



Interprofessional Executive Forums

IE211 | Establishing a High-Reliability Frame of Mind: The Continuous Journey (Part 1 of 2)

Wednesday, Sept. 20 | 3:15-4:00 p.m.

Bandol 1 and 2

Todd L. Allen, MD, Senior Vice President and Chief Quality Officer, The Queen's Health Systems, Honolulu, Hawaii

Allan Frankel, MD, Chief Executive Officer, Safe & Reliable Healthcare, Vizient, Evergreen, Colo.

Peggy M. Duggan, MD, Chief Medical Officer, Tampa General Hospital, Fla.

Keywords: Leadership, Safety Culture

Learning Objectives:

- Describe successful strategies including an engagement and culture of safety survey to implement high reliability.
- Outline the application of high reliability skills to frontline care.

Overview:

High reliability is an ongoing process and an organizational frame of mind — not a specific structure or brand. It is hard work that never ends. High reliability in healthcare requires a solid leadership commitment, a transparent safety culture, and a continual focus on learning and improving. Leaders from two organizations will participate in a moderated panel and discuss strategies that have helped them successfully implement high reliability at their complex organizations.

Credit(s) available: CPHQ, IPCE, Nursing, Pharmacy, Physician

IE213 | Less Really Can Be More: A Staffing Efficiency Story

Wednesday, Sept. 20 | 3:15-4:00 p.m.

Meursault

Melisa Missi Roeber, MSN, Clinical Operations Senior Manager – Clinical Excellence, Intermountain Healthcare, Salt Lake City, Utah

Bonnie Gregson, MSN, Clinical Operations Senior Manager – Clinical Excellence, Intermountain Healthcare, Salt Lake City, Utah

Milli West, MBA, Director of Quality - Office of Patient Experience, Intermountain Healthcare, Salt Lake City, Utah

Keywords: Workforce, Quality, Patient Experience

Learning Objectives:

- Explain the benefits of a whole system quality structure.
- Identify at least two approaches to meet customer needs with limited full-time equivalent resources.

Overview:

Since 2017, Intermountain Health has been on a continual journey to systemness to reduce variation and create a “One Intermountain” experience for patients and caregivers. Healthcare market forces and the pandemic created additional pressure toward standardization and efficiency. Like many other organizations, Intermountain completed a workforce reduction in early 2021 that impacted all shared services, including the Intermountain Quality team. This team was tasked with redesigning its staffing model and approach to the work. How would they do more with less? This is their story.

Credit(s) available: CPHQ, IPCE, Nursing, Pharmacy, Physician

IE214 | Clinical Trial Equity: Achieving Representation and Improving Outcomes for All

Wednesday, 3:15-4:00 p.m.

Musigny 1 and 2

Jeff Hines, MD, Associate Vice President, Chief Diversity Officer, UConn Health, Farmington, Conn.

Chyke Doubeni, MD, MPH, Chief Health Equity Officer, The Ohio State University Wexner Medical Center; Associate Director for Diversity, Equity and Inclusion, The Ohio State University Comprehensive Cancer Center Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, Ohio State University Wexner Medical Center, Columbus, Ohio

Keywords: Health Equity, Emerging Therapies

Learning Objectives:

- Describe barriers to including patients from underrepresented demographics in clinical trials, treatments and therapies.
- Outline successful strategies to improve equitable patient representation in clinical trials and emerging therapies.

Overview:

Learn how health systems are advancing health equity and improving outcomes through collaboration within their systems and communities to enroll patients of all backgrounds in clinical trials, communicate about therapies, and engage communities to increase adoption of clinical trials and reduce distrust.

Credit(s) available: CPHQ, IPCE, Nursing, Pharmacy, Physician

IE216 | Driving Operational Value to Address the Healthcare Workforce Crisis

Wednesday, Sept. 20 | 3:15-4:00 p.m.

Encore 4-8

Andrew S. Maze, BSB, AS MS, AS H, AA SHB, Director of Sourcing, Purchased Services and Laboratory, Providence Health and Services, Renton, Wash.

Mark Smith, MS IOP, BABA, Vice President of Insights, Staffing & Optimization, Providence Health and Services, Renton, Wash.

Katie LeBlanc, MBA, Vice President, Strategy and Partnerships, Providence, Renton, Wash

Casey Williams, MIE, BSIE, Health Systems Engineer - Staffing Optimization, Duke University Health System, Durham, NC

Alex Jofriet, MHA, Business Operations and Strategy Associate, Office of President and COO, Duke University Hospital, Durham, NC

Keywords: Workforce, Quality Patient Care, Value

Learning Objectives:

- Outline processes to reduce contract labor costs without compromising quality patient care and employee well-being.
- Identify key approaches to sourcing third party staffing and managing bill rates in a limited supply market.
- Explain the value of cross-organizational partnership to develop holistic staffing solutions.

Overview:

This panel will explore how to transform clinical and nonclinical agency sourcing while expeditiously rationalizing bill rates across members in a limited-supply market. Topics will include developing standardized processes and metrics to track contract labor use across the system.

Credit(s) available: CPHQ, IPCE, Nursing, Pharmacy, Physician

IE217 | Should Rebate Value Alone Drive PBM Selection Decisions?

Wednesday, 3:15-4:00 p.m.

Chopin

Susan Wescott, RPh, MBA, Senior Director of Pharmacy, Managed Care, Mayo Clinic, Rochester, Minn., and Executive Lead, Clinical Services, Alluma

James Wilson, Chief Financial Officer, Mayo Clinic Health System, Rochester, Minn.

JoEllen Frain, Division Chair - Human Resources, Mayo Clinic, Rochester, Minn.

Priyesh Patel, PharmD, MBA, General Manager, Alluma, Irving, Texas (Moderator)

Keywords: PBM, Revenue, Rebate

Learning Objectives:

- Explain the impact of specialty medications on cost and quality.
- Describe the experience of members utilizing the benefit plan.
- Outline strategies to accelerate appropriate management of the pharmacy benefit plan.

Overview:

With the complexity of specialty medications becoming the focus of effective benefit design, how should health system decision-makers ask questions with greater impact that will lead to selecting the right pharmacy benefit management (PBM) partner? This session will address that question and more. Join us for this interprofessional discussion.

Credit(s) available: CPHQ, IPCE, Nursing, Pharmacy, Pharmacy Technician, Physician

IE218 | The New Healthcare Imperative: Advancing Sustainable Collaborations

Wednesday, Sept. 20 | 3:15-4:00 p.m.

Brahms 1-4

Terry Duffina, MBA, BEP, SFP, Director of Sustainability, Stanford Health Care, Palo Alto, Calif.

Aparna Dial, MS, MBA, LEED AP, Senior Director, Sustainability, Ohio State University Wexner Medical Center, Columbus, Ohio

Shane Dunne, Manager Sustainability, Memorial Sloan Kettering Cancer Center, New York, NY

Cristina Indiveri, MS, AVP, Environmental Sustainability, Vizient (Moderator)

Keywords: Environmental Sustainability, Climate Action, Health Equity

Learning Objectives:

- Describe sustainability frameworks that can be used to increase patient safety, reduce risk and improve human and community health.
- Identify implementation barriers, track critical metrics, realize cost savings, and actionable solutions to improve environmental sustainability and health equity.

Overview:

This session will focus on integrating sustainability programs to protect human and environmental health through problem-solving and efforts to transform energy efficiency, water conservation, waste diversion, green design and construction, sustainable procurement, and climate action. Three organizations will share innovative sustainability program success stories.

Credit(s) available: CPHQ, IPCE, Nursing, Pharmacy, Physician

IE221 | Establishing a High-Reliability Frame of Mind: The Continuous Journey (Part 2 of 2)

Wednesday, Sept. 20 | 4:15-5:00 p.m.

Bandol 1 and 2

Mangla S Gulati, MD, FACP, SFHM, Chief Quality and Safety Officer, MedStar Washington Hospital Center, Washington, DC (formerly at University of Maryland Medical Center)

Jason Custer, MD, Vice Chair of Quality and Safety - Department of Pediatrics Division Head - Pediatric Critical Care Medicine, Director of Patient Safety, Director of Pediatric Intensive Care Unit, University of Maryland Medical Center, Baltimore, Md.

Margo Murphy, MBA, Program Manager, Division of Quality and Safety, University of Maryland Medical Center, Baltimore, Md.

Jennifer Wiler, MD, MBA, FACEP, Chief Quality Officer, Metro, University of Colorado Hospital, Aurora, Colo.

Elyse Bueno, MS, APRN, ACCNS-AG, NE-BC, Senior Director Clinical Quality and Patient Safety, University of Colorado Hospital, Aurora, Colo.

Alyson D. Kelleher, RN, BSN, CCRN-K, CPHQ, Manager of Clinical Quality, University of Colorado Hospital, Aurora, Colo.

Keywords: Just Culture, Patient Outcomes, Quality

Learning Objectives:

- Explain how to deploy a “Just Culture” framework.
- Outline the structure of a collaborative case review committee grounded in Just Culture.

- Describe the process to establish a standard collaborative case review process across all departments in an institution.

Overview: A just culture promotes a fair and balanced approach to managing safety in high-risk industries such as healthcare. Accountability, learning and improvement are critical components. This session will include a moderated panel of clinical leaders that will discuss the benefits of a framework for establishing a just culture that can be used every day on the front line, as well as lessons learned from successful efforts to improve engagement, culture and — most importantly — patient outcomes.

Credit(s) available: CPHQ, IPCE, Nursing, Pharmacy, Physician

IE223 | Supply Chain 360: An Assessment Journey Toward Best Practice

Wednesday, Sept. 20 | 4:15-5:00 p.m.

Meursault

Michael Vestino, DrPH, MHA, EML, FACHE, Vice President, Support Services & Master Planning, Pomona Valley Hospital Medical Center, Pomona, Calif.

Michelle L. Medel, BA, Director, Supply Chain, Pomona Valley Hospital Medical Center, Pomona, Calif.

Keywords: Leadership, Professional Development, Supply Chain Assessment, Best Practice, Employee Engagement, Performance Improvement

Learning Objectives:

- Identify ways to enhance Associate engagement and growth during times of change.
- Describe how to implement a performance improvement model and best practice indicators.
- Explain utilization review and best practice applications to all areas of the Supply Chain.

Overview:

During times of change and as a general health check, Vizient provided a 360-degree supply chain assessment that allowed leaders to prioritize areas that could be improved to meet established best practice indicators. Pomona Valley Hospital Medical Center (PVHMC) took advantage of this service, resulting in a revised supply chain organizational chart, including a new contracts division and a multimillion savings initiative. PVHMC was able to implement these initiatives while enriching associate relationships and gaining senior leadership support. Join us for an executive-level discussion as PVHMC provides strategies for incorporating a Vizient assessment as a foundational tool in navigating the process to achieve best practice.

Credit(s) available: CPHQ, IPCE, Nursing, Pharmacy, Physician

IE224 | Interdisciplinary Approaches to Service Line Integration and Optimization

Wednesday, Sept. 20 | 4:15-5:00 p.m.

Lafleur

Matthew J. Wain, MAS, Chief Executive Officer, Emory University Hospital/Emory Healthcare, Atlanta, Ga.

Chad W.M. Ritenour, MD, Chief Medical Officer/Co-Chief Well-Being Officer, Emory University Hospital/Emory Healthcare, Atlanta, Ga.

Nancye R. Feistritz, DNP, RN, NEA-BC, Chief Nursing Officer/Vice President of Patient Care Services, Emory University Hospital/Emory Healthcare, Atlanta, Ga.

Keywords: Quality Improvement, Workforce Strategy, Innovative Care Model

Learning Objectives:

- Explain the benefit of partnered interdisciplinary leadership in a hospital service line model.
- Identify methods to measure outcomes within a hospital service line.
- Describe examples of potential specific improvements that show value from a hospital service line model.

Overview:

In 2021, Emory University Hospital established seven hospital service lines in a project championed jointly by the chief nursing officer and chief medical officer and supported by the CEO. Each service line uses a partnered leadership approach with a medical director, a nursing director and an administrative partner leading a multidisciplinary steering committee. On a quarterly basis, each service line leader group presents recommendations to the hospital executive team, with subsequent establishment of strategic actions. Data from Vizient and other sources have been incorporated into interactive dashboards, and significant improvements in quality, operational and workforce metrics have been tied to hospital service line work.

Credit(s) available: CPHQ, IPCE, Nursing, Pharmacy, Physician

IE226 | Home Hospital and Supply Chain's Role

Wednesday, 4:15-5:00 p.m.

Encore 4-8

Heather O'Sullivan, MS, AGNP, President, Healthcare at Home, Mass General Brigham, Boston, Mass.

Daniel Lewis, MBA, CMRP, Sr. Director, Supply Chain Operations, Mass General Brigham, Boston, Mass.

Keywords: Home Health Strategy, Supply Chain

Learning Objectives:

- Describe the benefits and challenges associated with delivering care in a patient's home.
- Identify leading practices for enabling supply chain to play a strategic role in supporting a home hospital program.

Overview:

Learn how a large integrated delivery network is expanding comprehensive healthcare-at-home services through an acute care home hospital, using Centers for Medicare & Medicaid Services regulations as a framework for sustainable and reimbursed home-based care delivery. Explore the strategic considerations for supply chain in creating efficiency and capacity.

Credit(s) available: CPHQ, IPCE, Nursing, Pharmacy, Physician

IE227 | Margin Shifting: Pharmacy Margin Erosion by For-Profit Companies

Wednesday, 4:15-5:00 p.m.

Chopin

Christine Collins, MBA, RPh, Senior Vice President and Chief Pharmacy Officer, Lifespan Rhode Island Hospital, Providence, RI

Kavish Choudhary, PharmD, MS, Chief Pharmacy Officer, University of Utah Hospitals and Clinics, Salt Lake City, Utah

Charlton Park, MBA, MHSM, Chief Financial Officer, University of Utah Hospitals and Clinics, Salt Lake City, UT

Chris Hatwig, MS, RPh, President, Apexus (Moderator)

Keywords: 340B, Strategies, Increasing Revenue

Learning Objectives:

- Explain the drivers that are shifting pharmacy-related margins from health systems to for-profit companies.
- Describe strategies to prevent and mitigate margin-shifting actions.
- Discuss broader market trends and forces driving the shifts in sites of care and drug use for 340B hospitals and integrated delivery networks.

Overview:

During this interactive session, panelists will examine the increasing trend of for-profit companies eroding health systems' pharmacy-related margins and blocking access to — and shifting savings from — 340B discounted drugs for covered entities. Similar actions by payers and pharmacy benefit managers will also be discussed, along with strategies for preventing and mitigating the impact on your organization.

Credit(s) available: CPHQ, IPCE, Nursing, Pharmacy, Pharmacy Technician, Physician

IE228 | Social Solutions: A Focus on Food and Housing

Wednesday, Sept. 20 | 4:15-5:00 p.m.

Musigny 1 and 2

Julia Hays, LCSW, Clinical Outreach Social Worker, OHSU, Portland, Ore.

Carissa Samples, BSW, Social Work Specialist, OHSU, Portland, Ore.

Reshma Gupta, MD, MSHPM, Chief of Population Health and Accountable Care, University of California Davis Health, Senior Advisor at Costs of Care, UC Davis Medical Center, Sacramento, Calif.

Georgia McGlynn, RN, MSN-CNL, CPHQ, Manager, Population Health and Accountable Care, UC Davis Medical Center, Sacramento, Calif.

Vanessa McElroy, MSN, PHN, ACM-RN, IQCI, Director, Care Transitions and Population Healthcare Management, UC Davis Medical Center, Sacramento, Calif.

Keywords: Transitional Housing, SDOH, Health Equity, Readmissions, Food Insecurity, Homelessness

Learning Objectives:

- Describe how transitional housing affects houseless patients' emergency department utilization, readmission rates and patient experience.
- Identify impacts of food insecurity on patients' disease progression and healthcare utilization risk.

Overview:

This session will feature 2 case studies highlighting transferable successes:

UC Davis Medical Center will present on how food insecurity can contribute to poor health outcomes for patients and high healthcare costs. We have developed an innovative framework to address food insecurity that includes building partnerships based on trust, leveraging innovative technology to obtain social needs

data, using this data to guide screening efforts, developing closed-loop referrals with community-based organizations and beginning to prescribe food as medicine.

OHSU offers houseless patients placements in hotels and independent living facilities with social work support to facilitate safe and timely discharges, thus freeing up hospital beds for new admissions. This intervention also gives houseless patients the opportunity to continue post-hospital healing, connect with outpatient medical care and work with social work staff to improve housing prospects. Presenters will also discuss observed effects on ED utilization, readmission and patient and staff satisfaction.

Credit(s) available: CPHQ, IPCE, Nursing, Pharmacy, Physician

10/4/23