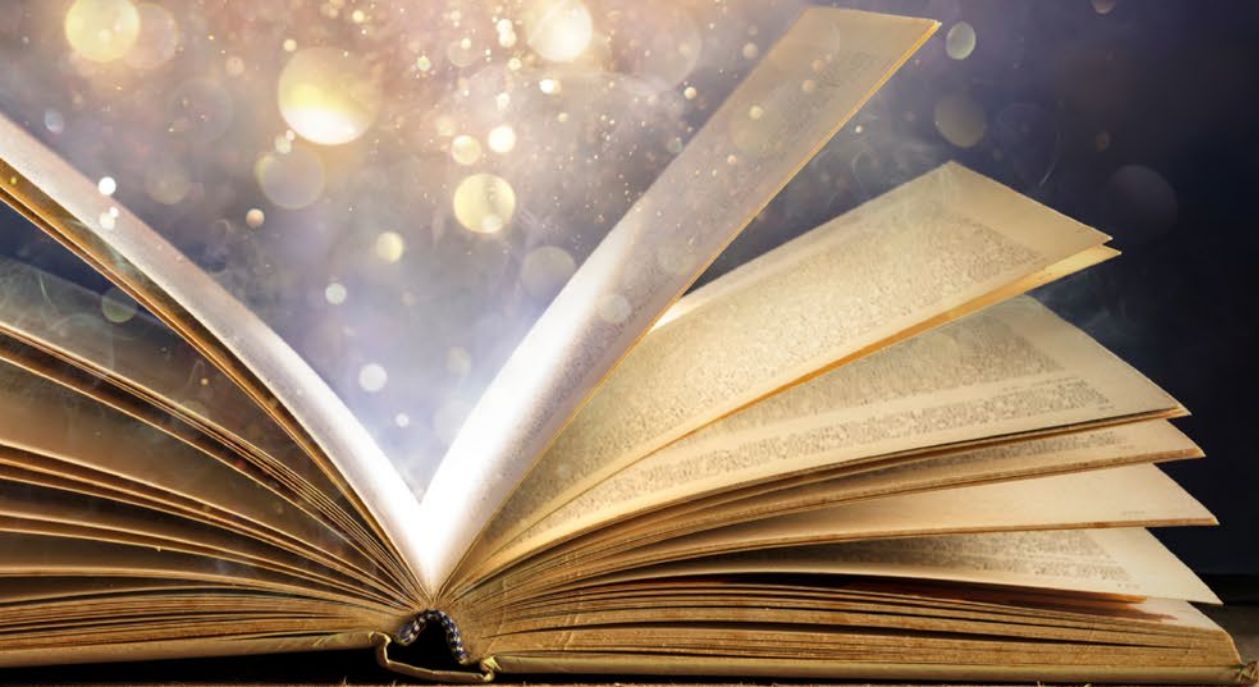


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Driving Excellence: High Reliability in Action Across the Enterprise

Jennifer Lamprecht, MS, RN, CNL, CPHQ, Director, Quality Strategy

Abby Carmody, MHA, CPPS, Improvement Strategist – HRO

Sanford Health

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Christina Pedini, PT, MSPT, Assistant Vice President of Rehabilitation and Neurosciences

University of Maryland Upper Chesapeake Health

Disclosure of Financial Relationships



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Learning Objectives



- Describe high-reliability skills to drive improvement across clinical and nonclinical teams.
- Explain structured, multidisciplinary strategies to reduce harm and improve patient outcomes.



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SANFORD HEALTH



56 medical centers*

- 34 owned and leased
- 22 managed affiliates



288 clinic locations*

- 228 owned and leased
- 60 managed affiliates



147 senior living locations*



\$11 billion in annual revenue



423,659 Sanford Health Plan and Security Health Plan members



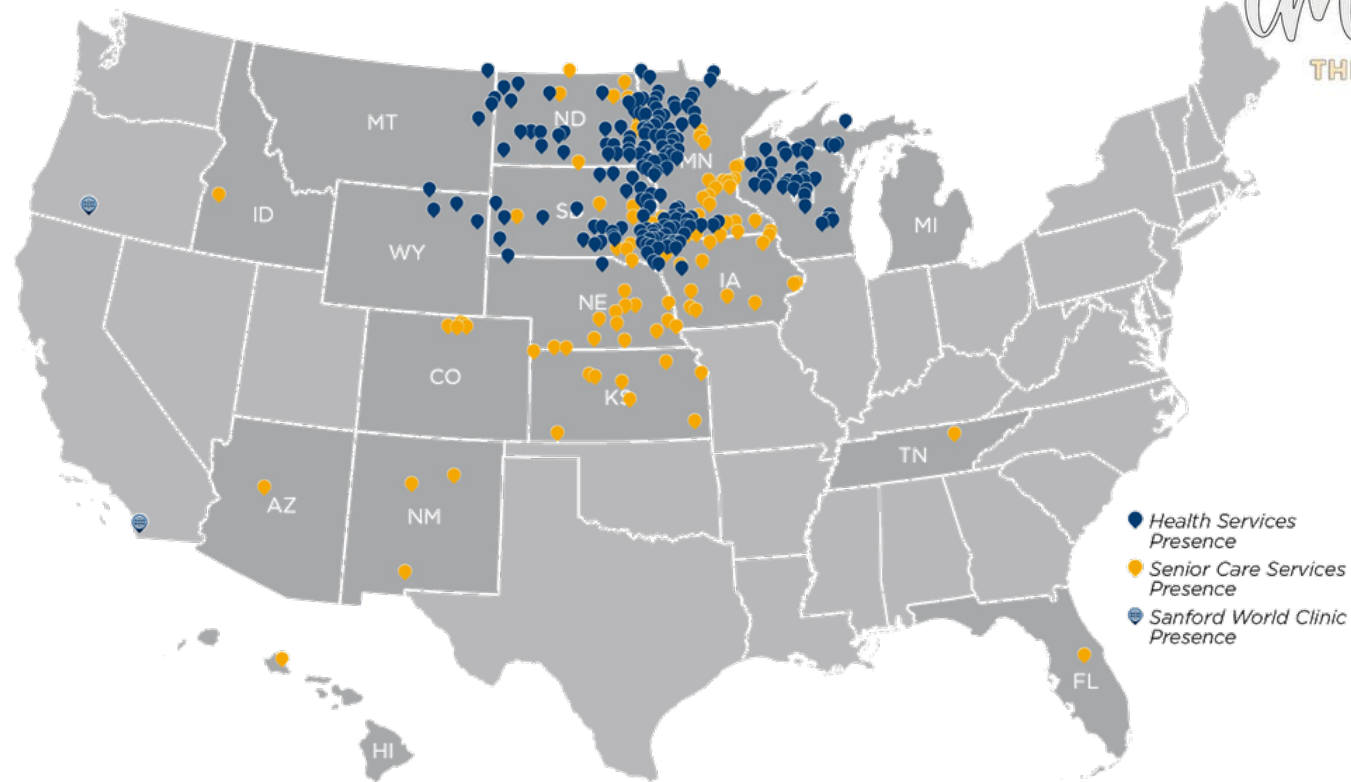
2,209 physicians, **1,800** advanced practice providers and **10,164** registered nurses delivering care in more than **80** specialty areas



536 scientific staff with **1,500** clinical trials/studies



53,060 employees



- Health Services Presence
- Senior Care Services Presence
- Sanford World Clinic Presence

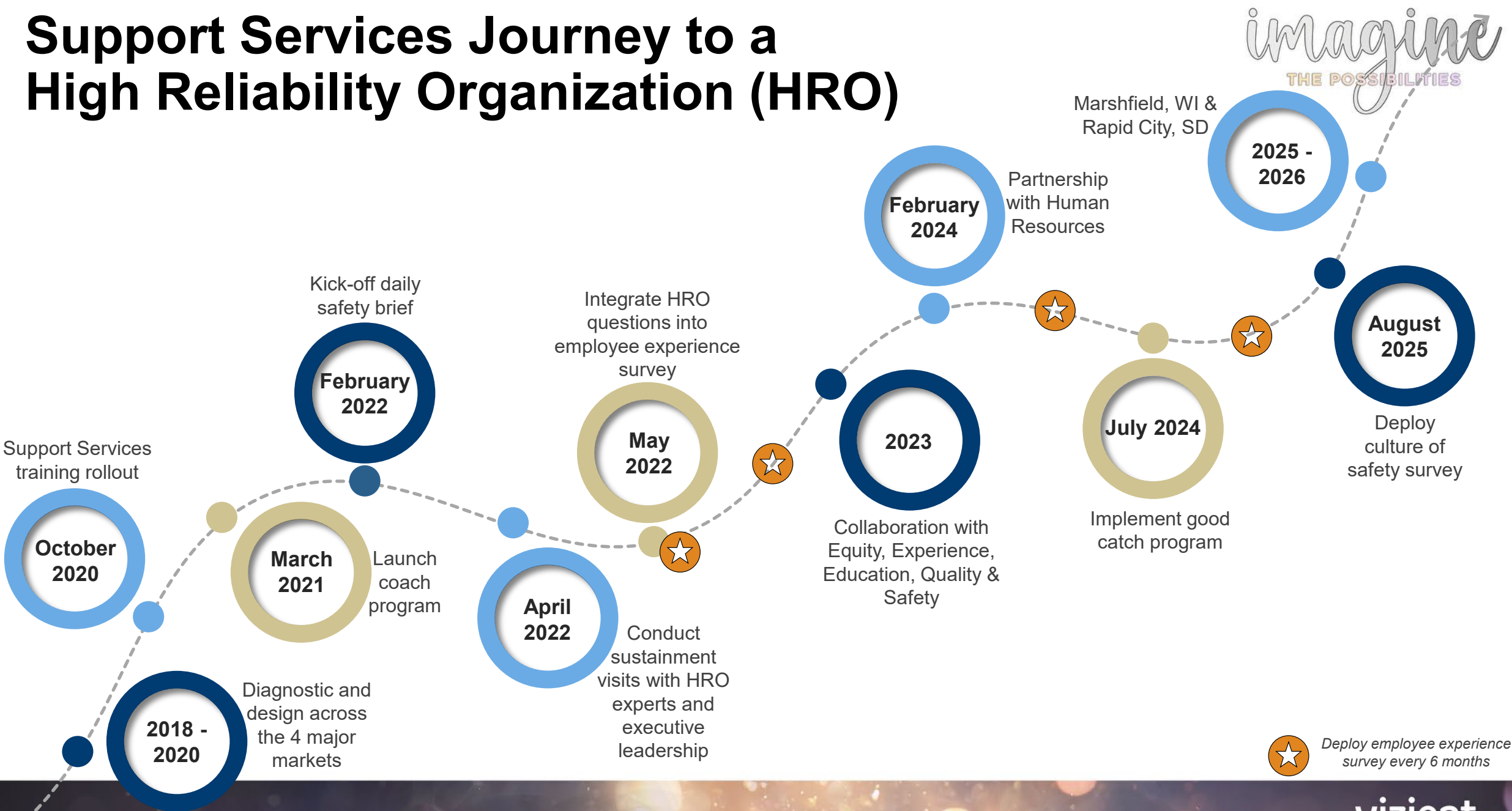


imagine
THE POSSIBILITIES

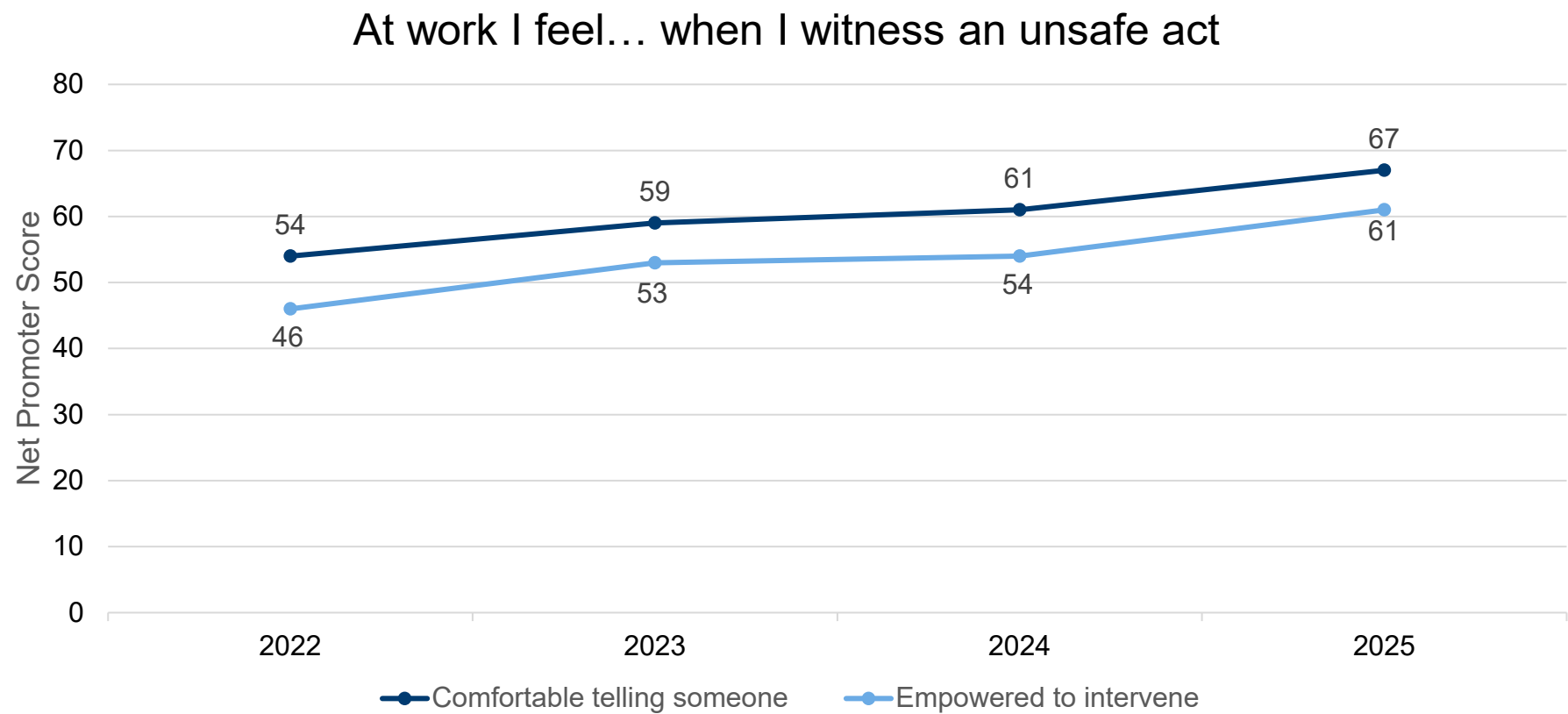
As of January 1, 2025. Approved by Data Governance Committee.

* Locations include where Sanford offers health care services, management support or partnerships to advance rural care delivery.

Support Services Journey to a High Reliability Organization (HRO)



Support Services Employee Experience



Serious Safety Event Rate (SSER): 69% reduction since peak
Patient Experience: 5.8-point increase in score

Data source: internal Sanford Health staff survey. Accessed May 15, 2025.

Lessons Learned



- Success is dependent on leadership engagement and sponsorship.
- Education: Virtual learning environments are an effective method of facilitating education.
- Collaboration: Partner with support departments for mutual benefits that help people connect the dots across initiatives.

Key Takeaways



- Develop high reliability strategies from an all-employee lens.
- Create a coaching program comprised of informal leaders who advocate for high reliability.



UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH



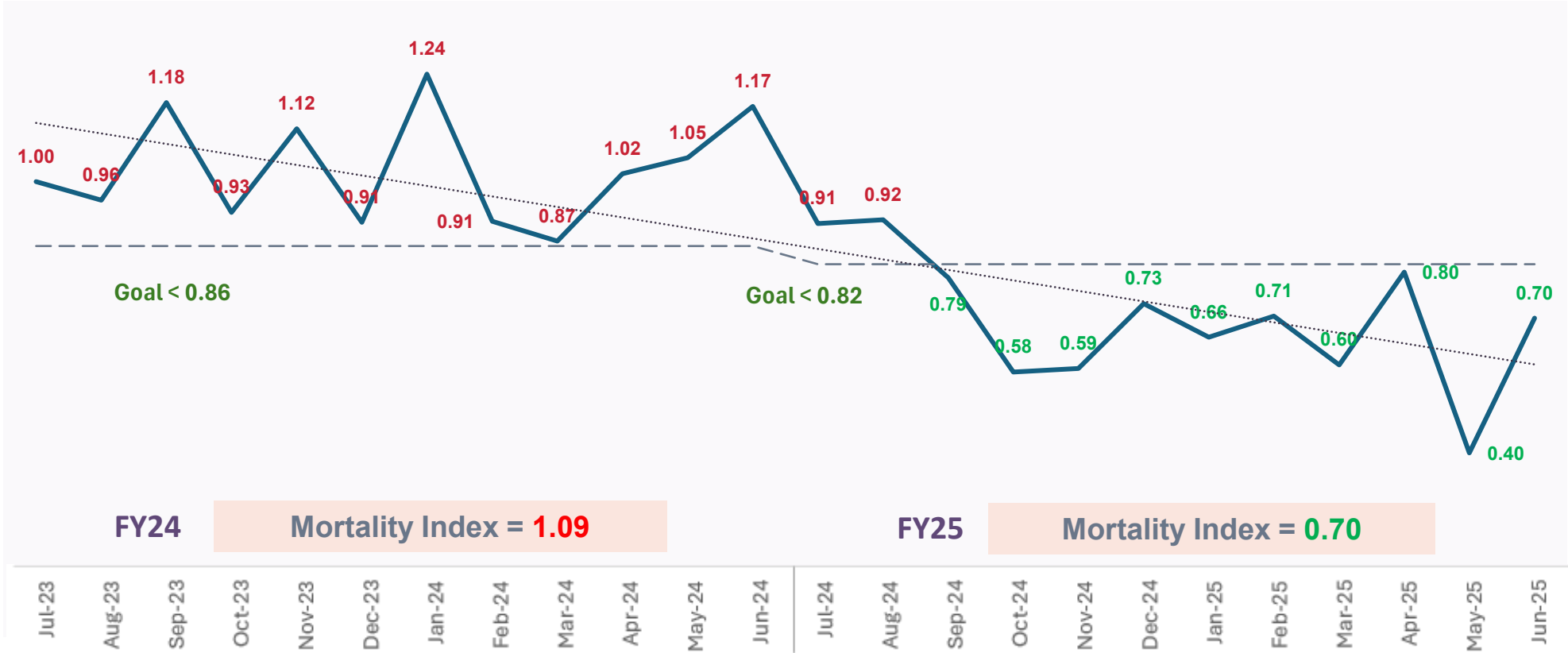
Ecosystem Thinking in Healthcare: **A Nature-Inspired Framework for Mortality Reduction**

HRO Ecosystem at Work:

36% Improvement in Mortality Index FY24 vs. FY25



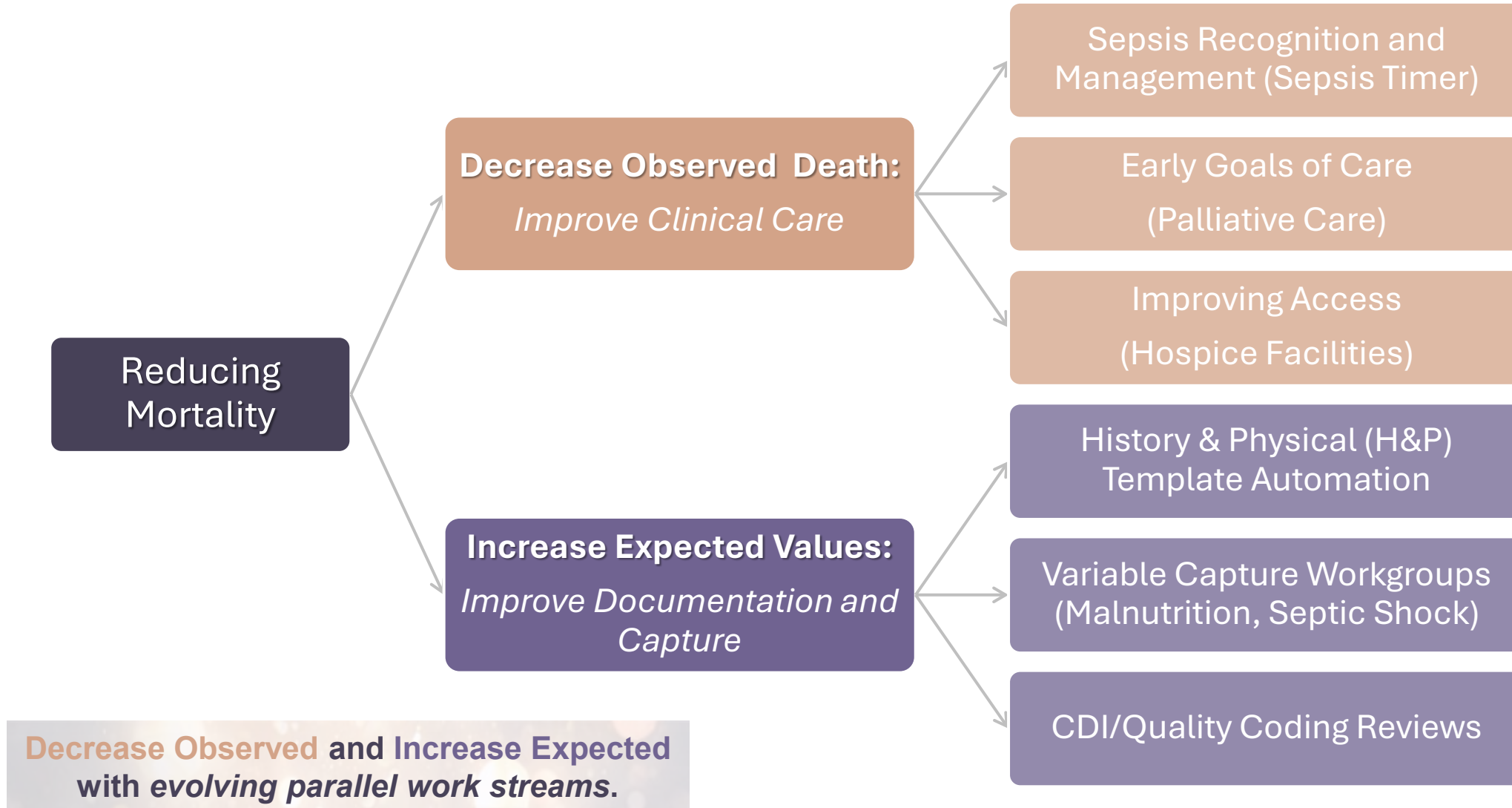
UCMC Quality & Accountability
Mortality Index (O/E)



Source: Vizient CDB, Patient Outcomes Report accessed Aug 6, 2025

High-Reliability in Action:

A Systems Approach to Mortality Reduction



Reducing Observed Mortality: *Strengthening Clinical Care Pathways*



Sepsis Management Enhancements

- **Compliance Tracking:** Sepsis Timer compliance (ED, ICU, Non-ICU) — focused on *Blood Cultures, Antibiotics, Lactate*
- **Frontline Engagement:** Weekly ICU & ED Gemba walks
- **Targeted Reviews:** Sepsis Mortality Reviews, Vasopressor Use

The screenshot displays a clinical interface for patient 'Samuel Sepsis "Sammy"'. On the left, a 'Storyboard' panel shows patient demographics (Male, 84 y.o., 5/6/1940), MRN (E566001938), CSN (5001055441), and a 'Sepsis: 00:02' timer. A red arrow points from this timer to the main panel. The main panel has a header 'Time Since Sepsis Protocol Activation' with a large red '00:02' timer and a 'Refresh' button. A tooltip box explains that hovering over the timer reveals the Sepsis Checklist Banner. Below the timer, a list of compliance items is shown: 'Blood Cultures Collected (Within 3 Hrs)' with a green checkmark, 'Initial Lactate Not Collected (Within 3 Hrs)' with a yellow warning icon, 'Antibiotics Not Ordered (Within 3 Hrs)' with a red stop sign icon, 'Fluid Resus Not Indicated only for Septic Shock' with an information icon, and 'Provider 6 Hour Note Not Indicated only for Septic Shock' with an information icon. At the bottom, there is a link to 'Sepsis Checklist Pre-Hosp/Not-Indicated Flowsheet' and a 'None' status.

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Palliative Care and Hospice Partnership



ICU Triggers and Rounding

20% decrease in days to consult
32.7% decrease in consult to D/C



Increased Palliative Utilization and Efficiency

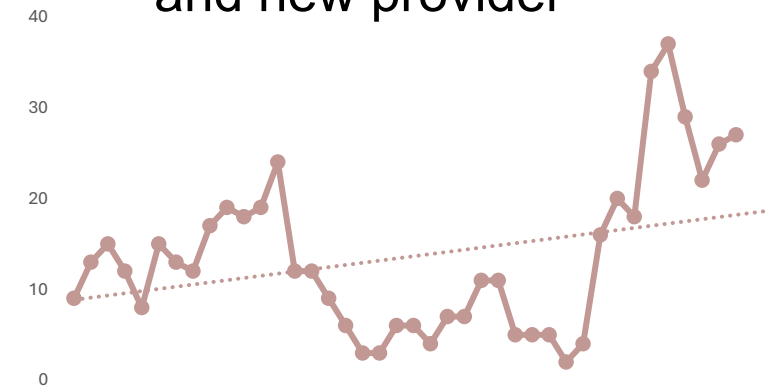
Resulted in additional staffing support: Nurse Practitioner, Medical Director and Coordinator

*21% increase in patients seen
FY24 - FY25*



Onboard additional Inpatient Hospice (GIP) Provider

Improved Access to Hospice from both current and new provider



GIP Volume 2022-2025 (n)

Source: Internal Data. Accessed July 14, 2025.

Lessons Learned

A Systems-Based Approach: Sustainable mortality reduction is achieved by treating it as an interdependent system integrating clinical care, documentation, and operations.

Clinical Excellence as the Core Driver: Focusing on Sepsis Recognition and Management is the most essential driver of Mortality performance.

Optimize End of Life Care: General Inpatient (GIP) care has an outsized impact on performance, accounting for 42% of the total O/E index.

Alignment Through Goal Setting and Communication: Consistent communication is key to aligning all teams—from frontline clinicians to leadership—on shared goals and progress.

Key Takeaways

Frame Your Work with HRO Principles: Use High-Reliability concepts like preoccupation with failure and sensitivity to operations as your strategic guide.

Empower Teams with Insightful Data: Move beyond sharing O/E and use raw numbers. Use tools like *Driver Diagrams* and *A3s* to create a shared understanding and drive action.

Target Key Drivers: Prioritize interventions for timely compassionate *End of Life Care* and early *Sepsis recognition* to make the greatest impact.

Make Accurate Documentation “Easier”: Standardize and automate processes to better capture patient risks.

Questions?



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Appendix

Coach Program

- Monthly meeting (virtual) to discuss topics identified by coaches - guest speakers each month
- Skill of the Month learning sessions to expand knowledge of toolkit and grow in their informal leader role
- Coach collaboration – instant messaging platform allows for quick access to coach peers, sharing of resources, tips and opportunities to ask questions
- Weekly information sharing (stories, huddle topics, patient experience tip of the week)

SAFE visits

- Conducted in-person, virtually, hybrid by sponsors and HRO experts
- Ask questions, observe processes, celebrate success, and focus on maintaining momentum
- **Support Services Daily Safety Brief board**
- 10-minute virtual call with all Support Services teams not represented at the market level daily safety brief
- Share a SAFE story, celebrate achievements, elevate concerns and communicate lessons learned
- Close the loop from corporate daily safety brief


SAFE

Support Services Daily Safety Brief

ANNOUNCEMENTS/RECOGNITION:

SAFE Story

Start Time: 9:40am



SAFE Skill of the Month: Listen with Empathy and Intent to Understand

Patient Experience emphasis: Service Recovery

Acknowledge, Apologize,

Enterprise SSER as of 4/25: xx

Enterprise 2025 SSER Goal: xx

Bemidje: xx days

Bismarck: xx days

Fargo: xx days

Fargo Network: xx days

GS: xx days

Rapid City: xx days

Sioux Falls: xx days

Sioux Falls Network: xx days

* Reported on subbase at Corp DSB

DEPT:

LOOK BACK:

LOOK AHEAD:

Critical issues identified:

Critical issues being

Critical issues resolved:

Take aways & follow-up: