

2023 VIZIENT CONNECTIONS SUMMIT

TOGETHER
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SEPT. 18–21, 2023
WYNN, LAS VEGAS

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Interdisciplinary Approaches to Service Line Integration and Optimization

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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.

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Interdisciplinary Approaches to Service Line Integration and Optimization

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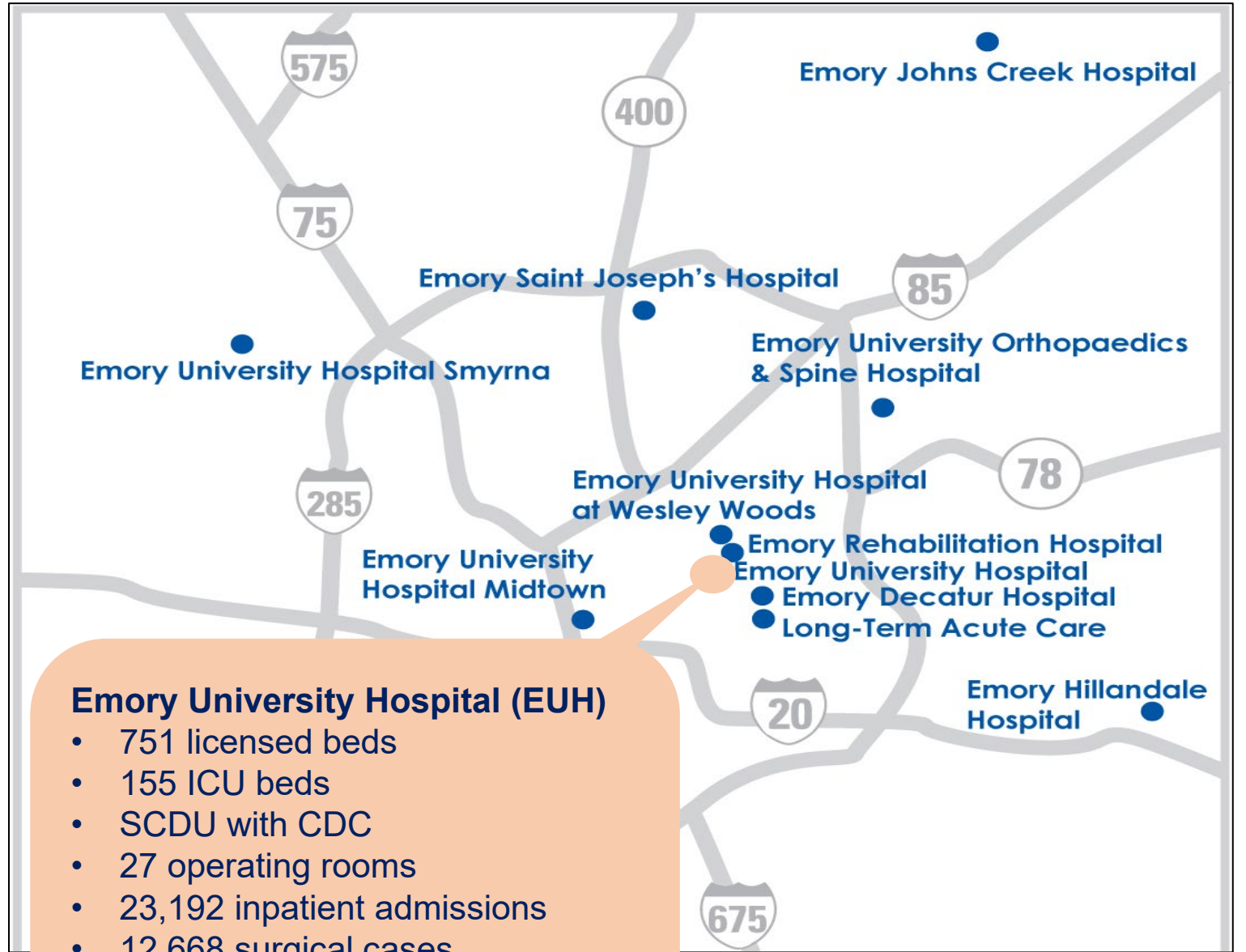
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Welcome to Emory Healthcare - The Most Comprehensive Healthcare System in Georgia!



Emory University Hospital (EUH)

- 751 licensed beds
- 155 ICU beds
- SCU with CDC
- 27 operating rooms
- 23,192 inpatient admissions
- 12,668 surgical cases
- 6,000+ faculty, staff and trainees
- Closed medical staff

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Alignment



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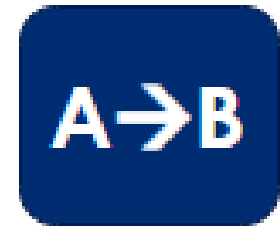
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What did we do?

Created seven Hospital Service Lines (HSLs) to **coordinate care** and **optimize clinical operations** in similar patient types

What is a HSL for Emory University Hospital (EUH)?

- Structure around **like patients** in acute care (hospital) setting, to include hospital-based outpatient clinics, **undergoing similar types of clinical management and interventions**
- Requires understanding of potential inputs into acute care (hospital) location as well as transitions of care out

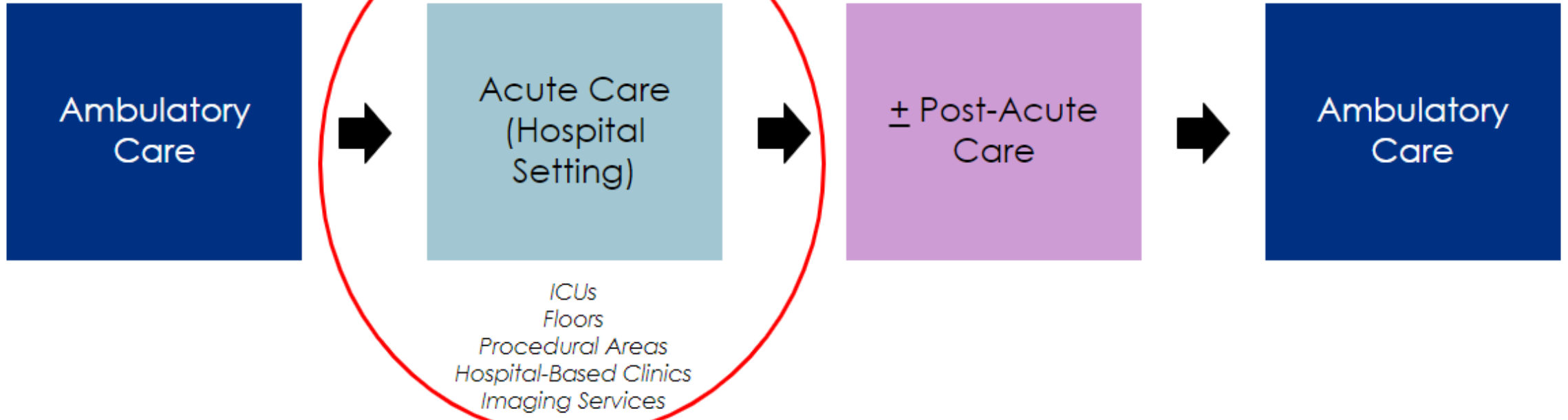


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Where will we focus?

Across The Care Continuum And Engaging A Diverse Community

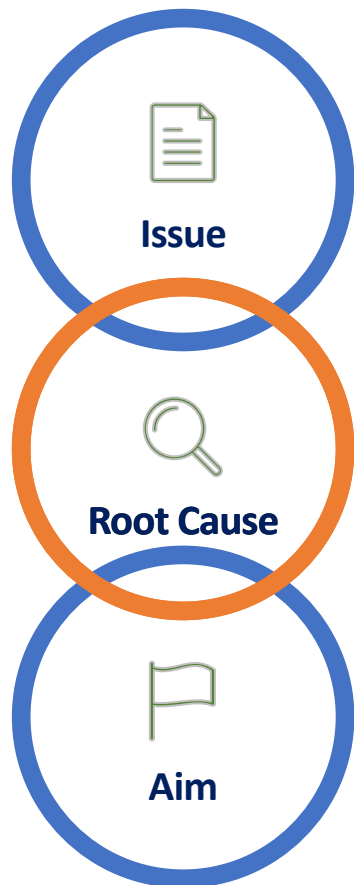


Emory Healthcare Centers (e.g. Critical Care, Brain Health, Transplant, H&V)

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What problem are we trying to solve for?



Disjointed, inefficient decision-making and communication breakdowns

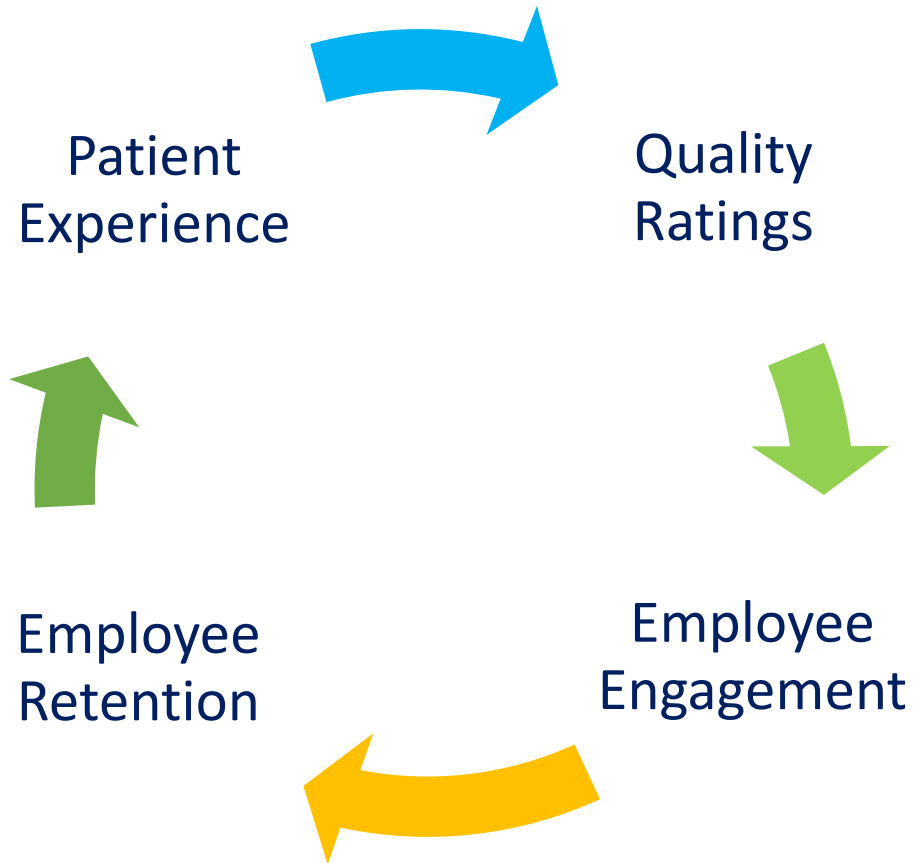
Lack of shared understanding regarding patient and staff experience

Transform patient care delivery and coordination through HSLs

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Why are we doing it?

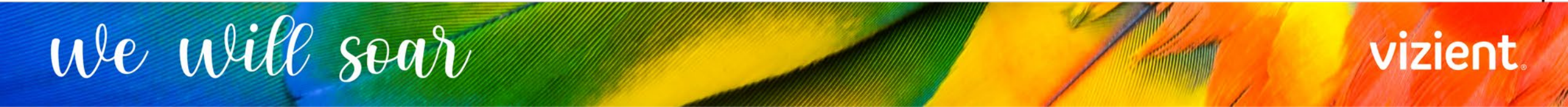


- To **align patient care goals and experience to improve outcomes** across the care continuum
- To transparently **engage multi-disciplinary team members** in decision-making
- To **promote innovation**
- To **decrease duplicative work and frustration** through coordinated communication

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Genesis of the Hospital Service Lines at EUH



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How are we doing it?



Empowerment and Connection



Use of Data

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HSL Organizational Structure

Partnered Interdisciplinary Leadership Model



EUH HSLs:

1. Heart & Vascular HSL
2. Transplant HSL
3. Oncology HSL
4. Surgical Specialties & Procedural Areas HSL
5. Neurosurgery/Neurology HSL
6. Complex Medicine HSL
7. Clinical Lab HSL

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Quarterly Leadership Development Event Topics Lead by Organizational Psychologist

Timing	Topics
Q1	<ul style="list-style-type: none">• Strategic Planning• Learning and Problem-Solving• Facilitate Change (<i>Emory Course</i>)
Q2	<ul style="list-style-type: none">• Drive Accountability for Patient, Process, and People Outcomes• Conduct Operational and Financial Analysis
Q3	<ul style="list-style-type: none">• Foster a Positive Culture• Build Trust, Connections, and Relationships
Q4	<ul style="list-style-type: none">• Demonstrate Presence and Influence• Model Front-Line Employee Engagement; Ask Questions• Engage in Constructive Conflict

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How will the Hospital Service Lines operate?

HSL Steering Committees drive the work of the HSLs

- **Leaders** are accountable for driving the work of the HSL Steering Committee forward
- **Members** provide feedback and ideas on HSL goals and strategy, contribute to activities and deliverables; includes front line staff

HSL Executive Sponsor acts as a supporter, not advocate, for the HSL among Executive Operations Team

Executive Operations Team provides input on the goals and strategy of HSLs through quarterly Report Outs



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HSL Efforts: Categorized Across 4 Domains



Clinical Quality
& Patient Safety



Operational
Excellence



Workforce

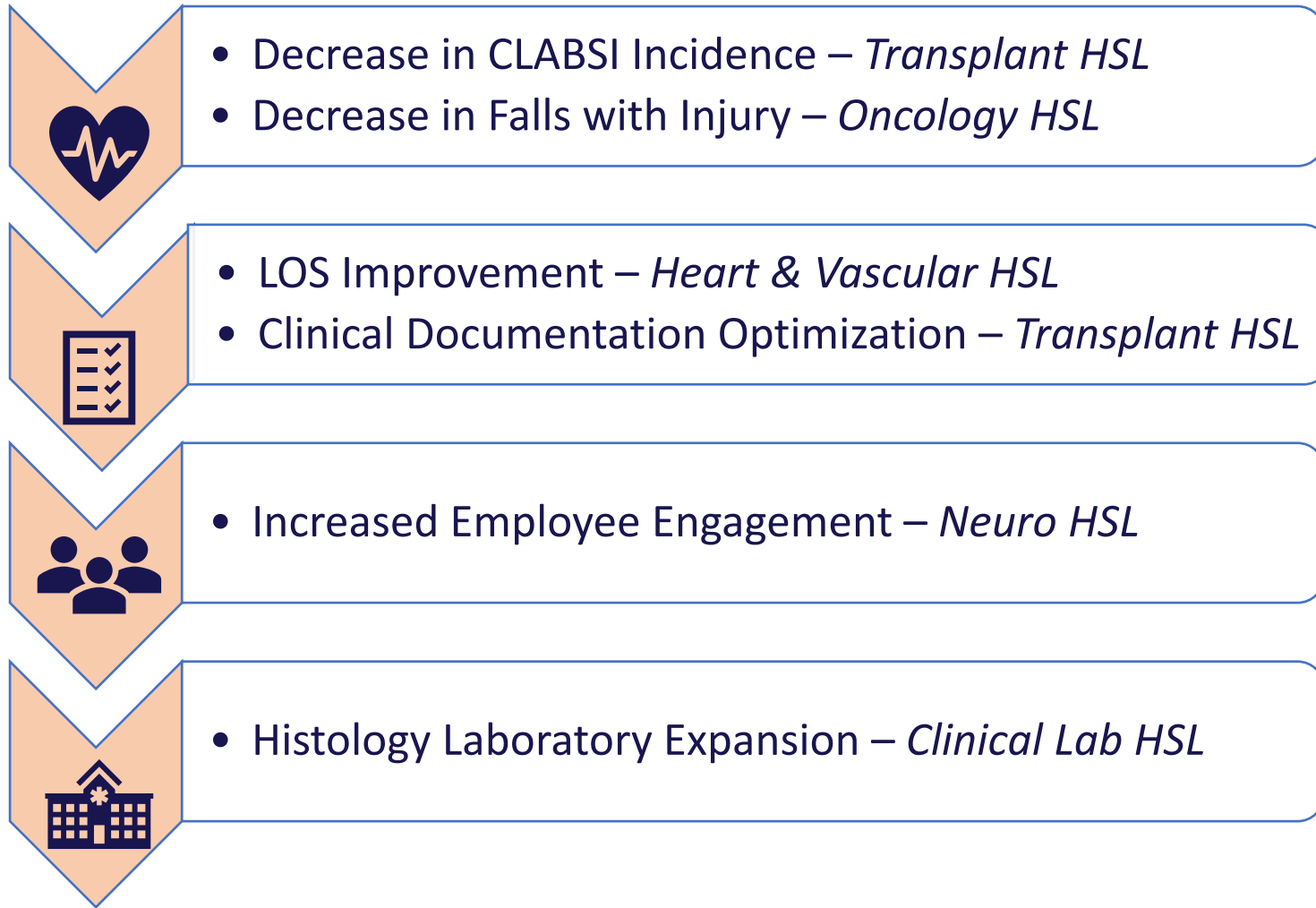


Facilities &
Equipment

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HSLs: Top Accomplishments (Examples)



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Clinical Quality & Patient Safety – Transplant

Decrease in CLABSI Incidence

What we did:

- Implemented CLABSI Bundle including CHG Bath and CLABSI Prevention Cards Tests of Change

Outcome:

- Zero CLABSI incidence on unit since December 2022



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Clinical Quality & Patient Safety - Oncology

Decrease in Falls with Injury per 1,000 Patient Days

Hospital	Units	Target			FY 2021		FY 2022				FY 2023				
		FY 2021	FY 2022	FY 2023	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2			
EUH	2D/2G ICU	0.15	0.15	0.15	0.00	0.27	0.00	0.29	0.00	0.00	0.26	0.27	4	of	8
	2G/3G/4G CCU	0.15	0.15	0.15	0.86	0.00	0.00	0.00	0.00	0.00	0.00	0.72	6	of	8
	3G	0.45	0.49	0.50	0.50	0.50	0.51	0.00	0.00	0.00	0.00	0.49	5	of	8
	4A/6A ICU	0.15	0.16	0.15	0.00	0.00	0.00	0.00	1.09	0.00	0.00	0.00	7	of	8
	4G	0.49	0.46	0.50	0.00	0.00	0.96	0.00	0.00	0.00	0.00	0.00	7	of	8
	5D	0.62	0.59	0.65	0.00	0.00	0.00	0.00	0.00	2.27	2.50	0.00	6	of	8
	5E ICU	0.15	0.16	0.15	0.58	0.00	0.00	0.00	0.00	0.00	0.59	0.00	6	of	8
	5G	0.49	0.46	0.50	0.71	0.00	0.00	0.00	0.00	0.71	0.00	0.71	5	of	8
	5G/6G ICU	0.15	0.16	0.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8	of	8
	5T-N ICU	0.15	0.16	0.15	0.00	0.00	0.00	0.74	0.75	0.00	0.00	0.00	6	of	8
	5T-S ICU	0.15	0.16	0.15	0.53	0.54	0.00	0.00	0.00	0.00	0.00	0.00	6	of	8
	6B Rollins	0.56	0.49	0.62	0.00	0.00	0.00		0.00	0.00		0.00	6	of	6
	6E	0.49	0.46	0.50	1.45	0.00	0.00	0.51	1.46	0.49	0.00	0.00	4	of	8
	6G	0.49	0.46	0.50	0.00	0.44	0.45	0.00	0.00	0.00	0.53	0.47	7	of	8
	6T	0.46	0.41	0.50	0.57	0.53	0.30	0.00	0.27	0.00	0.00	0.83	5	of	8
	7E	0.62	0.59	0.65	0.98	0.49	0.50	0.00	0.00	0.50	1.01	0.49	6	of	8
	7G	0.62	0.59	0.65	0.37	0.73	0.37	0.76	0.00	0.37	0.38	0.72	5	of	8
	7T	0.46	0.41	0.50	0.25	0.25	0.00	0.51	0.00	0.26	0.26	0.00	7	of	8
	8E	0.49	0.46	0.50	1.53	0.83	1.03	0.53	0.00	0.00	0.00	0.49	4	of	8
	8T-N	0.62	0.59	0.65	0.66	1.31	0.00	0.00	0.00	0.00	0.00	0.00	6	of	8
	8T-S	0.62	0.59	0.65	0.00	0.77	0.41	0.00	1.54	0.81	0.00	0.42	5	of	8
	9E	0.49	0.46	0.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8	of	8
	9T	0.84	0.78	0.81	0.00	1.02	0.54	0.27	0.00	0.26	0.55	0.54	7	of	8
	10E	0.58	0.59	0.65	0.56	0.00	0.69	0.54	0.00	0.00	0.00	0.58	7	of	8
	11E	0.42	0.47	0.51	1.04	0.48	0.53	0.00	0.00	0.00	0.47	0.00	5	of	8

What we did:

- Implemented multiple process improvements on three Oncology Units

Outcomes since Sept 2021:

- 8TN – ZERO falls with injury
- 8TS – Target met 4 of 6 quarters
- 9T – Target met all 6 quarters

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Operational Excellence – Heart & Vascular

Length of Stay (LOS) Optimization



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2

3

February 2023 Value Stream Analysis (VSA): Heart & Vascular Hospital Service Line

Participants across multiple disciplines including nursing, APP's, physicians, Rehab, Social Work

- Each VSA resulted in improvement plans for the next year

March 27-31 H&V 6E – 1st Rapid Improvement Event (RIE) focusing on Interdisciplinary Communication:

- Created standard process for interdisciplinary rounds, how to prep, and escalation processes for communication outside of rounds

- Modified/adopted standard to 1 Hospital Med Unit

First month following RIE:

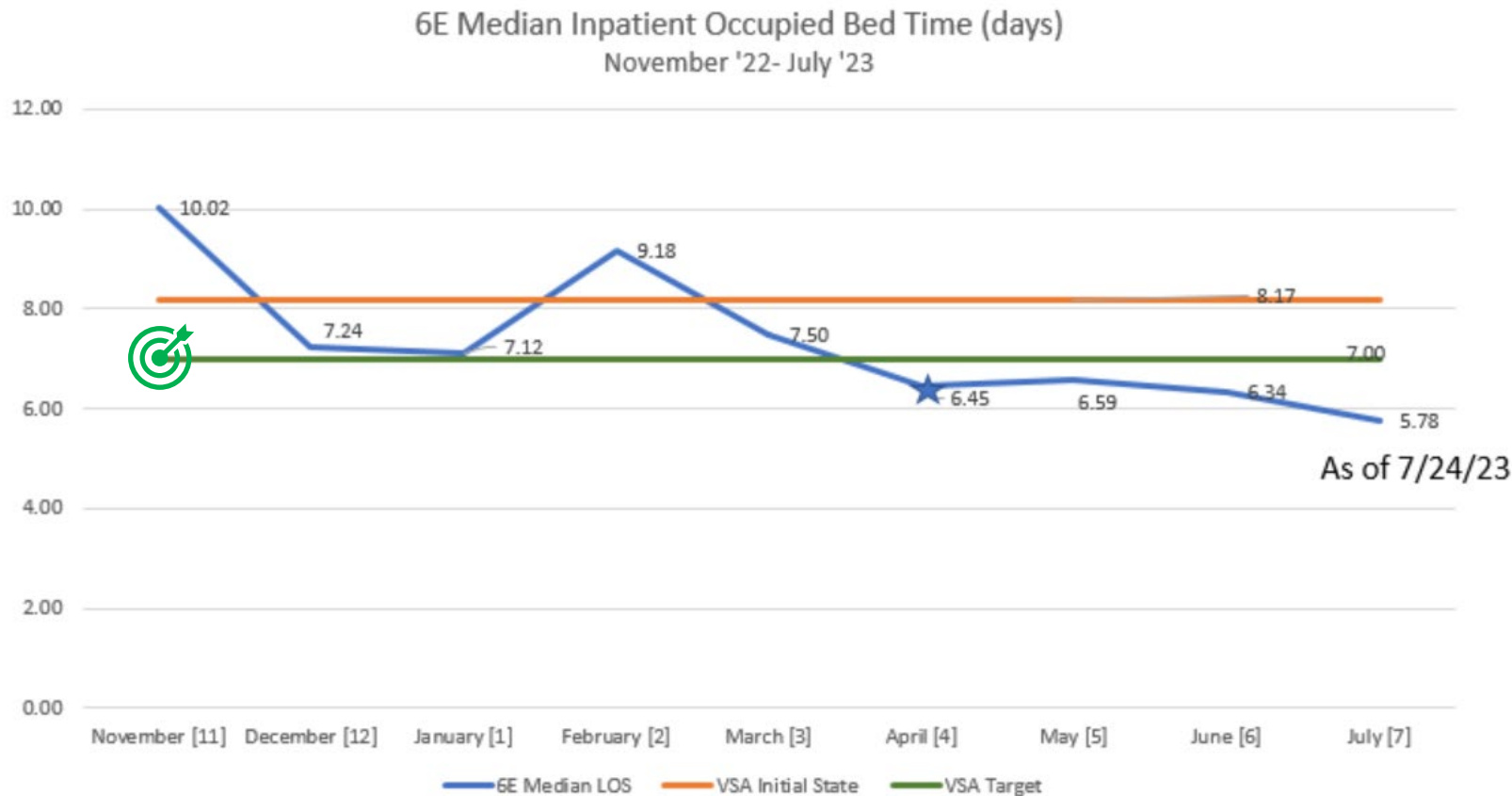
- **1.08-day improvement** to the median LOS
- **1.2-day improvement** to the average LOS

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Operational Excellence – Heart & Vascular

LOS Improvement



What we did:

- Implemented multiple process improvements including Interdisciplinary Round (IDR) standard work and visualization

Outcomes:

- Reduced LOS from 8.17 days (*9-month baseline average*) to 5.78 days on unit

VSA = Value Stream Analysis

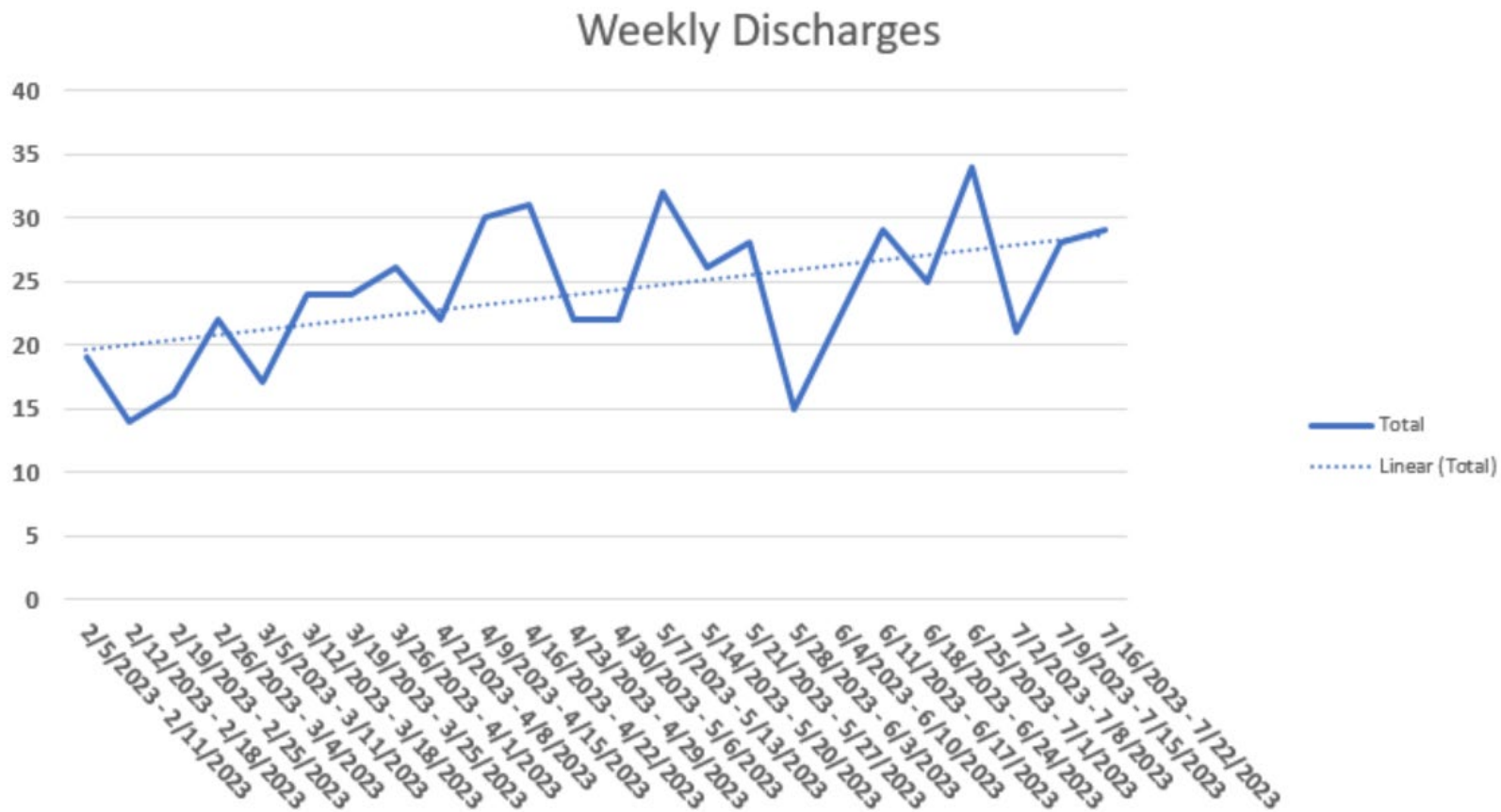
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Operational Excellence – Heart & Vascular

LOS Improvement



What we did:

- Implemented multiple process improvements including Interdisciplinary Round (IDR) standard work and visualization

Outcomes:

- Increased weekly discharges from 19.8 (9-month baseline average) to 29 per week on unit

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Operational Excellence – Transplant

Clinical Documentation Optimization

What we did:

- Utilized Vizient and other publicly available registry data in transplantation, to benchmark Emory against regional and peer transplant programs

Outcome:

- Conducted an internal audit which led to identification of missed documentation opportunities to justify a higher DRG, with subsequent education for the clinical teams

Region 3 Centers	DRG 005%	Total Cases
	55.3%	76
	63.6%	110
	70.5%	220
110010 EMORY	71.7%	180
	74.0%	223
	81.8%	209
	87.2%	47
	88.3%	72
	93.0%	244
	93.2%	73
Academic Medical Centers	DRG 005%	Total Cases
	76.2%	181
	76.7%	326
	77.1%	214
	96.3%	216

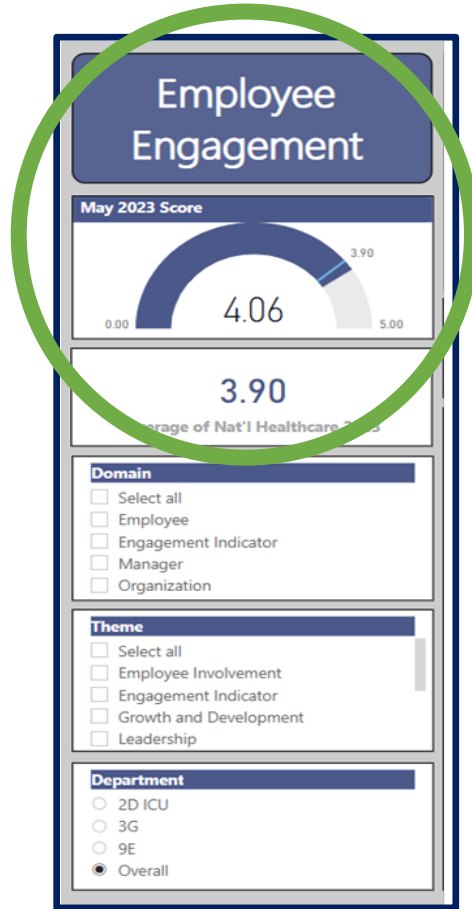
(since Jan 2021)

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Workforce – Neurosurgery / Neurology

Increased Employee Engagement & Recognition



What we did:

Following significant drop in scores (Nov 22-Feb 23), new Nursing Director/Medical Director partnered to implement multiple initiatives to improve team engagement/recognition/satisfaction

Outcomes:

- Improved Employee Engagement scores from 3.83 in February to 4.06 in May 2023
- Now above national average of 3.90 for Employee Engagement
- Trending positively in ALL domains

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Facilities & Equipment – *Clinical Lab*

Histology Laboratory Expansion



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6-Month Expansion & Enhancement Project:
December 2022 – May 2023

Why we did this?

Key identified areas for improvement

- **Space Utilization** - Redesigned to optimize clinical workflow to improve safety and outcomes of specimen processing
- **Employee Well-being** - Space enhanced to improve work environment / employee experience

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Key Success Factors

Development of People

- Targeted and robust leadership development program, facilitated by an organizational psychologist
- Assessments to optimize team interaction

Promotion of DEIB

- HSL Steering Committees created with intentionality around diversity, equity, inclusion and belonging (DEIB)
- Goal to enhance interdisciplinary “teaming” and challenge the status quo of limited visibility into decision-making

Physician Partnership

- Partnerships built with (skeptical) physicians around common goals with ability to influence and drive advancement
- Physicians are key partners in the leadership triad model and steering committee membership collaboration

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Key Success Factors



- Interactive dashboards, providing visibility and transparency of eHR and Vizient data from front line employees up to the CEO.
- Significant engagement and ownership by HSL leaders.



- Executive Sponsor presence and feedback at quarterly HSL Leader Report Outs to the Executive Operations Team (EOT) are key enablers.
- Strong bi-directional accountability structure and understanding of challenges.

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Lessons Learned

- Timing is important for a new initiative—COVID-19 created buy-in for change
- Extensive pre-launch conversations are important to obtain support for change
- Be visible and celebrate the small wins—executive leadership presence/recognition on units
- Identify and spread learning opportunities within and between HSLs
- Be methodical and deliberate—lessons learned from one area inform other areas

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Key Takeaways

- Alignment of key leaders and teams in a defined structure can facilitate operations along the continuum of patient care
- Interdisciplinary leader teams, with focus on personal and team development, can help bridge silos
- Inviting people into operational decision-making provides transparency that encourages trust
- Structure that provides regular exposure to and prescriptive feedback from executive leaders can help create accountability and more nimble action execution

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Questions?



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