugural outpatient ASCT program transplant, we've completed 21 outpatient transplants and saved 227 patient days.

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Poster P120

Care Alignment: Standardizing Clinical Practice To Align With Best Practices

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Keywords:
Society of Thoracic Surgeons, Data Extraction, Registry Templates, Reducing Variation

Learning Objectives:
- Discuss the key drivers of documentation that result in inaccurate performance rankings.
- Explain successful methods used to improve adherence to best practices in cardiac surgery.

Overview:
Quality and clinical disease registries are used to measure, improve, monitor, benchmark and research patient outcomes. Missing or inaccurate registry data adversely affects the precision and bias of registry scores. For longitudinal studies, missing data reduces the statistical power to detect change and can underestimate or overestimate intervention effects. Ensuring that electronic medical record (EMR) documentation is accurate and complete is daunting and time-consuming. At University of Utah Health we developed and implemented EMR templates enabling clinicians to efficiently and effectively meet registry and regulatory documentation requirements to provide the best possible care.

Poster P121

Vaccine Tracking and Administration: Real-Time Data Drives Safety and Efficiency

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Keywords:
Resource Allocation, Medication Management, Pediatrics, Vaccine Management

Learning Objectives:
- Discuss methods to rapidly implement technological solutions and overcome barriers in vaccine administration.
- Illustrate the compilation of data to drive executive-level decisions for resource allocation.

Overview:
Texas Children's Hospital (TCH) provides employee and patient immunizations throughout the enterprise in the Houston and Austin greater metropolitan areas of Texas. The SARS-CoV-2 pandemic initiated rapid mobilization of vaccine research, production and implementation. The TCH pharmacy informatics team developed and reallocated technological solutions to track vaccine procurement, distribution and administration. The project was designed to leverage medication management technology to capture data in each step of the medication use process. Data from multiple sources was integrated to provide real-time insight into inventory and patient vaccination statuses to drive leadership decision-making for resource allocation.

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Strategies for Creating a Safer Decentralized Pharmacy

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Keywords:
Inventory Optimization, Medication Management, Workflow, Automated Dispensing Cabinets

Learning Objectives:
• Discuss how to develop a strategic action plan to reduce missed doses using pharmacy technology and unit-based inventory optimization, leading to value creation, sustainability and competitive advantage.
• Explain how to streamline team-based workflows between nursing and pharmacy services lines to improve overall patient care and satisfaction.
• Identify how to solve pharmacy workflow bottlenecks through decentralization to reduce pharmacy technician labor while improving technician engagement within the health system.

Overview:
Missing medication doses is a near global issue for health care systems, leading to delays in patient care, decreased patient satisfaction, frustration among personnel and waste. NYU Langone Hospital – Long Island sought to mitigate these issues by leveraging its existing automated dispensing cabinets. Through intimately tailored, data-driven inventory optimization and interdisciplinary engagement, we successfully placed more medications closer to the nursing staff and patient population — significantly decreasing missing dose requests and medication administration delays, while also initiating the early steps of a safer decentralized pharmacy model.

Poster P124 ● ● ●
Capturing All Opportunities: Business Strategies That Drive Pharmacy Growth

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Keywords:
Revenue Generation, Cost Savings, Ambulatory Clinics, Prescription Optimization, Financial Assistance, 340B

Learning Objectives:
• Describe different business strategies utilized to drive pharmacy growth.
• Analyze the various types of pharmacy business models and services associated with revenue generation and cost savings.
• Evaluate the location of pharmacies and positioning of services within the ambulatory pharmacy enterprise in relation to capturing prescription volumes.

Overview:
Navigating the complexities of health care can be difficult and time-consuming for patients, providers and support staff. In an ever-changing pharmacy landscape of staffing shortages, tighter third-party reimbursements and fluctuating patient volumes, the need to provide efficient, yet comprehensive care is critical to remain sustainable. By adopting innovative, yet simple business strategies to increase pharmacy revenues and decrease costs associated with providing care, The University of Toledo Medical Center has successfully positioned the ambulatory pharmacy enterprise within the Toledo market to capture all revenue and cost-savings opportunities.

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Poster P125

Physician Preference Partnership Achieves Open Market Approach

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Keywords:
Spend Management, Total Cost of Care,
Physician Preference

Learning Objectives:
- Describe how to utilize database information for spend comparison and to identify potential savings.
- Discuss methods to achieve physician buy-in for savings projects by demonstrating data that accurately reflects the current state of spend and projected savings.
- Demonstrate the ability to maintain partnerships while driving down costs.

Overview:
Our orthopedic cost initiative set a price limit for hip and knee implant spend based on clinical database comparisons and validated by a secondary database. By collaborating with our orthopedic surgeons on price point and determination of like-for-like implants across vendor lines, we were able to allow any vendor that met the price point to be used at our organization. We went from one vendor having 97% market share to an open market approach. We're currently using four vendors with a recognized annual savings of $1.06 million.

Poster P126

Concentrating on the '5 Rights' of Clinical Supply Management

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Keywords:
Patient Safety, Supply Chain, Supply Assurance,
Clinical Supply Management

Learning Objectives:
- Describe clinical integration strategies that can be used to bridge the gap between supply chain and end users.
- Identify select strategies that can be used to improve product approval lead time and realize additional savings.

Overview:
Taking a cue from our nursing colleagues, our academic medical center moved from a legacy focus on cost control to a comprehensive, interdisciplinary methodology focused on the "5 Rights" of clinical supply management. Purchasing the right products at the right price at the right time in partnership with the right clinical team and the right supplier became our ideal approach. We created the Clinical Supply Optimization program to effectively engage clinicians while incorporating clinical evidence, financial performance and operational data to consistently support our decision-making framework.

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Mission Possible: Preference Card Optimization for New EMR System

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Cindy Jo Allen, MBA, RN, *Assistant Administrator Surgical Services, UWMC Northwest, Seattle, WA*

Keywords:
Supply Chain, Value-Based Care, Resource Utilization

Learning Objectives:
• Identify team-based strategies to optimize rather than reduce the use of preference cards.
• Describe the management of common challenges associated with preference cards.

Overview:
As we prepared to transition from one electronic medical record (EMR) to another, we knew that a preference card clean-up was critical to avoid significant post-transition data loss and unnecessary editing. Years of duplicate and conflicting information and cards that required cleanup were intimidating prospects. Our mission, which we chose to accept, was to reduce the physical number of preference cards that would need to be uploaded into the new EMR while retaining the necessary information to perform surgical procedures — with the added benefit of reducing the number of physician-returned items.

Poster P128   ● ● ● ●

Improving Mortality Rates: Cultivating Connections To Understand Key Drivers

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Keywords:
Observed-to-Expected Mortality, CDI, Data Analytics

Learning Objectives:
• Explain successful strategies to identify potentially preventable death within your institution (e.g., frontline provider perspectives, incident reports, etc.).
• Identify methods to display mortality data and case review findings that allow for meaningful multidisciplinary review.

Overview:
Understanding the drivers that influence inpatient mortality performance and delivering meaningful information can be challenging. Success was achieved by connecting expert stakeholders, who held insights into mortality performance, with existing internal case review processes. Further collaboration with an analytics team led to the development of a dashboard that displays clinical data alongside these case reviews, allowing senior leadership and frontline providers to better understand key drivers of mortality performance. Learn how UCSF leveraged a multidisciplinary team to cultivate connections, ultimately improving mortality-related metrics.

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The Recharge Room: Decompress in a Multisensory, Peaceful Space

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Keywords:
Workforce Resilience, Outreach Coordinator, Workplace Well-Being

Learning Objectives:
- Discuss the role of biophilic design implementation in the reduction of stress and anxiety for the health care worker, including how to establish similar spaces within any health care system.
- Identify the mechanisms by which stress and anxiety are reduced through exposure to nature.
- Determine ways in which stress and anxiety can be qualitatively or quantitatively measured.

Overview:
Hospitals cared for record numbers of patients throughout the pandemic. Trauma, exhaustion and burnout resulted in a need for space and resources to allow workers to decompress safely and confidentially. Indications are that recharge rooms improve employee health and well-being, yet little has been done in this area until UCHealth implemented its Recharge Room in 2021. This space integrates immersive, multisensory experiences to reduce stress and provide real-time emotional support for employees. Using a stress continuum, more than 1,400 surveys in the first six months show significant improvement in acute employee well-being.

Poster P130 ● ● ● ●

First Call: A Comprehensive Employee Wellness and Outreach Program

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Keywords:
Workforce Resilience, Outreach Coordinator, Workplace Well-Being

Learning Objectives:
- Identify the core mental health concerns faced by the health care workforce during the COVID-19 pandemic.
- Outline the essential components necessary to plan and implement an effective employee wellness and outreach program.

Overview:
The unprecedented nature of the COVID-19 pandemic disrupted not only the state of health care, but also our understanding of what is necessary to maintain the mental health and well-being of those providing the most critical services to Colorado communities and beyond. Like so many health systems, UCHealth faced a daunting challenge — not only to provide medical care in novel ways, but also to ensure the well-being of the workforce providing those services. We created First Call to reduce the burdens of health care workers, providing them with support, counseling, therapy and resiliency training 24 hours a day, 7 days a week — with no cost to the employee. The program continues to be extremely successful and serves as a resource to all who participate in the care of our patients, and is expected to be a continued resource into the foreseeable future. With the addition of focused group therapy options, the program continues to adapt and evolve to the current needs of the diverse workforce.

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Developing an Automated Procedural Scheduling Tool for Ambulatory Gastroenterology Procedures

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Keywords:
Operational Efficiency, Resources, Sedation, Cost Savings, Patient Screening

Learning Objectives:
• Illustrate the potential cost savings and benefits of an automated scheduling tool for procedural scheduling.
• Discuss the methods employed in establishing an automated procedural scheduling process.

Overview:
When the gastroenterology procedural center at UCHealth transitioned from nurse-administered sedation to an anesthesia care team model providing monitored anesthesia care, it required meticulous screening to ensure patients were medically appropriate for propofol sedation in a general gastrointestinal procedure room. Initially, an inefficient and resource-intensive triage process required a 1.0 nursing full-time equivalent. We developed an automated screening tool using patients' electronic health records to generate a score based on documented medical history. This score guides nonmedical staff toward effective and accurate scheduling, eliminating the need for manual nurse triage and generating a projected annual cost savings of $90,065.

Poster P132 ● ● ● ● ● ●

Stepwise Approach Improves Performance Using an INR-Based Metric

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Keywords:
Patient Safety, Anticoagulation, Data Analytics

Learning Objectives:
• Explain team-based clinical decision support strategies to improve patient outcomes related to acute INR elevation management.
• Outline the stepwise implementation outcomes of clinical decision support and standard operating procedures by a multidisciplinary group using an INR-based metric.

Overview:
In 2017, an international normalized ratio (INR)-based metric was added to our scorecard, specifying that an INR greater than or equal to five in patients who received at least three doses of warfarin is associated with an unacceptable risk of bleeding. This study evaluated the effects of a multidisciplinary team developing and implementing multiple clinical decision support and standard operating procedures in a stepwise manner on the INR metric performance. We achieved a 55.2% improvement in our qualifying event rate (4.55% versus 2.04%) and an 89.4% improvement in our rank among comprehensive academic medical center peers (66 versus seven).

POSTERS

Poster P133

Optimizing Neurology Inpatient Discharge Documentation

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Keywords:
CDI, Observed and Expected, Resident Workflow, CC/MCC Capture Rate

Learning Objectives:
- Explain successful strategies to facilitate improved documentation by targeting specific diagnosis-related groups.
- Outline the steps to create a discharge documentation tool that can be used for discharge diagnoses in the electronic medical record.

Overview:
Ensuring that inpatient clinical documentation supports the level of patient complexity is an ongoing challenge for most institutions. The organization's ability to capture patient complexity influences performance, as well as mortality indices, length of stay and payer reimbursement. Our innovative tool improves patient charting by maximizing available risk models to their fullest potential to optimize inpatient neurology resident discharge documentation. Our team demonstrates improved complication or comorbidity/major complication or comorbidity capture rates through implementation of this novel model.

Poster P134

Quality and Accountability Performance: An Innovative Health System Approach

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Keywords:
Q&A Scorecard, Data Visualization, Benchmarking, Systemness, Strategic Improvement

Learning Objectives:
- Outline a framework to leverage quality and accountability scorecard methodology to drive improvement.
- Describe an advanced analytics tool via business intelligence software that provides innovative data visualizations, benchmarking and targets that cascade across service lines, domains, hospitals and the health system.

Overview:
Like many multihospital health systems, M Health Fairview seeks to track performance and prioritize opportunities using a Quality and Accountability (Q&A) scorecard as the foundation. Senior leadership challenged our quality and safety analytics team to create a single systemwide metric for easy, self-service, monthly monitoring at the system, hospital and service line levels. Accomplishing this goal led to the development of an in-house reporting and analytics tool using a software platform that enables us to determine improvement opportunities. Use of this tool helped drive meaningful Q&A scorecard improvement across the M Health Fairview system.

Poster P135   ● ●

When All Else Fails Grow Your Own: Nurse Apprentice Program

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Keywords:
Apprenticeship, Nurse Retention, Onboarding, Pediatrics

Learning Objectives:
• Outline a workforce plan to reduce unit vacancies using an apprentice program.
• Describe strategies to increase professional growth opportunities for staff nurses.

Overview:
The Labor Nurse Apprentice program was developed to reduce vacancies on the labor and delivery unit. The program consists of a 14-week training schedule, during which time the apprentice obtains Neonatal Resuscitation Program (NRP), Advanced Cardiac Life Support (ACLS) and Basic Fetal Monitoring certifications. Literature shows a specialized training program is effective in recruitment of new nurses.[1] It has improved nurse retention by giving nurses outside the labor and delivery unit an opportunity for growth within the facility and has also improved nurse engagement and built a strong team environment. This program has proven to be the most successful recruitment strategy for labor and delivery nurses over the past two years and could easily be replicated for use in other specialty areas within the facility to reduce vacancies and increase retention and engagement.

1. Challinor, JM, Alqudimat MR, Teixeira TA, Oldenmenger WH. Oncology nursing workforce: challenges, solutions, and future strategies. *Lancet.* 2020;21(12):e564-e574. doi: 10.1016/s1470-2045(20)30605-7

Poster P136   ● ● ●

Emergency Department Care Delivery: Paramedics are the Wave of the Future

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Keywords:
Workforce, Alternative Care Delivery Model, Optimize Scope of Practice

Learning Objectives:
• Discuss key strategies of the nurse/paramedic care delivery model and how they impact patient flow and staffed bed capacity.
• Explain the impact this model has on recruitment and labor expenses in lieu of using exclusive nursing resources.
• Describe the impact of this model on employee satisfaction.

Overview:
In view of the current nursing shortage, previous emergency department care delivery models may feel obsolete. The Nash UNC Health Care nurse/paramedic team care delivery model creates a workflow that enables a quality patient care experience. In addition to controlling expenses, this new model helps achieve improved patient flow, staffed bed capacity, and clinician and patient satisfaction. Nash UNC Health Care began implementation in December 2021 with a projected completion date of December 2022. The project consists of four hiring phases and creation of nurse/paramedic team assignments throughout the department.

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Poster P137

A Diverse Nursing Workforce Supports Our Care Delivery Mission

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Keywords:
Recruitment, Retention, International Nurses

Learning Objectives:
- Describe new ways to introduce and sustain a multicultural nursing workforce.
- Identify methods to create resiliency within an international nursing model.

Overview:
A nationwide shortage of registered nurses is projected between 2016 and 2030, according to the *American Journal of Medical Quality*.[1] To address our nursing shortage and open new units, UK HealthCare hired international nursing staff for three-year contract terms. This brought its own set of challenges, including general culture shock and acculturation, isolation from extended family, unfamiliarity with the American medical system, potential hostility from native-born American employees, resentment from coworkers, communication challenges, and a steep learning curve to learn the new culture.

1   Zhang X, Tai D, Pforsich H, Lin VW. United States registered nurse workforce report card and shortage forecast: a revisit. *Am J Med Qual.* 2018;33(3):229-236. doi:10.1177/1062860617738328

Poster P138

Partnership-Driven Transformation: Strategies for Nursing/Clinical Workforce Stabilization

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Keywords:
Academic/Practice Partnership, High School Pathway, Pipeline Recruitment

Learning Objectives:
- Identify strategies for nursing and clinical workforce stabilization.
- Explain the steps required to implement nursing and clinical workforce stabilization strategies to meet retention and recruitment demands.

Overview:
For a variety of reasons, including the toll of the pandemic, some nurses are preparing to exit their roles and/or leave the profession. To prepare for this, the organization embarked on a journey to develop a comprehensive workforce strategy. Participants will learn about current workforce trends and how to proactively address challenges through innovative workforce solution strategies. The implementation process, lessons learned and outcomes data will also be discussed.

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Telenutrition: Enhanced Use of Remote Services Before and During COVID-19

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Keywords:
SDoH, Social Determinants of Health, Nutrition Therapy, Access, Telehealth, Registered Dietitian Nutritionist

Learning Objectives:
• Explain the patient utilization outcomes of telenutrition services during Stanford Health Care's COVID-19 pandemic response.
• Describe strategies used for deploying telenutrition services.

Overview:
In March 2020, Stanford Health Care deployed video and telephone visit capabilities to its ambulatory registered dietitian nutritionists (RDNs) in response to the COVID-19 pandemic. The change from in-person care delivery to mostly telenutrition created a unique opportunity to explore how telenutrition changed the utilization, access and sociodemographic characteristics of patients receiving medical nutrition therapy services. Our findings show telenutrition enhanced overall access, improved timeliness of care and did not reduce access to care in vulnerable populations. Health care organizations that employ RDNs should consider deploying telenutrition services to improve access to medical nutrition therapy services.

Poster P140 ● ● ● ●

Creating and Executing Tactics Within a Workplace Violence Prevention Portfolio

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Keywords:
Staff Resilience, Gap Analysis, Risk Assessment, Workplace Safety, Workplace Violence

Learning Objectives:
• Explain the role of executive sponsorship in the success of a workplace violence prevention program.
• Describe the key elements included in a multifaceted approach to reduction and prevention of workplace violence.

Overview:
Violence against staff in the workplace is increasing. Preventing this violence requires a multitude of tactics that work together to enhance staff safety. Our organization completed a gap analysis and compared it with best practices to create a framework and infographic of the key elements for success, such as risk assessment tools, dashboards, electronic health record cues and staff support. Workplace violence prevention was made a top priority in the organization through executive sponsorship. Workgroups were created for each element and the deliverable outcome was a standardized approach to reduce and prevent workplace violence.

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Poster P141

Digital Intervention Increases Annual Wellness Visit Scheduling by 10%

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Mark Lodes, MD, *Chief Medical Officer and Vice President, Population Health and Medical Education, Froedtert Health, Milwaukee, WI*

Keywords:
Medicare, Digital Outreach, Preventive Care, Ambulatory Care, Primary Care, Annual Wellness Visit

Learning Objectives:
- Summarize the importance of the Medicare Annual Wellness Visit as it relates to value-based care.
- Describe the advantages of digital patient outreach as compared to other standard forms of patient outreach.

Overview:
As a health system with a clinically integrated network managing nearly 150,000 patients under value-based contracts, Froedtert & the Medical College of Wisconsin (F&MCW) understands the importance of preventive health maintenance in optimizing quality outcomes and efficient care delivery. The Medicare Annual Wellness Visit (AWV) is one such preventive visit that is underutilized, leaving a gap in important care planning for the patient and primary care team. F&MCW used an innovative digital outreach and scheduling strategy to dramatically increase the efficiency of patient outreach, leading to a 10% increase in AWV scheduling compared to previous years.

Poster P142

Personalized Service Line Mobile Application Kickstarts Clinical Documentation

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Grant P. Sinson, MD, *Associate Professor, Director of Neurotrauma, Director of Outpatient Clinic Operations, Department of Neurosurgery, Froedtert & Medical College of Wisconsin, Milwaukee, WI*

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Keywords:
CDI, Service Line, Reimbursement, Payer Strategies

Learning Objectives:
- Identify innovative techniques to capture quality metrics through direct clinical documentation improvement and provider engagement.
- Describe the use of technology to simplify and improve the documentation process for providers.

Overview:
When talking about large health care organizations, quality improvement is not a one-size-fits-all solution — largely due to different needs and approaches among teams, service lines and departments. Generic educational sessions and booklets often generate only partial interest and motivation on the part of providers. In this initiative, we worked with our providers' individual departments to facilitate improvement in their clinical documentation through a user-convenient mobile application for custom interventions.

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Poster P143   ● ● ● ● ●

New Partnerships and Data Standardization Reduce PSI

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Keywords:
CDI, Standardized Documentation, Analytics

Learning Objectives:
• Discuss implementation strategies of a multidisciplinary team approach to PSI review.
• Explain documentation standards to decrease present-on-admission injuries that contribute to false PSI.
• Outline distributed reports to standardize and release measures when merging new organizations' data and reporting structures.

Overview:
Since 2019, NorthShore University HealthSystem has acquired more than 700 inpatient beds through partnerships with Swedish Hospital and Northwest Community Hospital. The addition of comparative data to our enterprise data warehouse and analytics culture has allowed us to standardize scorecard measures and further scale our analytic capabilities into the hands of decision-makers and action-takers across our hospital system. Reviewing our patient safety indicators (PSI) in a multidisciplinary, standardized format and utilizing a national comparative database as our systemwide reporting tool has allowed us to benchmark competitive targets and significantly reduce our PSI 90 composite rate.

Poster P144   ● ● ● ●

Using Smart Technology to Manage Heart Failure

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Keywords:
Readmissions, Process Map, Observed-to-Expected Mortality, CDI, CHF, Chronic Heart Failure

Learning Objectives:
• Identify leading causes of care variation for chronic heart failure patients.
• Discuss the methods employed to standardize care for chronic heart failure patients.

Overview:
In spring 2019, University of Missouri Health Care launched an initiative to improve care for patients with chronic heart failure. Within one year, we achieved a 34% reduction in both our mortality ratio and 30-day unplanned readmission rate and moved from being ranked in the bottom decile in mortality and readmissions in a national comparative database to being a top-decile performer.

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Poster P145
Using Quality To Drive Cost/ Case in Surgical DRGs

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Keywords:
Total Cost of Care, LOS, CMI, Surgical Site Infections, Clinical Supply Integration, Clinical Variation

Learning Objectives:
- Describe how to design dashboards that represent quality metrics and overall costs that are meaningful to physicians.
- Summarize how to pull from dashboards business intelligence data that is clinically significant to practice.
- Illustrate how to make a significant impact on the bottom line with a straightforward process that is easily reproducible.

Overview:
Temple University Hospital is a large-scale academic medical center focused on patient excellence. To improve our quality metrics, we convened focused teams around different diagnosis-related groups (DRGs) to streamline all clinical milestones and pathways for these similar patients. With this process, we proved that decreased clinical variability within a DRG leads to improved patient outcomes while also achieving a significant savings of $25 million in the project's first two years.

Poster P146
Reducing Mortality Index at a Level 1 Trauma Center

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Keywords:
EDI, Electronic Data Interchange, Mortality, Service Lines

Learning Objectives:
- Discuss the rationale and importance of a team-based approach to reducing mortality index.
- Explain the importance of identifying highly weighted risk variables specific to the trauma service line in order to focus clinical documentation improvement and coding work.
- Outline the role of a quality improvement team in mortality analysis to identify opportunities for improvement and clinical engagement.

Overview:
We employed a team approach to reduce mortality index at our high-volume Trauma 1 facility using data from a clinical database to quantify opportunity in both expected and observed mortality. We leveraged imported analytics to determine high-yield risk variables within the trauma service line, along with clinical documentation improvement registered nurse involvement and team mortality review. Our organization specifically focused on observed mortality involving earlier palliative considerations and decisions to admit. The clinical documentation improvement team worked to identify trauma patients in real time and increased its review of records from negligible to 84% of total trauma adult volume.

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Leading Excellence With the HCAHPS Dimension Approach

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Keywords:
Call Lights, Patient Experience, Patient and Family Advisory Council, Feedback, Optimizing Workflows, Process Improvement, Patient-Centered

Learning Objectives:
• Apply the dimension leader format for successful positive movement in HCAHPS scores.
• Describe an integrated executive- and unit-level sponsorship that supports the dimension approach.

Overview:
While our complex care medical center had a favorable overall Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) score, we struggled with specific dimension-level scores — with the responsiveness dimension presenting the greatest challenge. We initiated a housewide hourly safety rounding skills lab when the first COVID-19 surge hit. We identified multiple opportunities to improve responsiveness, including delays donning personal protective equipment. Our executive leaders sponsored a dimension approach to improve HCAHPS performance, and dimension leaders engaged staff in action planning for process improvement. Through our collaborative, patient-centered approach, we increased our responsiveness score from the 22nd percentile in December 2020 to the 76th percentile as of May 2022.

Poster P148   ● ● ● ●
Expected Mortality Takes Two to Tango: Documentation and Coding

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Keywords:
Service Line Management, Expected Mortality, Present on Admission

Learning Objectives:
• Identify service line-specific mortality risk variables with the highest impact.
• Describe strategies to create efficient workflows that will help improve expected mortality.

Overview:
At SSM Health Saint Louis University Hospital, we realized that even though we were treating a significantly sicker patient population in our community, each patient's severity of illness was not being precisely reflected in our expected mortality (EM). The present-on-admission (POA) risk variable documentation project was designed to help our physician leaders understand the impact of mortality model groups, as well as their associated risk variables, on EM. We implemented a workflow to optimize the POA capture rate for two of our highest mortality indices service lines, resulting in notable mortality index reduction.

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Poster P149

Designing Seamless Telehealth Patient Engagement Through Innovative Patient-Centric Messaging

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Keywords:
Patient Engagement, Reminders, Patient Experience, No-Show Rates, Cancellations, Telehealth

Learning Objectives:
- Discuss the unique challenges health systems face preparing patients for telehealth visits, as well as which information and messaging features are most helpful for patients and their families to prepare for telehealth visits.
- Describe principles from design thinking and behavioral science that can be applied to the development of visit information messaging systems to drive patient engagement.

Overview:
In response to expansive telehealth adoption during the COVID-19 pandemic, Penn Medicine recognized the need for a solution to provide telehealth visit information and guidance to patients. Telehealth appointment reminders must include instructions on virtual visit access while helping patients through technical barriers and pre-visit tasks — such as completing consents or submitting payments — all without in-person assistance. We describe challenges in preparing patients for telehealth appointments and the application of design thinking and behavioral science principles to create an innovative, patient-centric solution. Conference participants will take away five key components for telehealth appointment reminders.

Poster P150

Standardized, Multidisciplinary Rounds Reduce Length of Stay Index

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Keywords:
Team-Based Care, Reduce Variation, Data Analytics

Learning Objectives:
- Illustrate a novel approach to multidisciplinary round best practices in reducing length of stay.
- Summarize the application of statistical techniques to identify root causes of the problem and to remove data variation that might cloud interpretation of results.

Overview:
By implementing standardized, multidisciplinary rounds, a health system reduced length of stay index from 0.96 to 0.92 across six hospitals, realizing an annualized benefit of $13.4 million. To sustain these gains, the system organized a control plan and surveillance team, which addressed obstacles post-implementation. Using statistical hypothesis testing, the team mitigated many of the issues negatively impacting patient flow, such as mental health comorbidities and high variation in care delivery.

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Poster P151
EMR Advisories Identify and Seamlessly Refer Patients to Transplant Program

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Kristi Caldararo, MHA, *Vice President, Hospital Operations, Thomas Jefferson University Hospital, Philadelphia, PA*

Keywords:
Transplant Evaluations, Decision Support

Learning Objectives:
• Describe how to identify patients who may be appropriate candidates for transplantation early in their disease progression based on specific EMR parameters.
• Explain how to optimize the workflow of referring patients for transplant and expeditiously schedule them for outpatient evaluation via seamless access to and direct communication with the transplant program.
• Outline how to collaborate most efficiently with hospitalists throughout the health system to provide the most optimal care throughout kidney, liver and heart disease progression.

Overview:
Through implementation of best practice advisories in the electronic medical record (EMR), we identified health system patients who met criteria for referral to organ transplantation. We ensured seamless access to our transplant programs by recognizing patients early in their disease progression and expeditiously evaluating and subsequently adding these patients to the waitlist. In the 10 months since going live, we had an increase of 162 referrals, 86 evaluations, 30 additions to the waitlist and 10 transplants across our liver, kidney and heart transplant programs. This functionality aligns patients with the appropriate subspecialty and enhances collaboration within our growing health system.

Poster P152
Implementing Environmentally Sustainable Practices in an Outpatient Oncology Clinic

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Claire Baniel, MD, *Resident Physician, Stanford Radiation Oncology, Palo Alto, CA*

Keywords:
Environmental Sustainability, Resource Utilization, Cost Savings

Learning Objectives:
• Describe examples of climate-related disruptions along the cancer control continuum.
• Identify key drivers of waste within the health care supply chain and life cycle.
• Develop sustainable, cost-effective interventions specific to your health care setting.

Overview:
As global temperatures rise, climate-related disruptions to the health care system will pose an increasing threat to public health. Though at the forefront of patient care, the U.S. health care system contributes significantly to this crisis, as it is responsible for approximately 8.5% of national greenhouse gas (GHG) emissions.[1] Adoption of climate-smart practices by health care systems is essential to reduce GHG emissions and prevent diseases attributable to climate change. We report on an ongoing initiative to implement sustainable, cost-effective practices at an outpatient radiation oncology clinic and demonstrate our interventions to be feasible and resource-efficient — with quantifiable waste and cost savings.

1. Eckelman MJ, Huang K, Lagasse R, Senay E, Dubrow R, Sherman JD. Health care pollution and public health damage in the United States: an update. *Health Aff (Millwood)*. 2020 Dec;39(12):2071-2079. https://pubmed.ncbi.nlm.nih.gov/33284703/

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Poster P153 ● ● ● ●

From Good to Gold: Medical Emergency Response Process Improvement

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Keywords:
Rapid Response Team, Resuscitation, Mortality, Get With the Guidelines

Learning Objectives:
• Describe two interventions that improved consistency in medical emergency team responses to in-house cardiac arrest.
• Identify two ways medical emergency events are reviewed to identify gaps in care and improvement opportunities.

Overview:
Froedtert Hospital's resuscitation team has actively worked to improve patient outcomes and excellence in cardiac arrest response. We implemented a multifactorial approach to enhance our resuscitation team's education and developed a separate, highly trained, consistent and reliable medical emergency response team. Primary focus areas for improvement included communication, consistent team roles and education, and an overall increase in quality. In addition, we implemented a weekly quality review process to provide continued feedback, allowing team members to recognize gaps in patient care delivery. As a result, we've adapted to our rapidly growing organization and improved our patient outcomes consistently since 2017.

Poster P154 ● ● ●

Avoiding PSI and HACRP Penalties is a Team Sport

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Keywords:
Hospital-Acquired Conditions, Prospective Payment System, CDI

Learning Objectives:
• Develop a system-level PSI review process using an interprofessional team for accurate documentation and coding of inclusion/exclusion criteria.
• Identify exclusion criteria specific to individual PSI.
• Describe strategies to improve PSI measures and mitigate penalties.

Overview:
In the federal fiscal year (FFY) 2019 Centers for Medicare & Medicaid Services Hospital-Acquired Condition Reduction Program (HACRP), three of six Sanford prospective payment system hospitals incurred a penalty. A system quality staff member reviewed patient safety indicators (PSIs) and identified opportunities to improve documentation and coding. Plan-Do-Study-Act cycles led to a standardized process involving hospital quality teams, clinical documentation improvement (CDI), coding and health information management staff. At least 70 erroneous PSIs were avoided in 27 months. Two hospitals made enough significant improvements in the PSI-90 composite to avoid penalties in two or three of the FFY 2020, 2021 and 2022 program years, saving at least $1 million.

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Poster P155   ● ● ● ● ●
Life After Death: Use of a Mortality Screening App

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Keywords:
Mortality Review, Peer Review, Physician Time Management

Learning Objectives:
• Utilize a mortality screening tool application to improve the efficiency and effectiveness of mortality-related peer reviews.
• Discuss interprofessional collaboration between a quality team and physician domain leads to improve workflow processes.
• Outline the benefits of developing a mortality screening process to improve the quality of in-depth peer reviews.

Overview:
Mortality screening is a process in which the events leading to an inpatient death are objectively and methodically evaluated in a peer review process that can illuminate quality-of-care challenges associated with mortality. Patients transferred to the organization are in the final stages of their disease processes and have a high relative expected mortality rate. The mortality screening tool app is designed to: (1) provide a standardized approach to improve patient outcomes by identifying clinical practice opportunities to prevent variances in care delivery; and (2) help reduce total mortality reviews by 10% by highlighting mortality cases that need in-depth peer review to improve patient outcomes. The app also minimized and optimized total physician and quality specialist time required to review cases.

Poster P156   ● ● ● ●
Putting Heart Into Heart Failure: Impacting Value with Care Delivery

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Amanda L. Davis, MPH, RD, CHES, *Manager, Value Institute, Value Institute, Medical University of South Carolina, Charleston, SC*

Chakradhari Inampudi, MD, *Assistant Professor, Cardiology (Heart Failure), Medical University of South Carolina, Charleston, SC*

Keywords:
Transitions of Care, Care Coordination, Readmissions, Chronic Conditions, Heart Failure Clinic

Learning Objectives:
• Discuss the development of a multifaceted approach to care coordination during transitions of care for patients with heart failure.
• Describe the impact of a multifaceted approach to care coordination for heart failure patients on readmissions.

Overview:
Caring for heart failure (HF) patients requires coordination, standardization and accessibility. It takes a village to expand accessible care. We established a stepwise, multipronged approach, including: (1) developing a fully staffed HF clinic; (2) expanding HF clinic access via telehealth, coordinating transportation and adding additional locations; and (3) providing robust care coordination across the care continuum. Building strong integration and communication between inpatient and outpatient services was key to improvement. We created shared patient lists within the electronic medical record and standardized coordinator and staff communications regarding high-risk patients. Leveraging a multiplatform approach to patient communication was also crucial.

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Poster P157

A Multidisciplinary Quality Improvement Project Improves Inpatient Stroke Rate Accuracy

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Keywords:
Coding and Documentation, Inpatient Stroke Rate

Learning Objectives:
- Discuss a quality improvement method to review the inpatient stroke rate among cardiac patients.
- Explain the importance of a multidisciplinary approach to quality improvement projects.

Overview:
Academic medical centers often care for high-acuity patients who experience high complication rates. The inpatient stroke rate in the cardiovascular population was identified as an opportunity for improvement within our hospital. A multidisciplinary group, including an analyst, the coding team and a nurse practitioner specializing in stroke, was formed to manually audit charts. This collaborative approach informed stakeholders on all sides and resulted in a gradual reduction of inpatient stroke rates from 22 complications per 1,000 cases to 12 complications per 1,000 cases between March 2020 and May 2022.

Poster P158

Severe Maternal Hypertension and Preeclampsia: A Roadmap to Improvement

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Keywords:
Health Equity, Standardized Order Set, Maternal Mortality, Standards Compliance

Learning Objectives:
- Describe a multidisciplinary approach to appropriately and expeditiously treat severe maternal hypertension.
- Discuss successful strategies used within a multisite health system collaborative to treat severe maternal hypertension.

Overview:
Many factors have contributed to the rise in U.S. maternal mortality. While the issue has attracted a lot of attention, we've seen little substantial improvement. At Atlantic Health System, we approached severe maternal hypertension treatment with engagement, resiliency, accountability, transparency and empowerment across the entire women's health service line. This led to improved outcomes at both academic and community hospitals — translating to systemwide, sustained improvement. As a result of this housewide collaboration, timeliness to treat severe maternal hypertension improved from 40% in 2018 to over 90% in 2021.

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Poster P159   ● ● ● ●
Proof in the (Sugar-Free) Pudding: Implementing Computerized Insulin Drip Management

Brendan Daley, MD, *Clinical Quality Leader, Northwestern Memorial HealthCare, Lake Forest, IL*

Keywords:
Glucose Management, Glycemic Control, Diabetes Technology, Workflow Design, Computerized Insulin Drip, ICU, Diabetic Ketoacidosis

Learning Objectives:
- Explain the advantages of using a computerized system for insulin drip management.
- Describe basic outcome and process measures for patient care involving insulin drips.

Overview:
This project focuses on implementation of a computerized insulin drip management system in the intensive care unit of a community hospital (Northwestern Medicine Lake Forest Hospital) affiliated with an academic medical center (Northwestern Memorial Hospital). From go-live in late August 2021 through May 2022, we had 0.6% patient days with hypoglycemia (blood glucose < 70 mg/dL) and zero patient days with severe hypoglycemia (blood glucose < 40 mg/dL). In addition to providing safe insulin dosing, this technology allows greater insight into processes and outcomes in this high-risk workflow — which is instrumental in driving and sustaining continuous improvement.

Poster P160   ● ● ●
Organizing and Communicating Product Disruptions in a Post-Pandemic World

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Jacqueline Epright, CPA, *Vice President and Chief Supply Chain Officer, Yale New Haven Health System, New Haven, CT*

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Keywords:
Dashboard, Communication Platform, Value Analysis, Product Conversion, Product Substitution, Product Backorder, Product Shortage

Learning Objectives:
- Identify supply chain workflow challenges presented by clinical product disruptions.
- Describe how the use of technology organizes and communicates product substitutions that may result in clinical practice changes.

Overview:
In our post-pandemic environment, product backorders are the new normal. This challenges supply chain teams to effectively support clinical care and meet patient needs. It is critically important to have the appropriate products available for clinicians to deliver high-quality care to their patients. To meet this need, we implemented a common product disruption dashboard across our health system's eight delivery networks. This solution offers organized, consistent messaging of up-to-date content between clinical and operational care delivery teams and addresses our primary goal of getting the right product to the right patient at the right time.

POSTERS

Poster P161

Doubling Down on Recalls and Defects

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Keywords:
Supply Assurance, Value Analysis, Recall Response System, FDA Recalls, Centralized Tracking, Defective Products

Learning Objectives:
• Discuss strategies to reduce recall fatigue.
• Identify strategies to track and trend product defects.

Overview:
The COVID-19 pandemic resulted in severe product shortages and unavailability of materials, increasing the impact of recalls and defects on our health system. High volumes of recalls and defects increase the possibility of patient or staff exposure to potentially harmful or ineffective products. With an external audit serving as a catalyst for change, corporate supply chain at Yale New Haven Health System reconstructed our recall and defect management programs. These two exemplary programs leapfrogged organizational operation capabilities in arguably the most challenging of times, earning national recognition from the Food and Drug Administration (FDA) for proactive contribution to product recalls.

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