

2023 VIZIENT CONNECTIONS SUMMIT

TOGETHER
we will soar

SEPT. 18–21, 2023
WYNN, LAS VEGAS

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Medical and Quality Peer to Peer Meeting



The Future of Quality: Striving for Excellence
While Enhancing Clinical Value

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Welcome



**Jodi Eisenberg, MHA, CPHQ,
CPMSM**
AVP Member Connections
Clinical Networks,
Vizient Inc.



Penny Castellano, MD, FACOG
Chief Medical Officer
Emory Healthcare
Vice-Chair, Medical Executives
Network Advisory Committee



Chad VanDenBerg, MPH, FACHE
Chief Quality & Patient Safety Officer,
UC San Diego
AMC CQO Steering Committee

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Agenda

1:10 p.m.

Member Spotlight: Prescribing Value: An Academic Health System's Six-year Journey Towards Enhancing Value (Froedtert Health)

Siddhartha Singh, MD, MS, MBA, Chief Quality and Safety Officer, Froedtert and the Medical College of Wisconsin

Caitlin Dunn, MHA, Director Population and Digital Health, Froedtert and the Medical College of Wisconsin

Jamie Avdeev, MS, Program Manager Population Health, Froedtert and the Medical College of Wisconsin

1:30 p.m.

Member Spotlight: A Roadmap for Quality Excellence – One Star at a Time (SSM Health)

Emma Misra, MD, MHA, Senior Quality Manager, SSM Health Saint Louis University Hospital, St Louis, Mo.

Rita Fowler, RN, MSN, CCRN-K, NE-BC, Vice President, Patient Care Services/Chief Nursing Officer, SSM Health St Louis University Hospital, St Louis, Mo

Zafar Jamkhana, MD, MPH, Interim Chief Medical Officer, SSM Health Saint Louis University Hospital, St Louis, Mo.

1:50 p.m.

Member Spotlight: Show me the Money! Calculating Financial Impact of Clinical Outcomes (Stanford Health)

Jake Mickelsen, MBA, Director of Performance Improvement

Mariah Bianchi, RN, MSN, Vice President of Quality, Safety, and Clinical Effectiveness

2:10 p.m.

Peer to Peer Roundtable

Chris Kim, MD, MBA, SFHM, Associate Medical Director, Quality & Safety, UW Medical Center, Chair, AMC CQO Steering Committee

Amy Lu, MD, MPH, Chief Quality & Safety Officer, UCSF Health System, Chair, Quality Executive Network Advisory Committee

2:40 p.m.

Executive Report out – Key Takeaways

2:55 p.m.

Closing Remarks

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An Academic Health System's Six-year Journey Towards Enhancing Value



Siddhartha Singh, MD, MS, MBA,
Chief Quality and Safety Officer



Caitlin Dunn, MHA,
Director Population and Digital Health



Jamie Avdeev, MS,
Program Manager Population Health



A Roadmap for Quality Excellence – One Star at a Time



Emma Misra, MD, MHA,
Senior Quality Manager



Rita Fowler, RN, MSN, CCRN-K, NE-BC,
*Vice President, Patient Care Services/Chief
Nursing Officer*



Zafar Jamkhana, MD, MPH,
Interim Chief Medical Officer

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Stanford
HEALTH CARE

Show Me the Money!

Calculating Financial Impact of Clinical Outcomes



Jake Mickelsen, MBA,
Director of Performance Improvement



Mariah Bianchi, RN, MSN,
Vice President Quality, Safety, and Clinical Effectiveness

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An individual is considered to have a relevant financial relationship if the educational content an individual can control is related to the business lines or products of the ineligible company.

No one in a position to control the content of this educational activity has relevant financial relationships with ineligible companies.

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Learning Objectives

- Describe strategies for optimizing measurement and data analytics to improve hospital performance, reduce costs, adopt clinical standardization, and drive better outcomes.
- Identify and leverage quality metrics to develop, deploy and achieve top performance in key metrics.
- Illustrate the application of internal cost accounting data and benchmark Vizient data to explore possibilities for clinical standardization and cost reduction.

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Prescribing Value: An Academic Health System's Six Year Journey Towards Enhancing Clinical Value

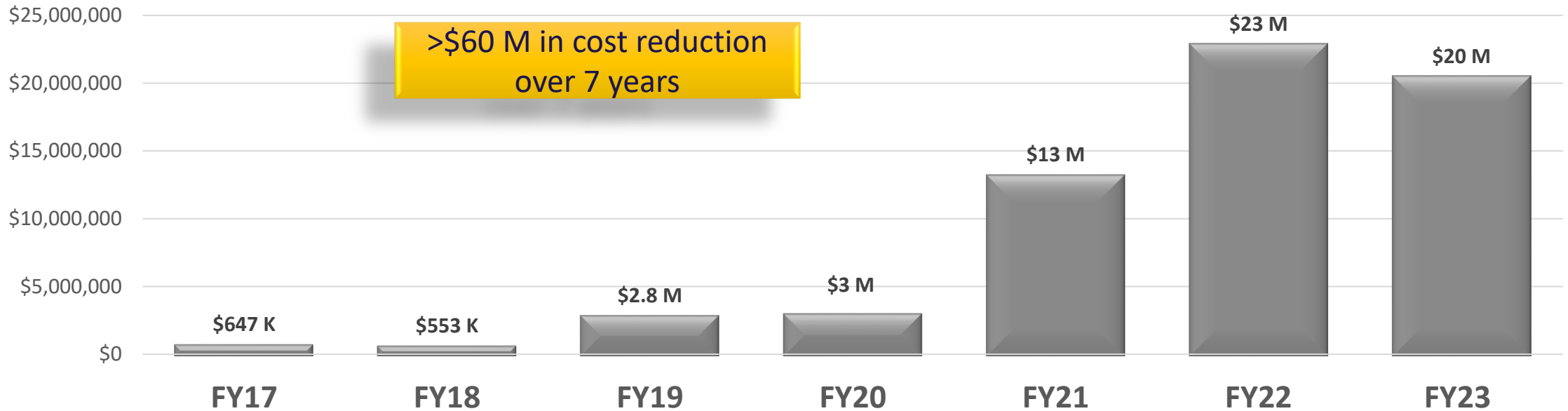
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What is Prescribing Value?

Enhancing value of care through deploying evidence-based care, reducing clinical variation and eliminating waste in clinical practice



Vizient Rank	3	13	12	17	16	10	P
<i># Projects</i>	2	4	11	23	32	43	38

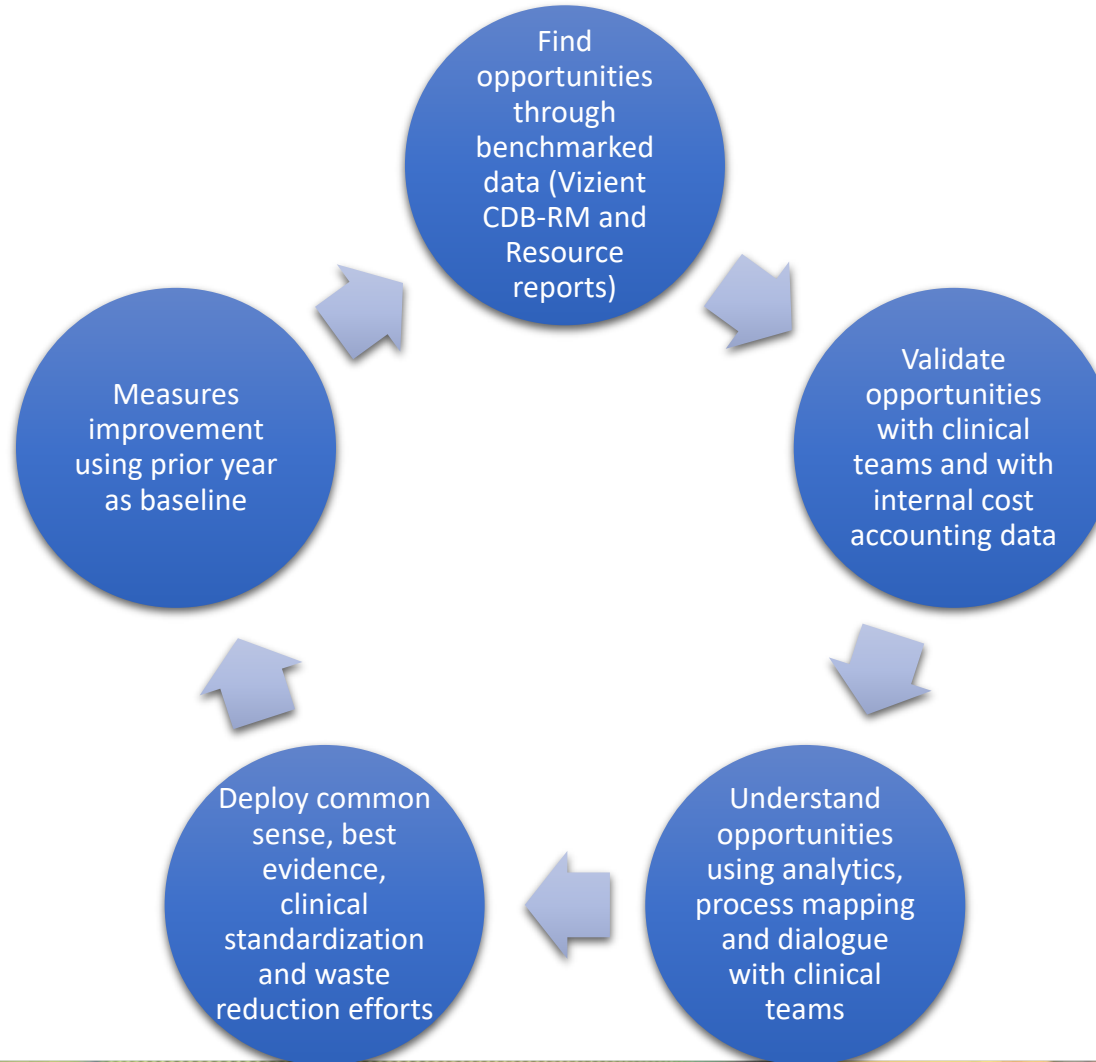
Source: Annual Vizient Q&A study; Internal F&MCW data

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How does Prescribing Value work? Basic Framework

Actionable data
F&MCW partnered with Vizient to understand and improve Direct Cost O:E data.



MULTIDISCIPLINARY EFFORT

- Clinical Teams
- Clinical Operations
- Finance Analytics
- Quality Analytics
- Process Improvement
- Project Management
- Informatics
- Information Technology
- Coding
- Payor Contracting

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Opportunity Assessment

- CY 2018 data – 194 patients with GI Bleed (DRG 378)
- Total costs were \$3,027,467 with an operating margin of (\$1,086,006)

- Benchmarking

Direct Cost O:E Benchmarking	
average	0.93
median	0.92
top quartile	0.83
top decile	0.74
FMLH %tile	89
FMLH value	1.11

LOS O:E Benchmarking	
average	0.96
median	0.94
top quartile	0.86
top decile	0.79
FMLH %tile	71
FMLH value	1.04

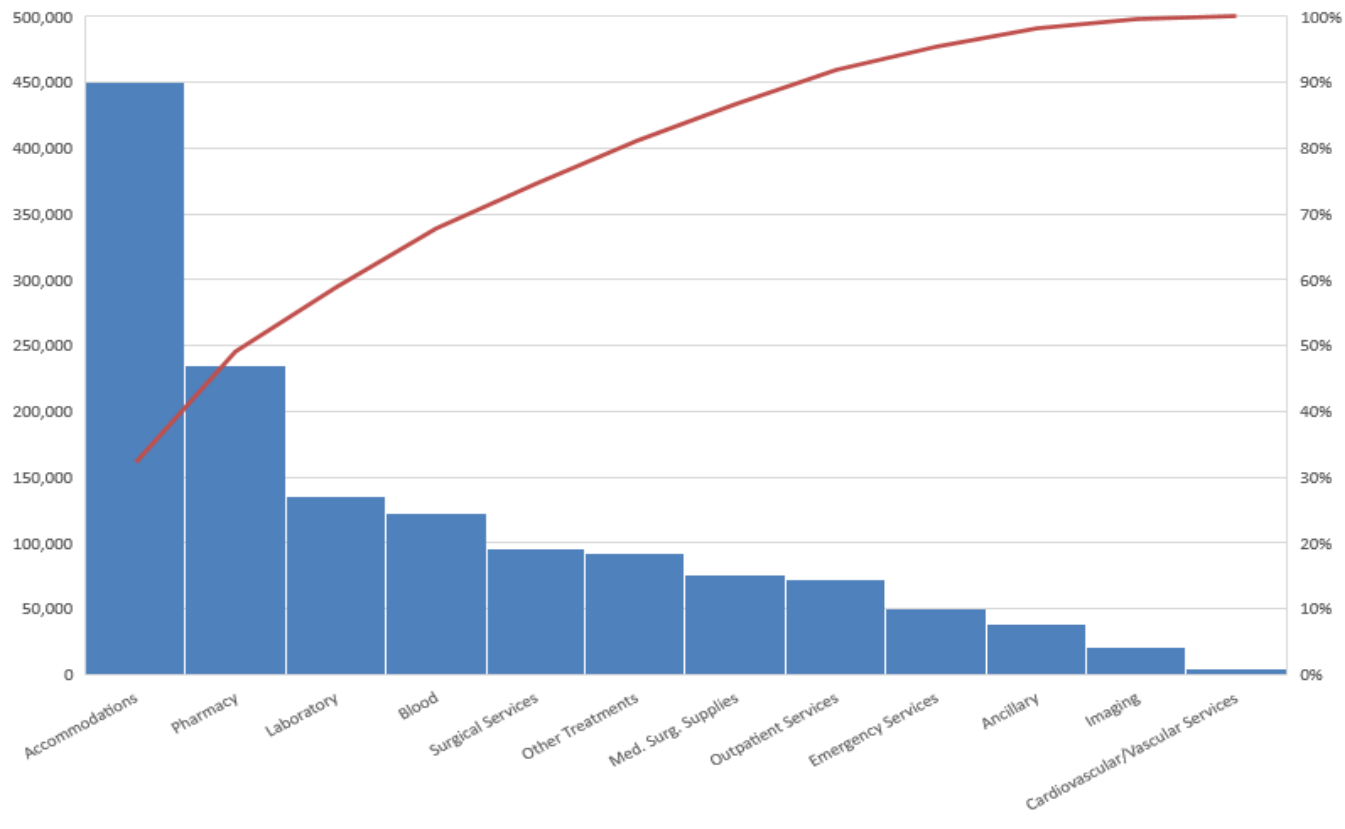
Source: Vizient CDB-RM, Internal F&MCW cost accounting data

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Analysis and Understanding

Total Direct Costs for CY2018 GI Hemorrhage Cases
Froedtert Hospital N = 194



Pareto of Direct cost categories

Detail Assessment of cost category - Pharmacy

Top Pharmacy Opportunities

FMLH CY2018 GI Hemorrhage Cases (MS-DRG 378)

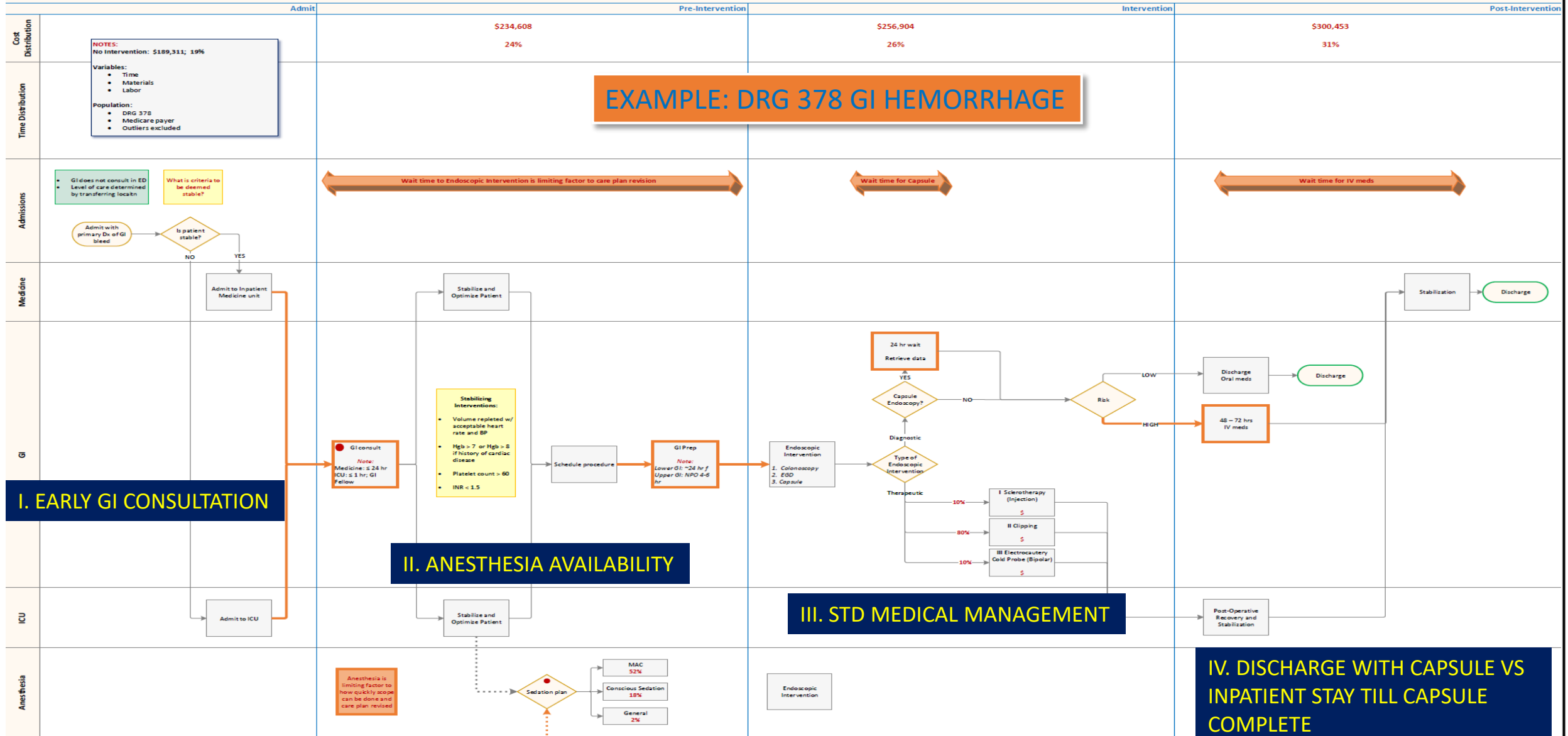
^ Percentages Determined at Individual Resource Level, * E

Subminor Resource Class	Individual Resource	Pct Clinical Population Numerator Cases	Est Direct Cost Opportunity*
antihemophilic agents	antihemophilic factor viii	1.03	49,008.09
iron preparations	iron sucrose	26.80	26,166.19
immune globulins	immune globulin (igiv)	1.03	10,115.85
antihemophilic agents	factor ix complex/ pcc	2.06	7,169.71
monoclonal antibodies, antineoplastic	rituximab	0.52	3,139.45
echinocandins	miconazole	1.03	1,521.63

Source: Vizient CDB-RM, Internal F&MCW cost accounting data

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Lessons Learned: Prescribing Value 2.0

The next 5 years

- *Despite success, the journey continues*
- *We rely on difficult to use tools – order sets; BPAs*
- *There are certain issues common to many conditions – lab utilization / radiology utilizations*
- *Covid disrupted efforts designed to create durability and best evidence changes rapidly*
- *Most of our measurement is focused on general outcomes*
- *Opportunity for more involvement of GME and partnering with research to develop a learning health system*

EXPAND CLINICAL STANDARDIZATION
ACROSS 80% OF CARE

DEPLOY INNOVATIVE TOOLS TO MAKE IT
EASY TO DO THE RIGHT THING

CROSSCUT EFFORT OF STEWARDSHIP OF
KEY RESOURCES

CREATE DURABILITY BY FORMING
STANDING MULTIDISCIPLINARY GROUPS

ENHANCE MEASUREMENT TO DEVELOP
SPECIALTY MEASURES

CREATE SYNERGY WITH ACADEMIC
MISSIONS OF RESEARCH AND EDUCATION

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Key Takeaways

- Ideas are easy, execution is everything
 - *None of our ideas are unique – to succeed develop and exercise your execution muscle.*
- The war for talent is over – talent won
 - *There is no substitute to talented passionate individuals working in a team.*
- Go slow to go fast
 - *The flywheel takes time to gain momentum.*
- All data is imperfect but most of it is useful
 - *Have a plan to address analysis paralysis.*
- Know when to hold 'em and know when to fold 'em
 - *Some areas will not be receptive to change, move to the next opportunity but try again later.*
- Life is suffering
 - *Like everything meaningful this is not easy – but worth suffering for.*
- Success has a thousand fathers...
 - *This is a team effort and the work product of hundreds of individuals.*

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Questions?



Contact:

Sid Singh, Siddhartha.Singh@froedtert.com

Jamie Avdeev, Jamie.avdeev@froedtert.com

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A Roadmap for Quality Excellence: One Star at a Time

Emma Misra, MD, MHA, Senior Quality Manager, SSM Health Saint Louis University Hospital, St Louis, Mo.

Rita Fowler, RN, MSN, CCRN-K, NE-BC, Vice President, Patient Care Services/Chief Nursing Officer, SSM Health St Louis University Hospital, St Louis, Mo

Zafar Jamkhana, MD, MPH, Interim Chief Medical Officer, SSM Health Saint Louis University Hospital, St Louis, Mo.

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Background

- SSM Health Saint Louis University Hospital is dedicated to become a beacon of Quality and Safety Excellence.
- Fall 2020: one-star hospital with a rank of 97 in the 100 AMC cohort.
- The vision was to achieve a Vizient 5-star rating by 2025 via a commitment to the journey of quality transformation.
- Embraced a step wise approach to first achieve our goal of a 3-star hospital designation by 2023.

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Background

Gap-analysis:

- Problem-solving approaches for quality improvement are piecemeal and siloed
- Understanding of impactful metrics contributing to ranking and star rating methodology is lacking
- Collaboration and data transparency among stakeholders is needed to achieve a culture change

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Intervention

- Focus on top 3 domains for improvement
 - Mortality
 - Effectiveness
 - Safety
- Domain specific multidisciplinary team
 - Executive Champions
 - Physicians, Advanced Practice Providers, and Residents
 - Nursing & Allied staff
 - Coding and Documentation Specialists
 - Clinical Outcome Specialists

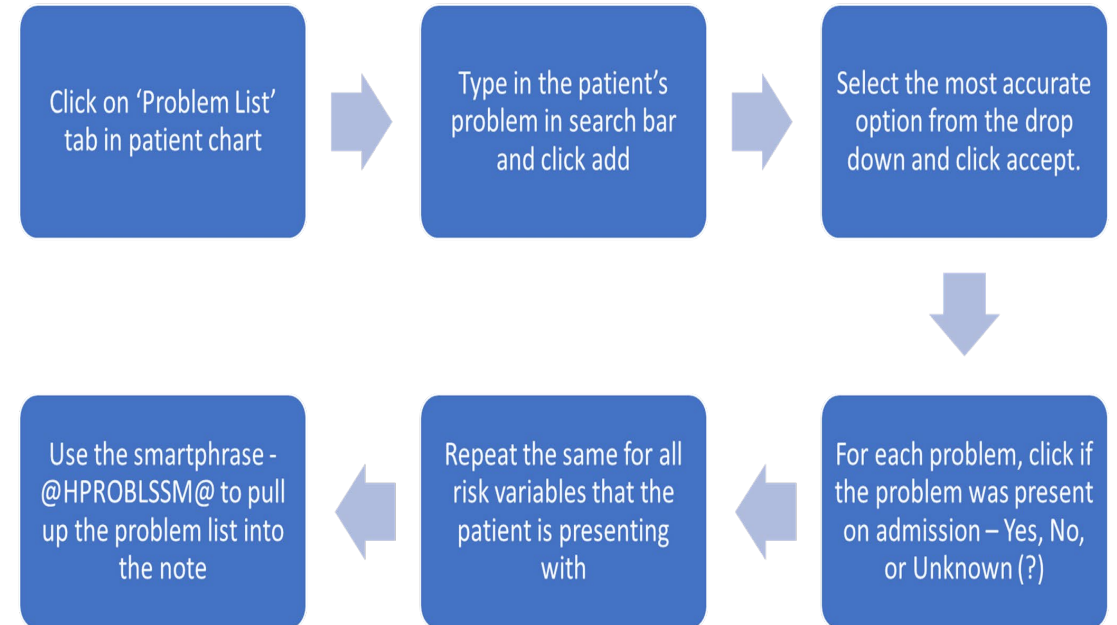
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Intervention - Mortality

- Education of our stakeholders on Vizient's methodology for Expected Mortality (EM) using the RV Calculator tools
- Creation of workflow for comprehensive and consistent "Present on Admission (POA)" risk variable (RV) documentation
- Thorough review of all mortalities with < 0.1 EM to identify clinical, documentation and coding opportunities
- Empowerment of the coding team to query physicians if RVs were missed or not documented as POA

Workflow to Capture POA



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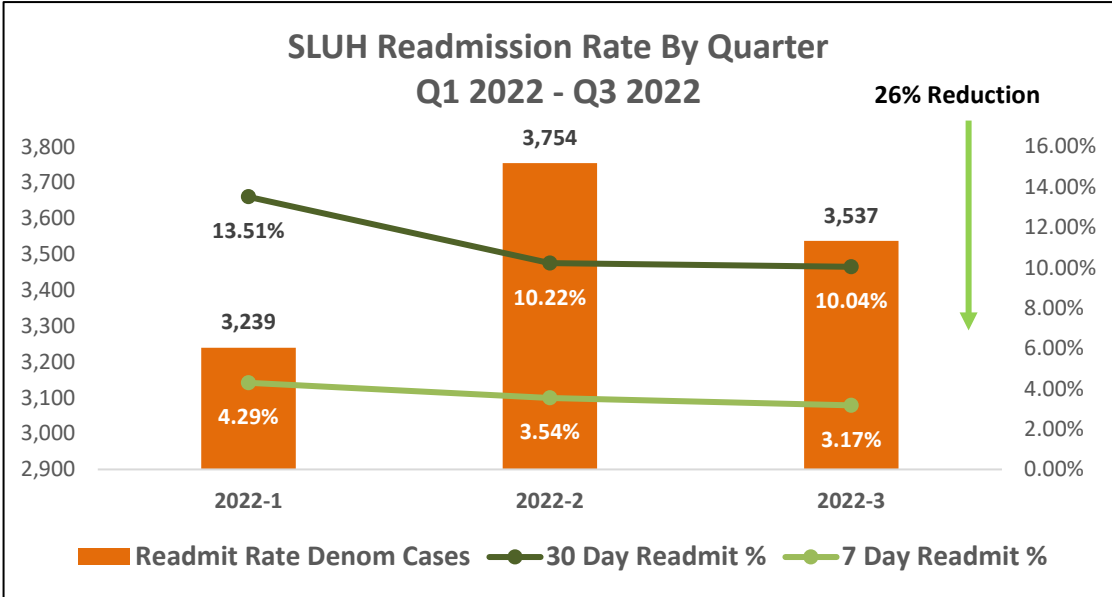
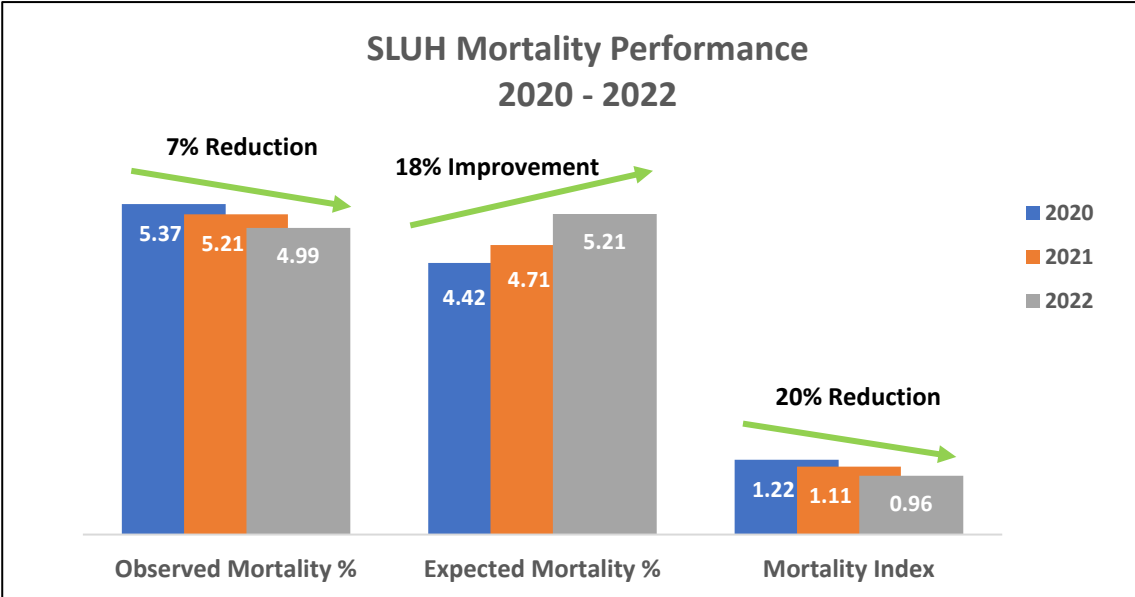
Intervention – Readmissions & Safety

- Readmission Strategies
 - High risk patient identification
 - Discharge planning with emphasis
 - Follow-up call 48-hour post discharge
 - Follow-up appointment within seven days of discharge
 - Biweekly multidisciplinary review of readmissions/feedback to service lines
- Safety Strategies
 - Catheter need identification, maintenance, and removal bundles
 - Comprehensive weekly review of all Patient Safety Indicators (PSIs)
 - Feedback loop to provider teams/service lines

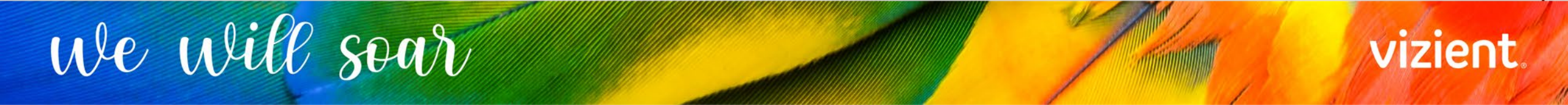
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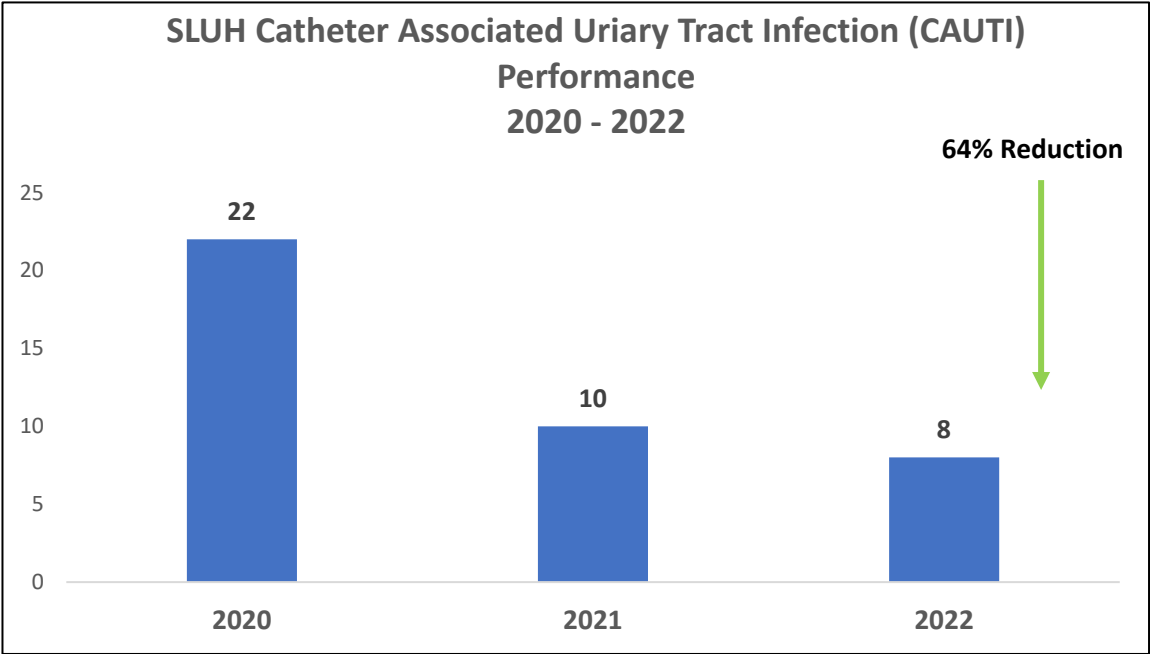
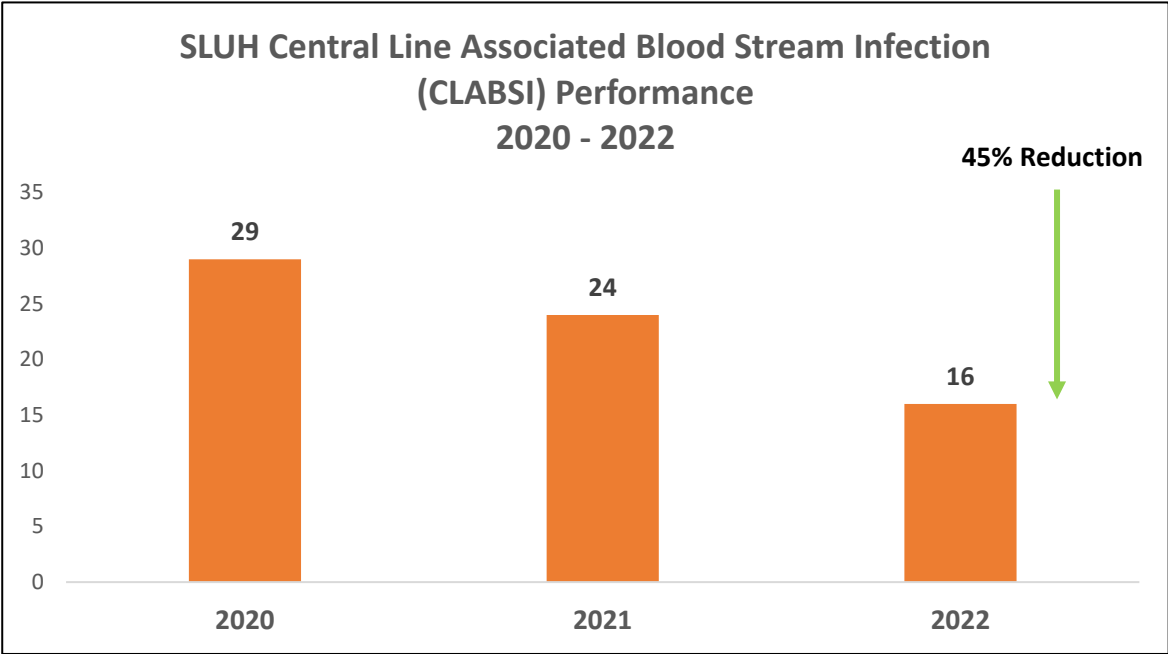
Outcomes



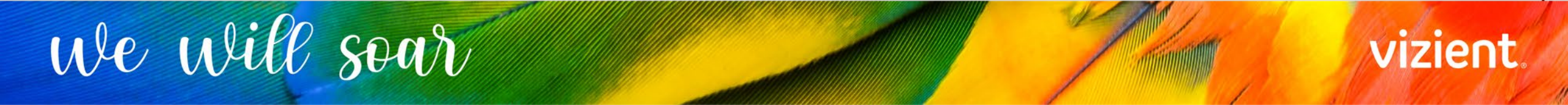
Source: Vizient Clinical Database (CDB)



Outcomes



Source: National Healthcare Safety Network (NHSN)



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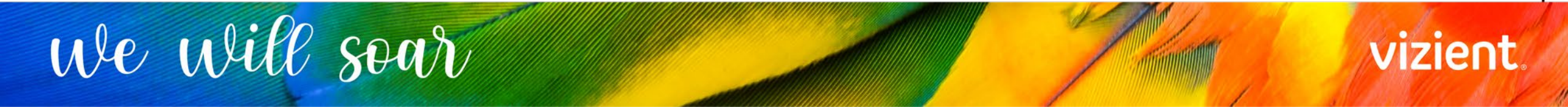
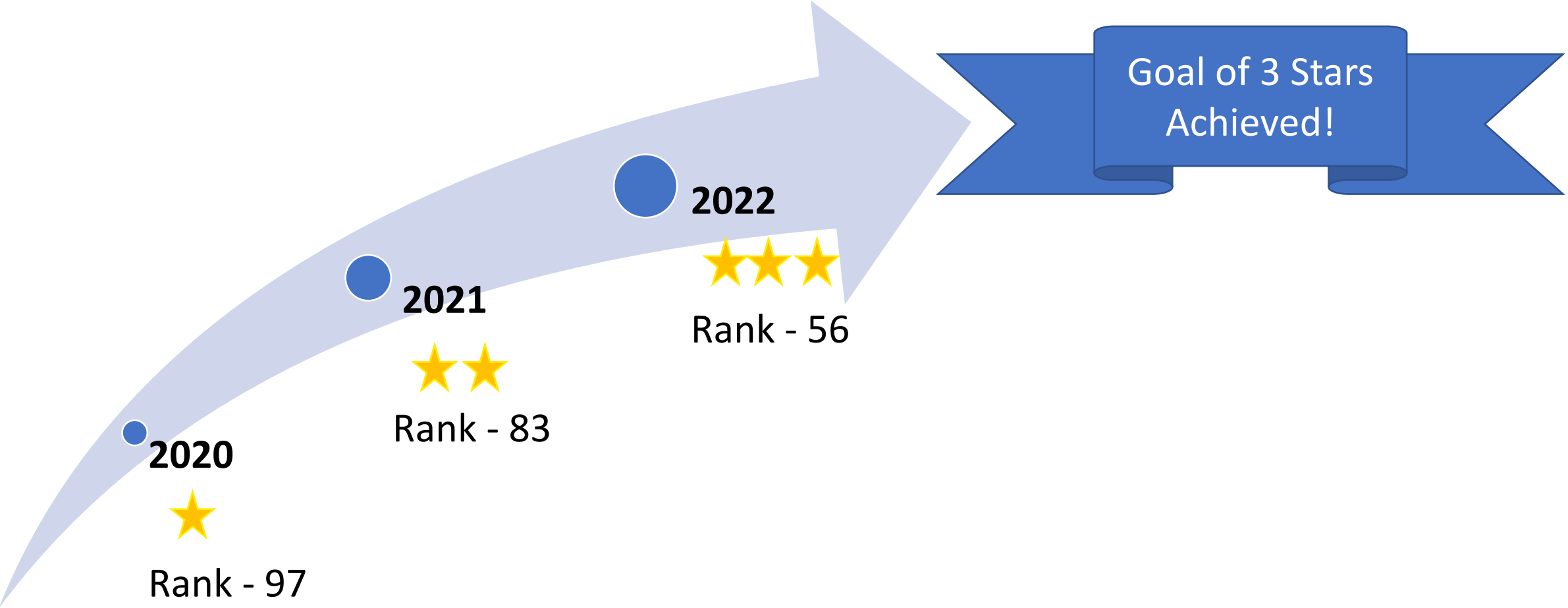
Outcomes

- Wider physician comprehension and engagement
- Cross functional team collaboration
- Fostering and Embracing a culture of change

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Outcomes



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Lessons Learned

- Focus on high weighted domains
- Education and awareness of all key stakeholders
- Create an urgency for quality excellence

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Key Takeaways

- Partnership with Vizient liaison
- Dedicated executive leader for every measure
- Leveraging current processes to create improvement plan

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Questions?



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Show Me the Money!

Calculating Financial Impact of Clinical Outcomes

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RESEARCH

Open Access

A systematic review of the evidence of how hospitals capture financial benefits of process improvement and the impact on hospital financial performance



Jane Evans^{1*}, Sandra G. Leggat^{2,3} and Danny Samson⁴

*“Evidence has been mounting that the costs of healthcare are too high and unsustainable. One of the causes is the **volume of clinical and care activities and processes that do not add value to outcomes or experience**. This study demonstrates that hospitals can measure positive financial outcomes from PI initiatives...*

...PI initiatives where financial benefits are measured, [are] driven by the pursuit of an increase in high value clinical care provision and a reduction of waste in processes.”

Evans, J., Leggat, S.G. & Samson, D. A systematic review of the evidence of how hospitals capture financial benefits of process improvement and the impact on hospital financial performance. *BMC Health Serv Res* 23, 237 (2023). <https://doi.org/10.1186/s12913-023-09258-1>

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RESEARCH

Open Access

A systematic review of the evidence of how hospitals capture financial benefits of process improvement and the impact on hospital financial performance



Jane Evans^{1*}, Sandra G. Leggat^{2,3} and Danny Samson⁴

“The study demonstrates the paucity of literature in the field of PI and financial benefits measurement in healthcare. Where financial benefits are documented, they vary in terms of cost inclusions and the ‘level’ at which the costs were measured.

*Further research on **best practice financial measurement methods is needed** to enable other hospitals to measure and capture financial benefits arising from their PI programs.”*

Evans, J., Leggat, S.G. & Samson, D. A systematic review of the evidence of how hospitals capture financial benefits of process improvement and the impact on hospital financial performance. *BMC Health Serv Res* 23, 237 (2023). <https://doi.org/10.1186/s12913-023-09258-1>

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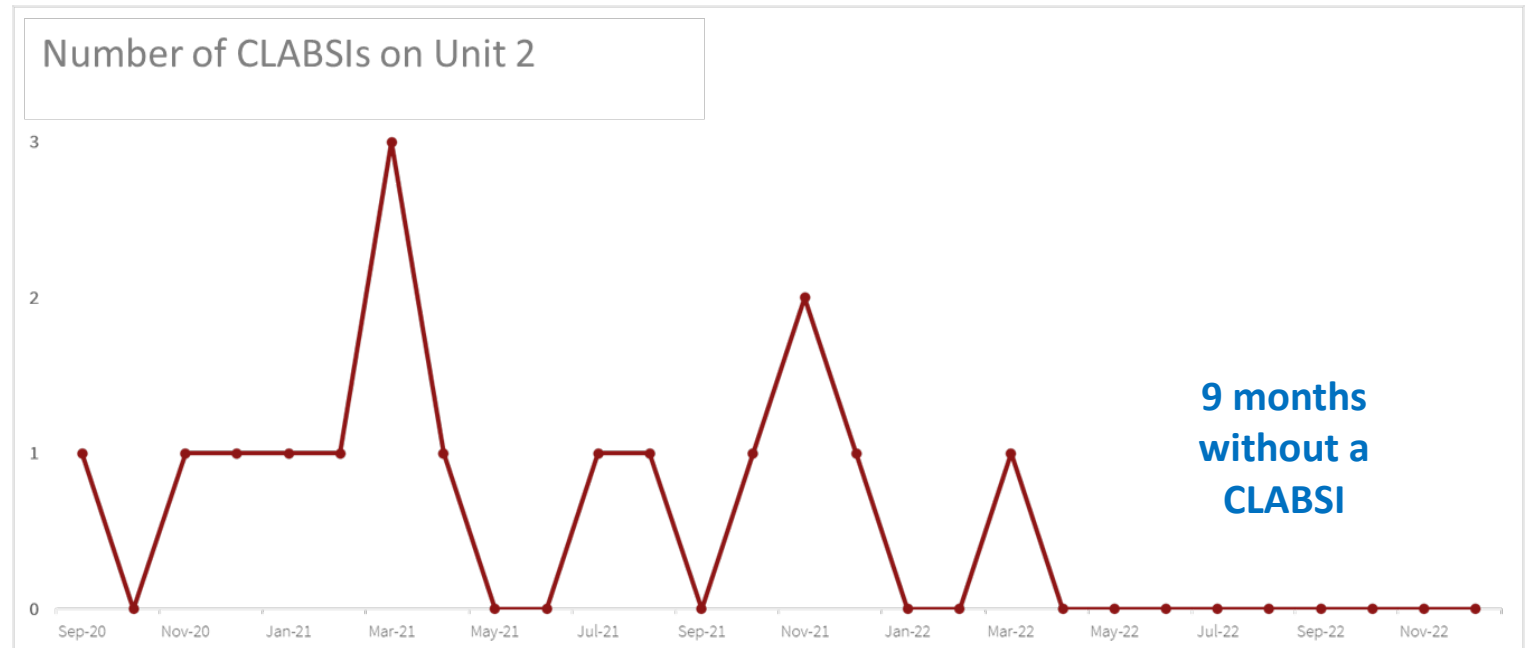
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Reducing Central Line Infections (CLABSI)

Email from unit medical director, Dr. Sally Vallath:

“Hi quality team, we have seen a significant reduction of infections on our unit. I am proud of the team. They have worked hard and I would like to help them understand the impact of their work. From a patient safety standpoint, this will positively impact the lives of many patients per year, getting them home, keeping them safe. Is there a financial impact in reducing CLABSIs? If so, how would I go about calculating it?”

How can we respond?



Stanford Internal data source

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Decreasing patient falls on medicine units
Aligning discharge expectations and reducing LOS in the ortho spine population
Decreasing C.Diff Infections
Increasing same-day discharges for gynecology patients
Reducing hyponatremia-related 30-day readmission rate after transsphenoidal pituitary surgery
Decrease in postoperative hemorrhage or hematoma rate
Reducing CLABSI: Appropriate use of central line for the right patient at the right time (Unit 4)
Decrease in postoperative acute kidney injury requiring dialysis
Reducing CLABSI: Appropriate use of central line for the right patient at the right time (Unit 2)
Reducing surgical site infections in cardiac surgery patients
Decrease in postoperative sepsis rate
Decrease in postoperative wound dehiscence rate
Reducing readmissions for heart failure patients discharged to home health agencies or skilled nursing facilities
Decreasing hospital acquired pressure injuries
Decreasing readmissions for heart transplant

**Should we send all
these project teams to
the finance department
to calculate their
financial impact?**

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Discussion with the CFO...

Objective:

Encourage clinical improvement teams to calculate potential and realized financial impact to ***better inform decisions*** around ***impact, prioritization, resourcing, and spread***.

3 principles to remember:

1. Keep it simple – just needs to be directionally accurate. Let's not overcomplicate this.
2. Not all clinical improvement initiatives have financial impact, which is fine.
3. A shared list of high-level calculation standards should be adhered to for all clinical improvement projects.

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Event / Domain	Cost per Event	Source
Length of Stay		
Bed cost per day (M/S)	\$2,500	Internal
Bed cost per day (IICU)*	\$3,400	Internal
Bed cost per day (ICU)	\$6,200	Internal

Calculated using
accommodation costs from
internal finance data

*Intermediate ICU
Source – Stanford Internal Data

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Event / Domain	Cost per Event	Source
PSI 03 Pressure ulcer rate and/or Hospital-acquired pressure ulcer rate, stage 2+	\$14,506	HIIN
PSI 06 Iatrogenic pneumothorax rate	\$18,000	AHRQ^
PSI 09 Peri Op Hemorrhage or hematoma rate	\$21,431	AHRQ#
PSI 10 Post Op Physiologic and Metabolic Derangement rate	\$20,529	AHRQ#
PSI 12: Postoperative PE or DVT	\$17,367	AHRQ/HIIN
PSI 11 Post Op Resp Failure rate	\$24,659	AHRQ/HIIN
PSI 13 Post Op sepsis rate	\$29,507	AHRQ/HIIN
PSI 14 Post Op Wound dehiscence rate	\$31,963	AHRQ/HIIN
PSI 15 Accidental Puncture or Laceration rate	\$15,334	AHRQ/HIIN

Cost per event was assembled in partnership with Vizient, using published literature.

Sources

HIIN	https://www.ahrq.gov/hai/pfp/haccost2017-results.html
LOS	Becker's Review article
*Source for the PSI's	PDF Article source
AHRQ^	AHRQ page
AHRQ#	AHRQ link to page
ED visits	https://www.hcup-us.ahrq.gov/reports/statbriefs/sb268-ED-Costs-2017.jsp
Observation visits	https://pubmed.ncbi.nlm.nih.gov/29366657/
VAE definition:	https://www.cdc.gov/nhsn/pdfs/validation/2020/pcsmanual_2020-508.pdf

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Event / Domain	Cost per Event	Source
NHSN CDC: Catheter-Associated Urinary Tract Infection (CAUTI) Event SIR	\$13,793	HIIN
NHSN CDC: Central Line-Associated Bloodstream Infection (CLABSI) Event	\$48,108	HIIN
NHSN CDC: Surgical Site Infection (SSI) - Colon, Hysterectomy, THR, TKR	\$28,219	HIIN
NHSN CDC: CDI (Clostridium difficile Infection) LabID Event	\$17,620	HIIN
ADE - anticoagulants, glycemic management and opioid safety	\$5,746	HIIN
Falls with injury (not PSI 08 fall with hip fracture)	\$6,694	HIIN
Sepsis (cases that aren't Post-op sepsis PSI 13 and are POA-N)	\$17,000	HIIN
Ventilator Associated Event (includes pneumonia according to NHSN)	\$47,328	HIIN

Cost per event was assembled in partnership with Vizient, using published literature.

Sources

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- AHRQ^ [AHRQ page](#)
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Event / Domain	Cost per Event	Source
30 Day Potentially-Unplanned Readmissions (use for all readmission reduction)	\$15,477	HIIN
Reduction of observation visits (for reduction in observation LOS, use obs LOS calculation)	\$8,162	NIH
Reduction of ED visits	\$530	AHRQ/HCUP

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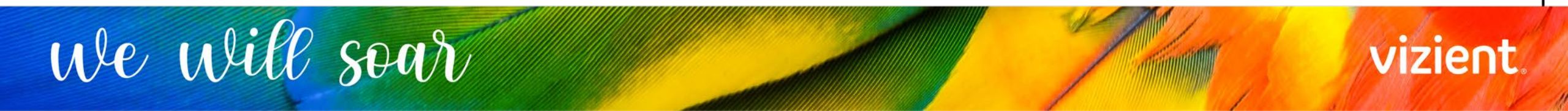
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Readmissions / Excess Days		
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Full list of project impact calculators

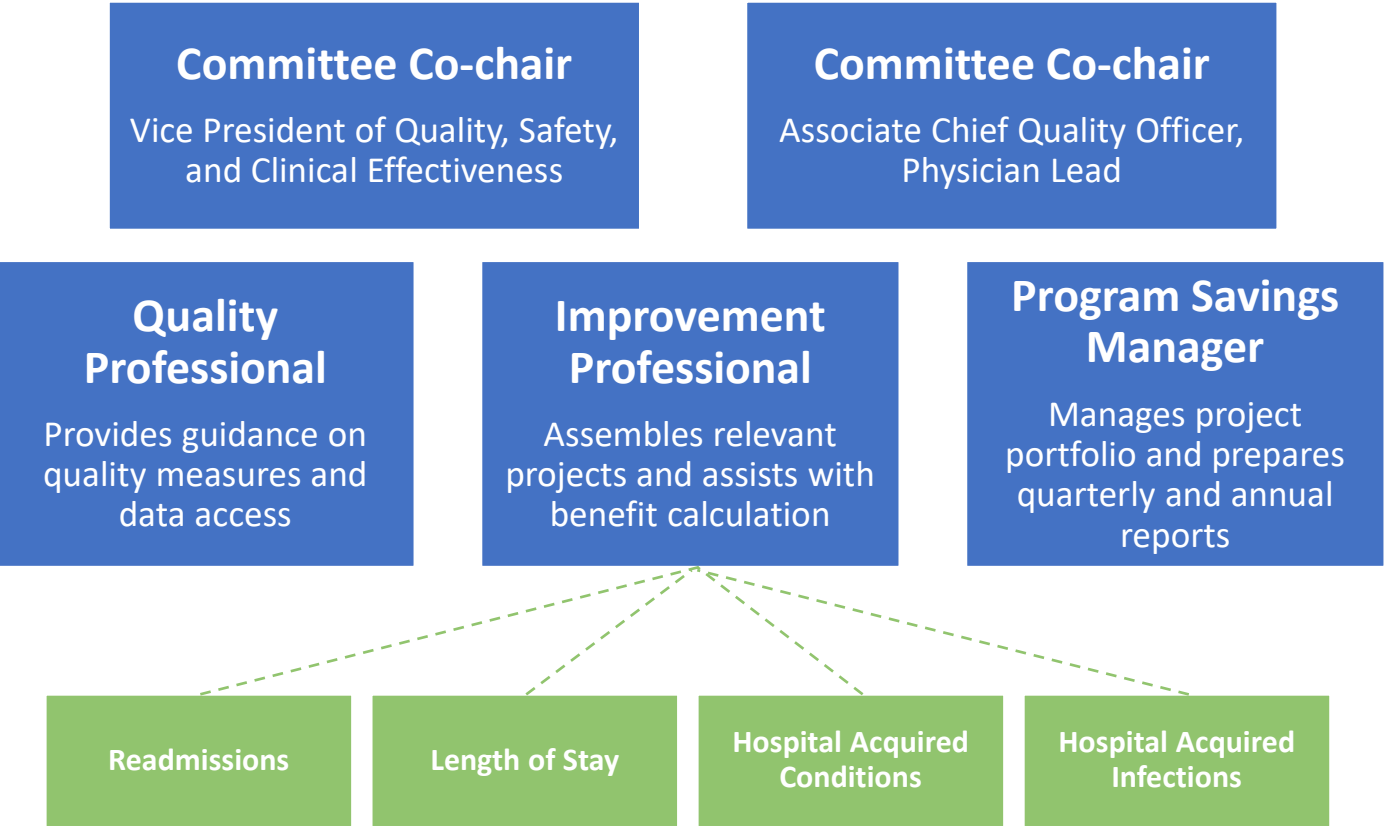
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Financial impact project calculations are reviewed by a “Clinical Improvement Cost Savings” Committee

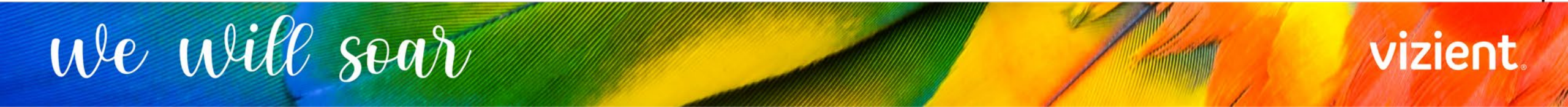
Clinical Improvement Cost Savings Committee - Monthly Meeting



Annual Meeting

Finance Director
Meets with committee annually to update calculations where appropriate

Projects are brought together in portfolios by domain specific committees



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Reducing Central Line Infections (CLABSI)

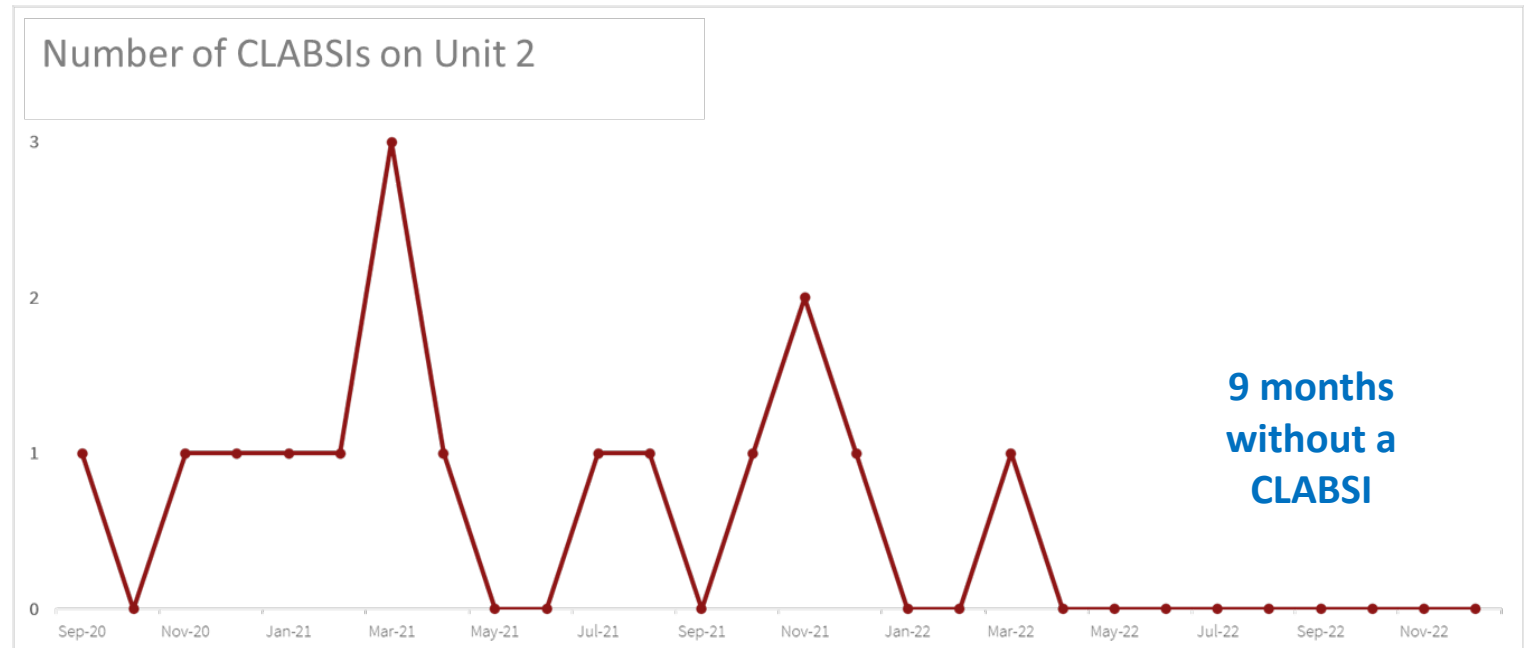
Email from unit medical director, Dr. Sally Vallath:

“Hi quality team, we have seen a significant reduction of infections on our unit. I am proud of the team. They have worked hard and I would like to help them understand the impact of their work. From a patient safety standpoint, this will positively impact the lives of hundreds of patients per year, getting them home, keeping them safe. Is there a financial impact in reducing CLABSIs? If so, how would I go about calculating it?”

How can we respond?

Email from quality department:

*Thank you, Dr. Vallath, for reaching out. The improvement is quite significant! Using the standard agreed upon calculation we use for CLABSIs of \$48,108 per event, you can share with you team that they have helped save the institution $\$48,108 * 9 = \$432,972$*



Stanford Internal data source

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Results

- Since inception of the shared calculators, the institution has been able to calculate financial impact for ~40 major clinical improvement efforts per year.
- To support project teams, quick 10 minutes videos on how to measure change and calculate financial impact were created and made public on YouTube.
- The annualized value of each clinical improvement project has ranged from \$20,000 to \$2 million.
- Over the course of 4 years, the average impact of the clinical improvement portfolio has been \$6 million per year.



Reference: <https://youtu.be/gfG7u4ZIFPU>

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Lessons Learned

1. Efforts to reduce harm can have a significant financial impact and can be calculated at the project level
2. Calculators can be developed using available evidence providing directionally accurate cost estimates
3. Projects should be tracked and visualized in such a way where statistical significance is easily measured (run charts and control charts)
4. Early engagement with the CFO and clinical improvement leaders is needed to emphasize and align on the “why” for calculating financial impact

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Questions?



Contact:

Jake Mickelsen, jmickelsen@stanfordhealthcare.org

Mariah Bianchi, mbianchi@stanfordhealthcare.org

*This educational session is enabled through the generous support of the
Vizient Member Networks program.*

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Roundtable Discussion



Chris Kim, MD, MBA, SFHM
Associate Medical Director, Quality & Safety
UW Medical Center
Chair, AMC CQO Steering Committee



Amy Lu, MD, MPH
Chief Quality & Safety Officer
UCSF Health System
Chair, Quality Executive Network Advisory Committee

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Roundtable Discussion

Clinical Value and Financial Impact

- How is your organization measuring clinical value and calculating the financial impact of positive outcomes?
- How is your organization aligning financial incentives with patient experience and clinical outcomes?
- What are the key challenges in delivering high value care, and how are you successfully addressing them?

Hospital Rankings

- How has your organization set strategies towards excellence in quality and safety while impacting hospital rankings?
- How is your organization aligning operational goals and financial incentives around hospital rankings?
- What are the key challenges in addressing hospital rankings with your Board and how are you successfully addressing them?

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Final Reflections



The clinical process is the fundamental process that adds value in healthcare systems. A deep understanding of this clinical process is key to improving value.

We must play the ‘Infinite Game’

exist to further a just cause

build trust in teams

find worthy rivals

display existential flexibility to make extreme strategic shifts

find the courage to lead with an infinite mindset



Systemization of shared learnings

Continuity in engagement



Creating helpful tools or if you want to call them “calculators” can empower teams to better understand their financial impact and how they contribute to patient experience, quality and safety, and financial strength.

Financial impact is just one domain of a project’s potential impact. Making correlations between cost of operations and patient experience is a continued opportunity for healthcare.

There are times where financial impact should be exact (such as cost savings reimbursement or investments), but majority of improvement work does not need such a rigorous calculation.

Connect with your Vizient Team and Peers!



Linnea Tolbert, MSN, RN
Member Networks Director
Chief Nurse Executive Network
Linnea.Tolbert@vizientinc.com



Susan Chishimba, MSN, RN
Member Networks Director
Chief Medical Executive Network
Susan.Chishimba@vizientinc.com

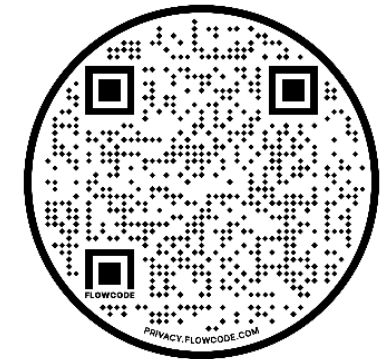
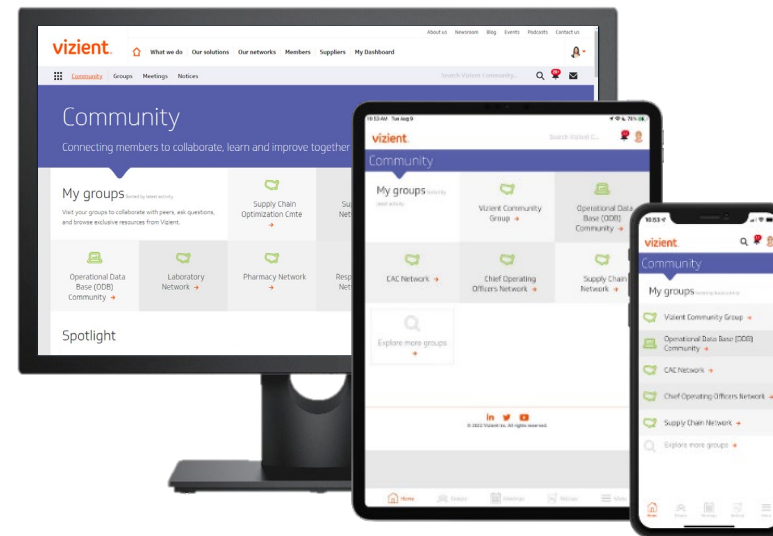


Donna McNutt, MS, RN
Sr. Member Networks Director
Chief Quality Executive Network
Donna.McNutt@vizientinc.com

Vizient Community

Fulfilling a growing desire to connect with your peers virtually – according to your needs

Chief Nurse Executives Network
Chief Medical Executives Network
Chief Quality Executives Network



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Let's work together

vizient®

Donna McNutt, MS, RN: donna.mcnutt@vizientinc.com

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Opportunities to Connect!

2023 Clinical Leadership Series

November 1 – Workforce Wellness Starts at the Top

November 9 – Establishing the Foundation for Pathways to Quality Leadership

[REGISTRATION OPEN](#)

Medical and Quality Executive Network Virtual Meeting December 7, 2023

REGISTRATION OPENING SOON

Don't miss out on the opportunity to connect with your fellow Clinical Leaders during one of our upcoming Vizient Member Networks exclusive meetings!

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MARK YOUR CALENDARS!

Executive Clinical Teams are invited to:

- Solution-based roundtable discussions
- Opportunities to grow your peer network
- Collaborative environments



Vizient Chief Clinical Executives Forum

SAVE THE DATE!
MAY 1 - 3, 2024
Irving, TX

Join us for the 2nd annual Vizient Chief Clinical Executives Forum!

Don't miss this opportunity to build connections with your fellow Clinical Leaders and amplify your voice in an environment that fosters big thinking to spark big changes.

Because as we all know, *everything's bigger in Texas!*

REGISTER NOW

May 1 - 3, 2024
Omni Las Colinas Hotel
Irving, TX

Book your hotel stay by
04/09/2024



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Vizient Resources – Striving for Excellence While Enhancing Clinical Value



- **Member Networks and PI Collaboratives**
 - Educational and network meetings to learn from peers
 - Online Community for resources and connecting with peers
 - Benchmarking Studies and Collaboratives for rapid improvement
- **Clinical Data Base**
 - Transparent clinical data for benchmarking, improvement, and star rankings
 - Expert analytics and support
 - Vizient Vulnerability Index
- **Advisory Services**
 - Individualized engagements designed to meet organizational goals

Please scan the QR code if you would like more information about any of these Vizient Resources.

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Appendix



Organizational Overviews

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Vision, Mission and Values

- **Vision**
 - We will be the trusted leader by transforming healthcare and connecting communities to the best of academic medicine.
- **Mission**
 - We advance the health of the people of the diverse communities we serve through exceptional care enhanced by innovation and discovery.
- **Values**
 - Value People, Work Together, Act Now, Own It, Break Through, Deliver Excellence

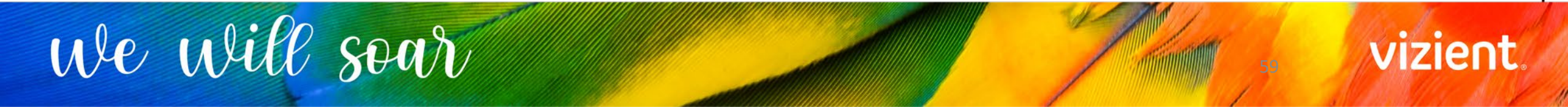
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• Beds	1,266	• Intensive Care Units	10
• Patient Admissions	58,056	• Intensive Care Beds	162
• Patient Days of Care	322,626	• Staff	16,974
• Emergency Visits	194,671	• Total Physicians (includes MCW physicians)	1,739
• Average Daily Census	826	• Nurses	4,526
• Outpatient Visits	1,709,484	• Volunteers	391
• Physician Clinic Visits	1,172,710	• Births	5,431

**data current as of June 30, 2022*

***not reflected in the above totals are the statistics for Froedtert South hospitals, health centers and Holy Family Memorial Hospital*



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Froedtert Hospital
9200 W. Wisconsin Avenue
Milwaukee, WI 53226



Froedtert Menomonee Falls Hospital
W180 N8085 Town Hall Road
Menomonee Falls, WI 53051



Froedtert West Bend Hospital
3200 Pleasant Valley Road
West Bend, WI 53095



F&MCW Holy Family Memorial Hospital
2300 Western
Manitowoc, WI 54110



Froedtert Community Hospital - Mequon
11421 N. Port Washington Rd
Mequon, WI 53092



Froedtert Community Hospital - New Berlin
4805 S. Moorland Road
New Berlin, WI 53151



Froedtert Community Hospital - Oak Creek
7901 S. 6th St
Oak Creek, WI 53154



Froedtert Community Hospital - Pewaukee
209 Pewaukee Road
Pewaukee, WI 53072



Froedtert Bluemound Rehabilitation Hospital
10000 W. Bluemound Rd
Wauwatosa, WI 53226



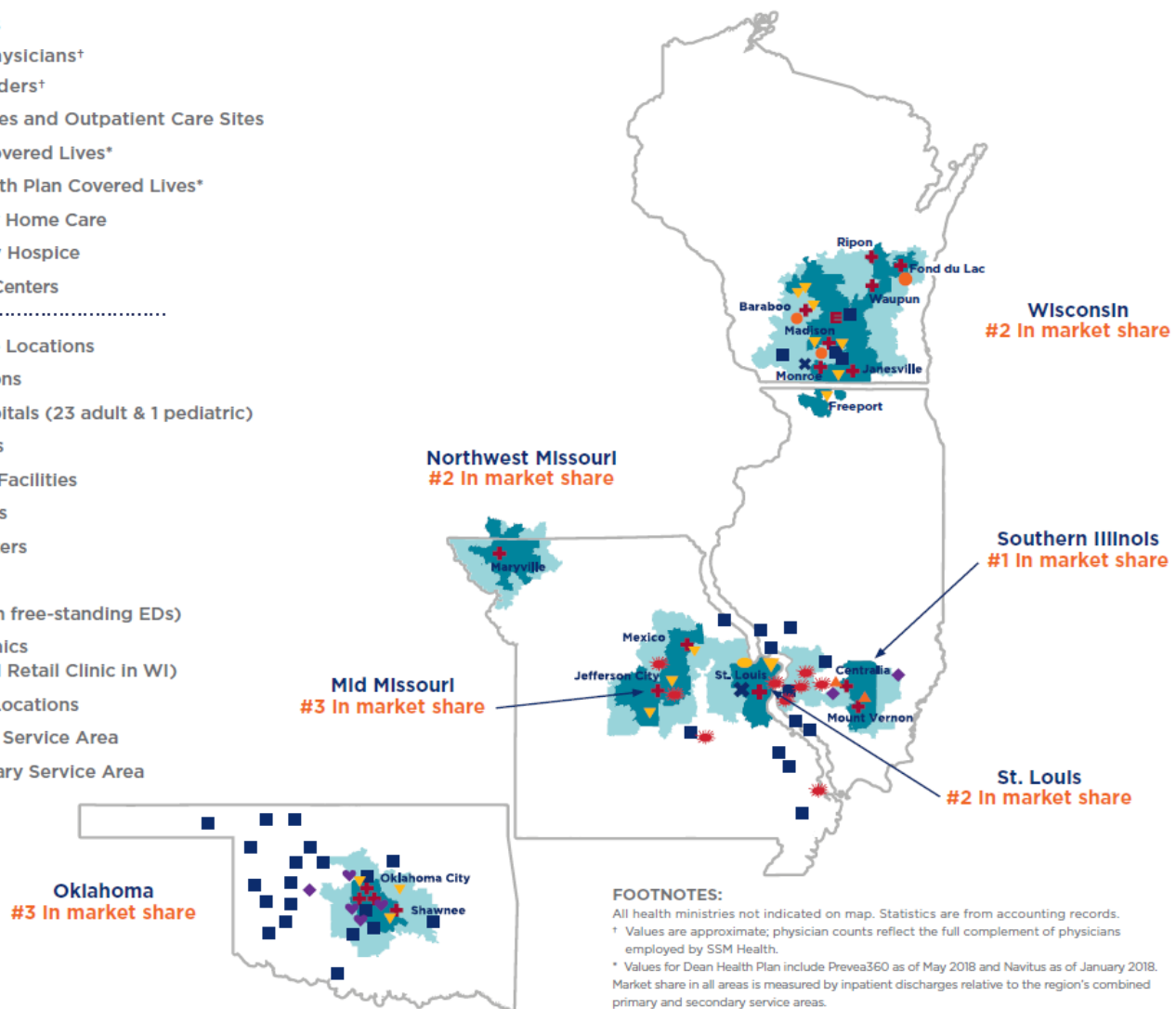
Froedtert Pleasant Prairie Hospital
9555 76th Street
Pleasant Prairie, WI 53158

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SSM Health At a Glance

- ▶ **40,000+** Employees
- ▶ **1,800+** Employed Physicians*
- ▶ **9,900+** Active Providers*
- ▶ **300+** Physician Offices and Outpatient Care Sites
- ▶ **5.4** Million Navitus Covered Lives*
- ▶ **414,000+** Dean Health Plan Covered Lives*
- ▶ **83** Counties Served by Home Care
- ▶ **66** Counties Served by Hospice
- ▶ **68** Outpatient Rehab Centers

- ☀ 42 Pediatric Service Locations
- 7 Concentra Locations
- ✚ 24 SSM Health Hospitals (23 adult & 1 pediatric)
- 41 Affiliate Hospitals
- 10 Post-Acute Care Facilities
- ◆ 3 Managed Hospitals
- ▼ 18 Urgent Care Centers
- ⚡ 1 Free-Standing ED
- ♥ 4 Healthplexes (with free-standing EDs)
- ✕ 26 Retail Health Clinics (25 Walgreens and 1 Retail Clinic in WI)
- ▲ 2 Convenient Care Locations
- SSM Health Primary Service Area
- SSM Health Secondary Service Area



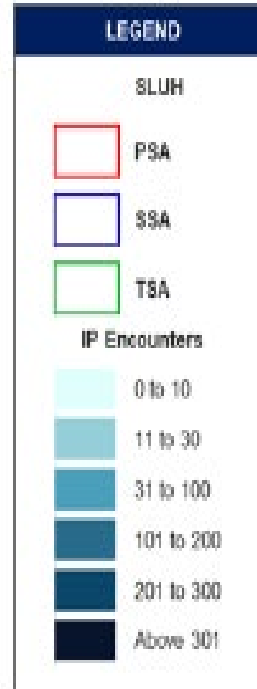
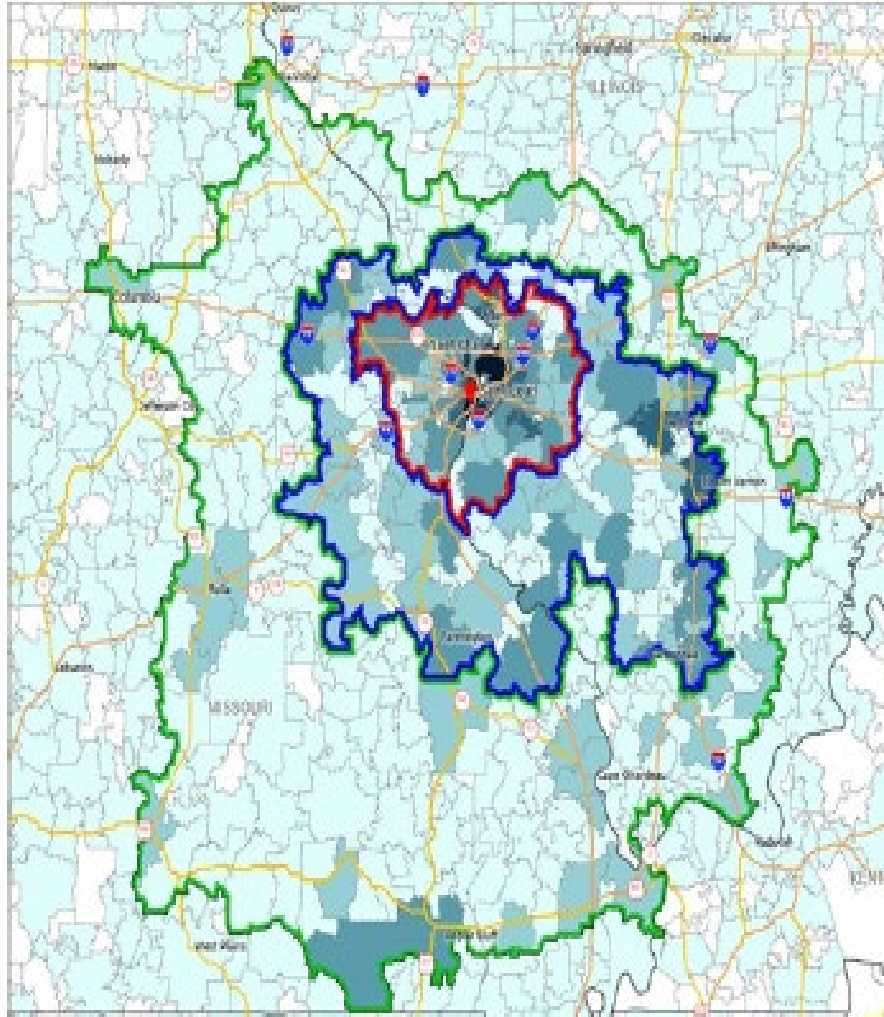
FOOTNOTES:

All health ministries not indicated on map. Statistics are from accounting records.
 * Values are approximate; physician counts reflect the full complement of physicians employed by SSM Health.
 * Values for Dean Health Plan include Prevea360 as of May 2018 and Navitus as of January 2018. Market share in all areas is measured by inpatient discharges relative to the region's combined primary and secondary service areas.
 Revised 08/10/2018



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SLU Hospital Service Area



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Stanford Health Care is a top not-for-profit academic healthcare system with leading edge clinical capabilities led by world-renowned Stanford University physicians

- Founded in 1959, Stanford Health Care (SHC) – is known **for advanced patient care**, particularly for the treatment of rare, complex disorders in areas such as:
 - Cardiovascular Health
 - Cancer Treatment
 - Neurosciences
 - Organ Transplantation
 - Orthopedic Surgery
 - Surgical Services
- **Teaching Hospital and Academic Partner** for Stanford University School of Medicine
- We are **community focused** and have fostered productive relationships with numerous health systems by fully developing an outreach network for destination service lines



Mission:

To Care, To Educate, To Discover

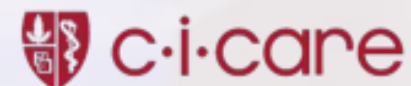
Vision:

*Healing humanity, through science and
compassion, one patient at a time*

Values:

*Innovation, Compassion, Respect,
Excellence, Discovery, Integrity, Teamwork*

*Connect, Introduce,
Communicate, Ask,
Respond, Exit*



*is how we communicate and
form relationships with our
patients and each other*

Quick Facts



The only Level-1 Trauma Center between San Francisco & San Jose

Life Flight transports **450** patients annually



81 Operating Rooms

604 Licensed Beds



121 Licensed ICU Beds

Combined between 300 & 500 Pasteur Drive

Our People

15,207
Employees

3,118
Medical Staff

3,643
Nurses

1,483
Residents & Fellows

96.3% ★★
of our physicians have a star rating of 4.5 or higher

93.4%
of our nurses have a BSN, MSN, or Doctorate Degree

8 All-time Stanford Medicine Nobel Laureates

EMERGENCY DEPARTMENT ADMISSIONS



Adult emergency visits **72,532**
Pediatric emergency visits **16,316**

2,016,490
Outpatient Visits



695,263
Video Visits



29,268
Patient Discharges



39,237
Procedure Visits



COMMUNITY SUPPORT



\$464M
Community Benefit Investment



\$95M
COVID-19 Response Investment

Patient Experience



Interpreters

Staff interpreters are available on demand in person, by phone, and by video in the most commonly requested languages, including Spanish, Mandarin, Cantonese, Vietnamese, Russian, American Sign Language (ASL), Farsi/Dari, and Korean. Access to **200+** other languages is also available upon request.

HEALTH EDUCATION, ENGAGEMENT, AND PROMOTION (HEEP)

17,000+
Individuals annually sought out Stanford Health Care's HEEP content



82.3%
having attended an online class or virtual consultation

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