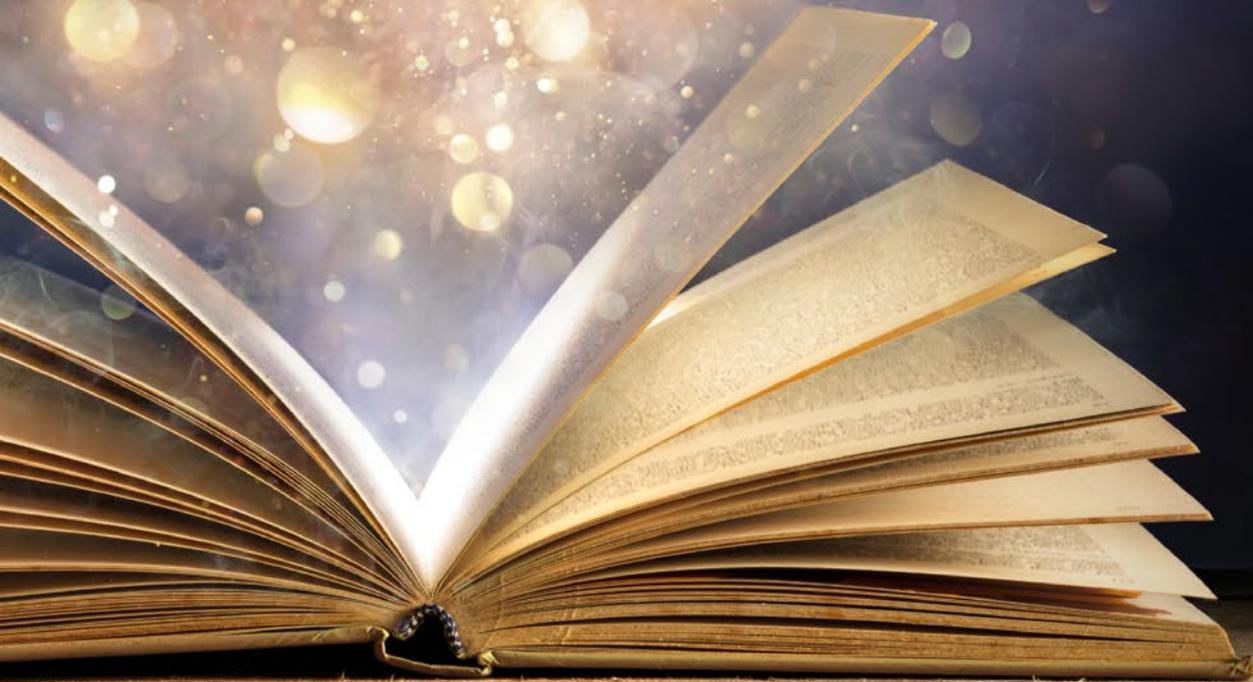


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Improving Patient Flow Through Patient Engagement and Process Innovation

Amber Washington, MHA, Patient Advisory Coordinator
Jaimie Weber, MD, Associate Chief Medical Informatics Officer
**Asa Oxner, MD, Associate Chief Medical Officer for Ambulatory
Services**

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Learning Objectives



- Describe how patient and family advisors contribute to quality and performance improvement initiatives.
- Explain the use of Lean methodology to improve post-acute patient transitions and reduce excess days.



Improving Patient Flow Through Patient Engagement and Process Innovation

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Services**

Background: Tampa General Hospital



- Main academic medical center is 1,000 bed hospital with certifications of excellence in numerous service lines
- 3 community hospitals (~400 beds) and 3 Free Standing EDs
- Inpatient rehab and behavioral health specialty hospitals (~100 beds)
- 100+ ambulatory primary care, specialty, urgent care, imaging, rehab and ASC sites



Capacity Overview



Consequences of Success:

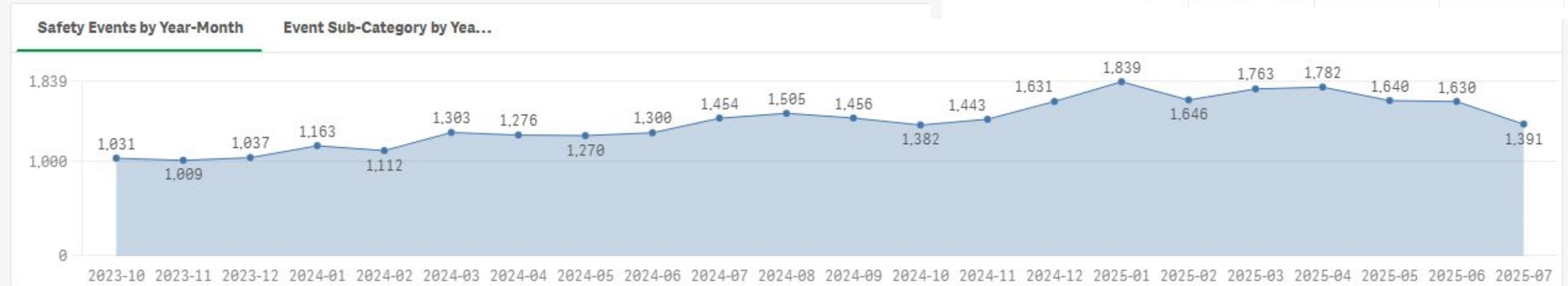
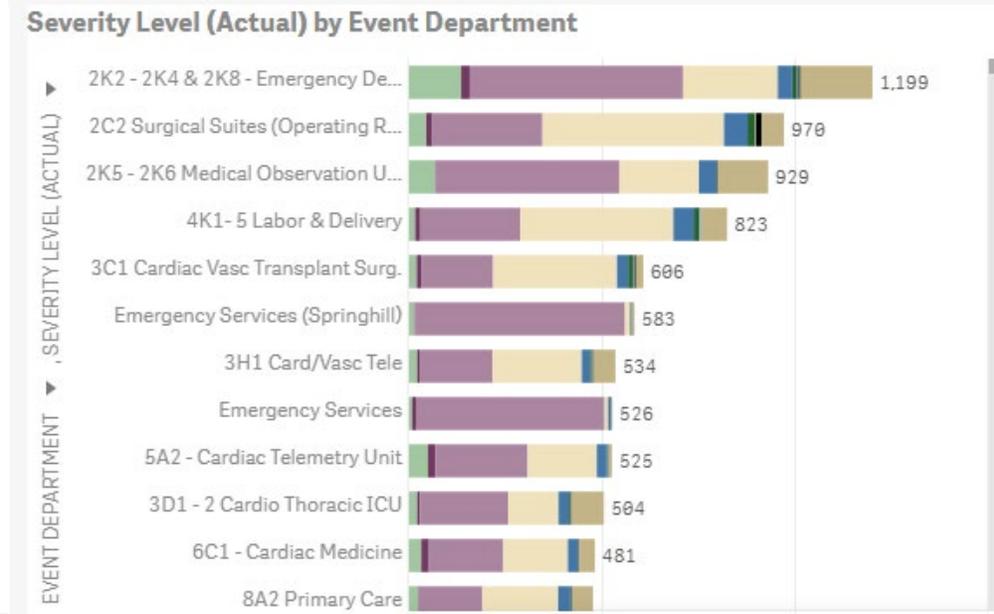
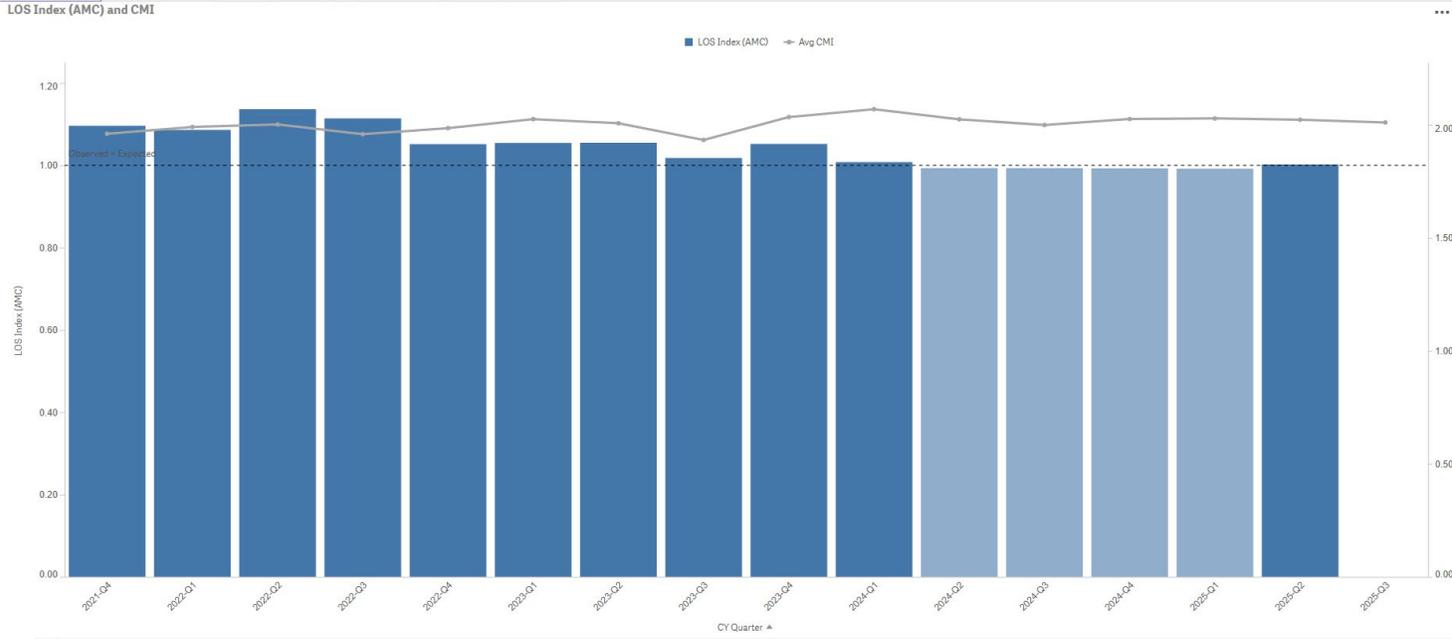
- Daily average census of 80 patients who are inpatient but physically “bedded” in hallway stretchers or recliners
- Have dedicated nursing, case management, physician teams

Holds 7/25/25

Davis Islands IP Holds (>60min Order-Depart)		Brandon IP Holds (>60min Order-Depart)		Kennedy IP Holds (>60min Order-Depart)		PACU Holds	
Patients	Total Hours	Patients	Total Hours	Patients	Total Hours	Patients	Total Hours
204	2,657	14	53	3	9	22	82
Prev Day: 183	Prev Day: 2,279	Prev Day: 7	Prev Day: 22	Prev Day: 4	Prev Day: 9	Prev Day: 18	Prev Day: 142

Source: Tampa General Throughput data from July 26, 2025 Daily Blast

Signals to Act – LOS and Safety Events



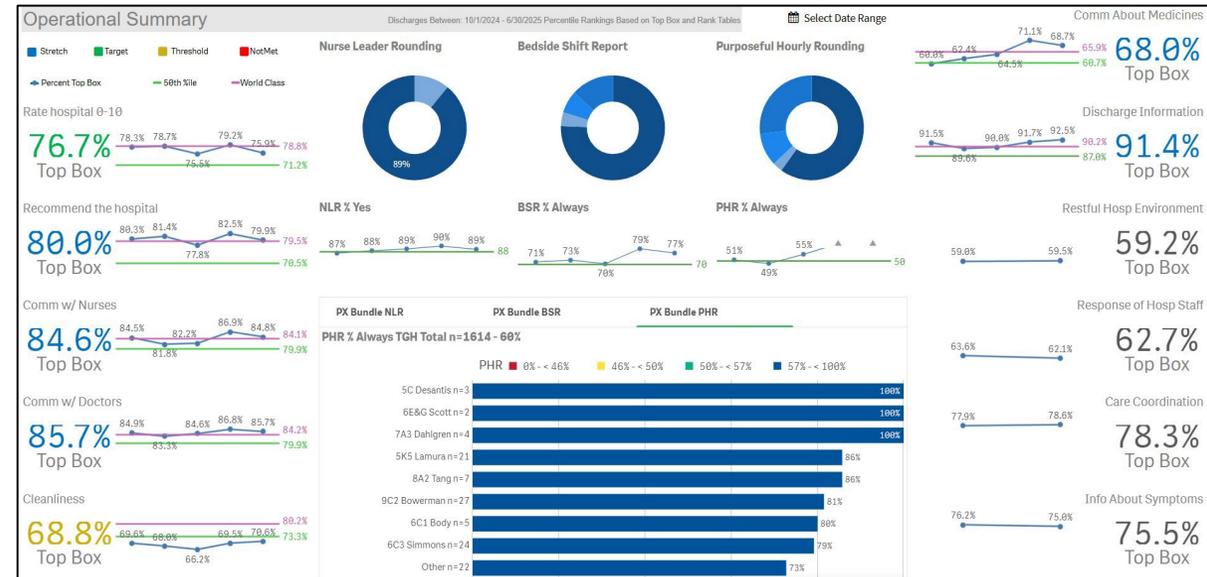
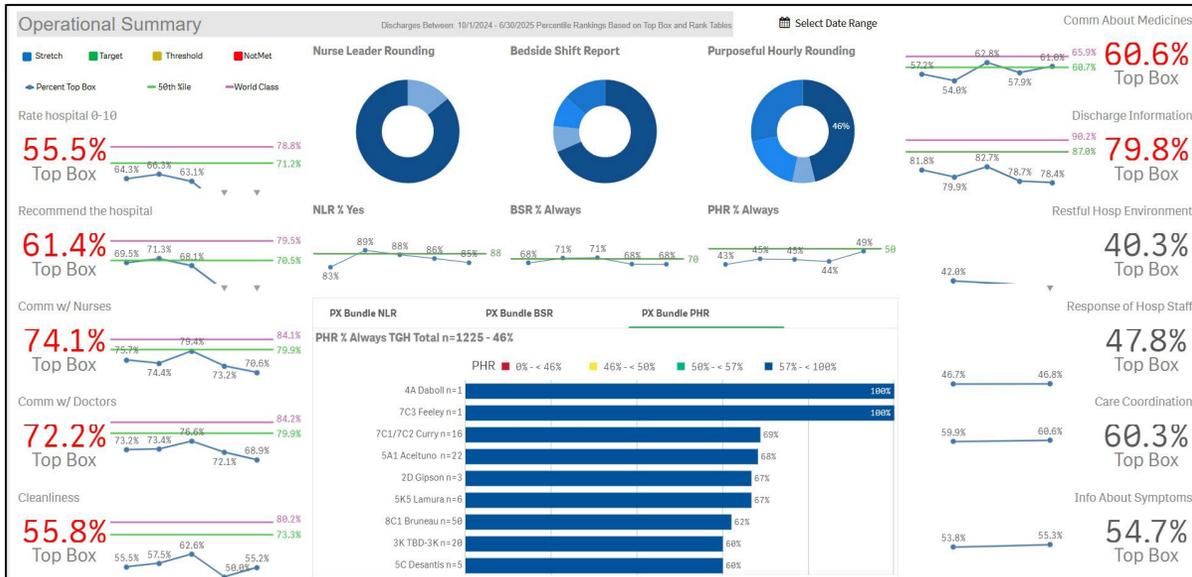
Source: Tampa General Quality Outcomes Dashboard and Safety Event Dashboard

Patient Experience Data Signals



Admitted through the ED

Not through ED



Source: Tampa General Patient Experience Dashboard

Project Overview



Crowd Sourcing

- Teams were convened from 20+ frontline healthcare workers and PFAC members to crowd source ideas to help with throughput
- Main ideas generated were 1) Transfer back after addressing acute need/transfer reason and 2) Think Ambulatory First infrastructure

AI-Assisted Forecasts

- Created a “digital twin” to forecast the impact of initiatives on capacity.
- Transfers back expected to generate 18 inpatient beds per week.
- Think Ambulatory First expected to generate 40 inpatient beds per week.

Implementation

- LEAN methods used to conduct Rapid Improvement Events to design the new workflows
- Gemba walks
- Over 100 “Just Do Its” identified and completed that streamline daily work
- Clinical pathways developed for top 10 low acuity diagnoses for Think Ambulatory First

Results



Capacity Page

Referrals Between: 1/1/2024 - 7/28/2025 ()

CY FY Select Date Range

Base Class	ED	IP	OP	OTHER	Date Selection	2024	2025	Q1	Q2	Q3	Q4	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Care Pathway	ABDOMINAL PAIN	AKI/DEHYDRATION	BREAST PAIN/MASS	CAP	CELLULITIS	CHEST PAIN	COPD	HEADACHES	HEART FAILURE	ONCOLOGY	OPERATIONAL PAT...	UTI/PYELO											

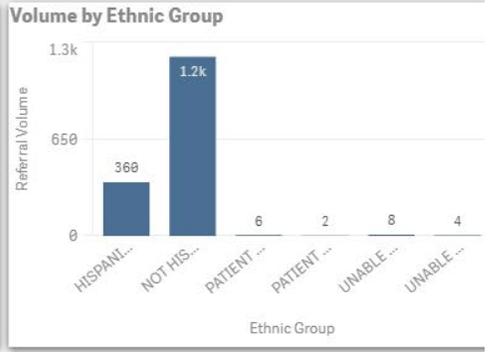
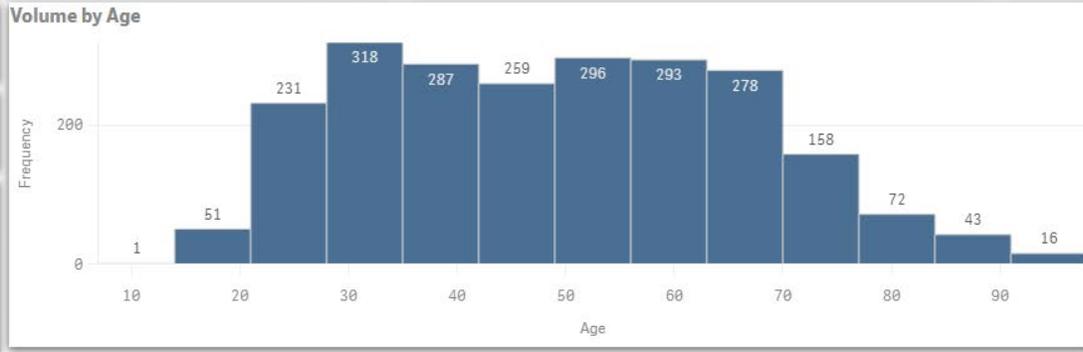
CAPACITY

ACCESS

EFFICIENCY

EFFECTIVENESS

Encounters	1,583	Referrals	1,584
Bed Days Saved (BDS)	4,386	AVG BDS per Encounter	2.8



PATHWAY Q	Values	
	Encounters	Bed Days Saved
ABDOMINAL PAIN	97	239
AKI/DEHYDRATION	90	460
BREAST PAIN/MASS	56	112
CAP	11	57
CELLULITIS	125	515
CHEST PAIN	67	146
COPD	15	64
HEADACHES	10	26
HEART FAILURE	88	678
ONCOLOGY	7	56
OPERATIONAL PATHWAYS	1006	1,996
UTI/PYELO	11	38



Patient and Family Advisory Council at TGH

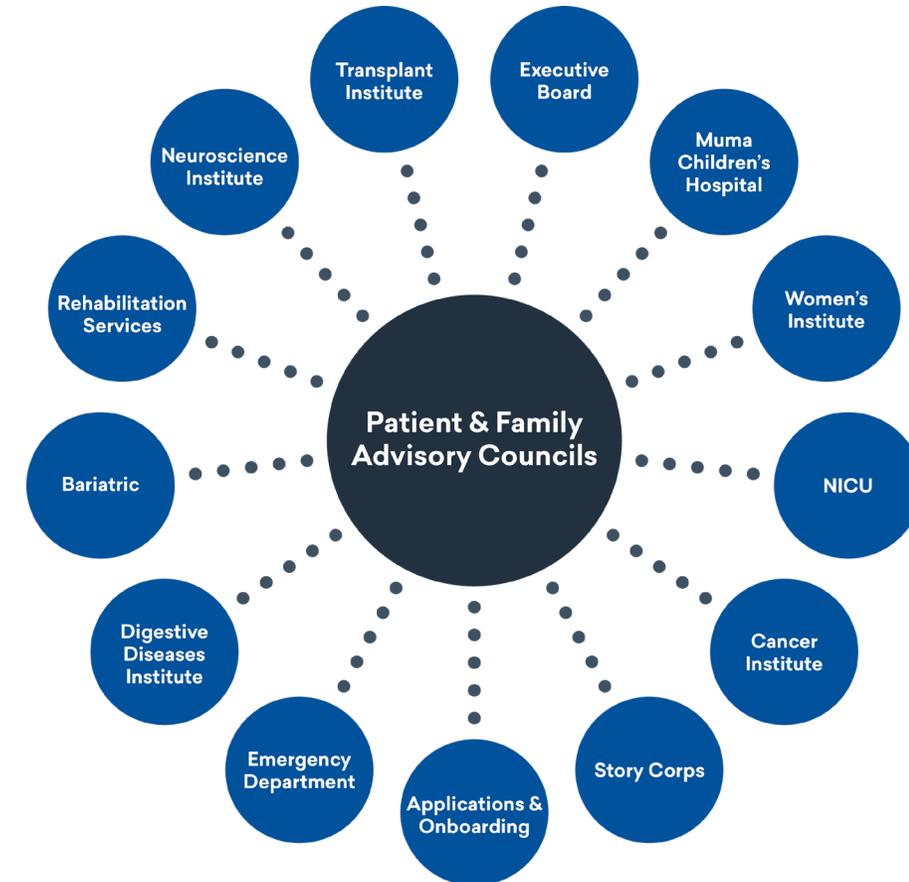


Tampa General Hospital's Patient and Family Advisory Council (PFAC) is a diverse group of patients, family members and/or caregivers who meet regularly to advise the hospital about ways to enhance the patient experience by providing more patient-centered care in an effort to help fulfill its goal of becoming the healthcare choice for our community.

Patient and Family Advisory Council at TGH



Integrating the patient voice into quality and performance improvement is key to driving meaningful change in healthcare. Tampa General Hospital's Patient and Family Advisory Council (PFAC) actively collaborates on system-wide initiatives, including wayfinding, patient navigation, and inpatient flow, to enhance both patient experience and operational efficiency.



- **Over 70+ advisors**
- **10 service lines/departments**
- **50+ workgroups and focus groups**
- **Over 30+ education materials created with PFAC feedback**

Results – Just Do It Example

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Advisor feedback impacts the Patient Experience in the Emergency Department and IP Hold Area

Results



Advisors have been involved in the following quality initiatives:

- CLABSI Reduction Project
 - Reduce central line associated blood stream infections on cancer and BMT units
 - PFAC advisors instrumental in the creation of handout for Port Access and continued collaboration with nursing team
- Florida Perinatal Quality Collaborative
 - Postpartum Access and Continuity of Care (PACC)
 - PFAC instrumental in creating and reviewing admission booklet
 - Mother Focused Care
 - Pregnancy-Related Optimal Management of Hypertension (PROMPT)
- OP Colonoscopy Revisit Reduction
 - Reduction of visits from **1.42% to 0.3%**
- System-Wide Wayfinding Initiative



Conclusion

The project exceeded the goal and reduced revisits from 1.42% to 0.3%, achieving top decile performance. This demonstrates the effectiveness of a highly engaged team focused on the best care for their patients.

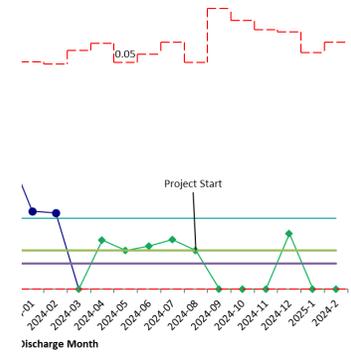
Implications and Recommendations

An engaged team was pivotal to the success of this project. Both gastroenterology and colorectal services were represented by co-process owners. The active engagement of nursing staff from endoscopy, PACU, and PAT was crucial to the project's success. PFAC feedback played a pivotal role in shaping patient and family education initiatives. Achieving a reduction in outpatient revisits required robust collaboration with ambulatory services to ensure patients were routed to the most appropriate treatment setting.

The project fosters trust in healthcare institutions by enhancing patient care and satisfaction, ultimately encouraging more individuals to seek medical attention without fear of poor outcomes. This shift can lead to healthier communities and a more efficient healthcare landscape. This project represents a vital first step in improving patient outcomes through enhanced education, systematic follow-up, standardization of processes, and active patient involvement, setting the stage for leading other service lines in achieving greater patient outcomes and satisfaction.

nes

copy - p Chart



Conclusion

reduced revisits from 1.42% to 0.3%, This demonstrates the effectiveness of the best care for their patients.

Recommendations

The success of this project. Both gastroenterology and colorectal services were represented by co-process owners. The active engagement of nursing staff from endoscopy, PACU, and PAT was crucial to the project's success. PFAC feedback played a pivotal role in shaping patient and family education initiatives. Achieving a reduction in outpatient revisits required robust collaboration with ambulatory services to ensure patients were routed to the most

appropriate treatment setting. This project represents a vital first step in improving patient outcomes through enhanced education, systematic follow-up, standardization of processes, and active patient involvement, setting the stage for leading other service

lines in achieving greater patient outcomes and satisfaction.

Background

Although colonoscopies are routinely performed, they carry a small but real risk. Data analysis showed that TGH had a higher rate of revisits after an OP Colonoscopy than other hospitals in the bottom decile among our peers. This was a high-priority issue and considered it crucial to address. Reducing this issue was a priority and considered it crucial to address and reducing healthcare costs (Raben 2016).

Problem and Purpose

When compared to other Academic Medical Centers, TGH's Colonoscopy revisits for the period of 2023-2024 ranked in the 91st percentile with a rate of 1.42%. The purpose of this project is to reduce OP colonoscopy revisits to the 70th percentile (to 0.92%) (70th percentile)

Method

Using IHI methodology, the main reasons for revisits were identified and displayed in a Pareto diagram. The top causes were bleeding, dehydration, and nausea. The workgroup then identified opportunities for improvement. The workgroup then identified opportunities for improvement. The workgroup then identified opportunities for improvement.

During the problem exploration phase, the project population included both GI and colt unique opportunity for this project. A project charter was created that included end goals, a timeline, and a team. The team met bi-monthly in person and via Zoom.

The team reported their progress at the monthly meetings. The Surgical and Procedural Barriers were addressed by the Chief of Surgery and the Digestive Diseases Institute Chief.

Rabeneck, L., Saskin, R., & Paszat, L. F. (2011). Onset and clinical course of bleeding and perforation after outpatient colonoscopy: A population-based study. *Gastrointestinal Endoscopy*, 73(3).

Banasinche, J., Parzynski, C. S., Searfoss, B., Montague, J., Lin, Z., Allen, J., Vender, B., Bhat, K., Ross, J. S., Bernheim, S., Krumbholz, H. M., & Dove



750 Podcast Downloads

Congrats from  Buzzsprout

Post-Procedure Care After a Colonoscopy






Activity:

- Rest as much as possible after arriving home; certain medications given for the procedure can slow reaction time and coordination.
- Do not make any important decisions, sign legal documents, or return to work today.
- You can return to work and regular activity the day after your procedure.

Diet:

- You may resume a regular diet unless otherwise discussed with your provider.

Medicine:

- You can continue your regularly scheduled medications post-procedure unless otherwise directed by your provider.
- If you are experiencing pain, you may take Tylenol; no ibuprofen or NSAIDS should be taken for 24 hours following your procedure.

Potential Common After-Effects:

- Mild abdominal pain, cramping, bloating, and gas are the most common after-effects of a colonoscopy.
 - Eat lightly and drink plenty of liquids, clear soups, crackers, or Jell-O.
 - You may apply a warm cloth or heating pad to your abdominal area.
 - If you experience gas pains, you may take Simethicone (Gas X) as directed by your provider.
- If you are intubated during your procedure, you may experience a mild sore throat. Please treat with lozenges and gargle with warm salt water.
- After a biopsy or hemorrhoid banding, rectal bleeding/spotting is a common after-effect and may last 7-10 days.

Symptoms to report to your physician:

- Chills or a fever above 101 degrees occurring within the first 24 hours after your procedure.
- Severe, continuing abdominal pain, vomiting, or nausea that will not stop.
- Constant rectal bleeding, clots, or stools that look like black coffee grounds.
- If you are unable to urinate within 12-24 hours of being discharged from your colonoscopy.

Who to Call:

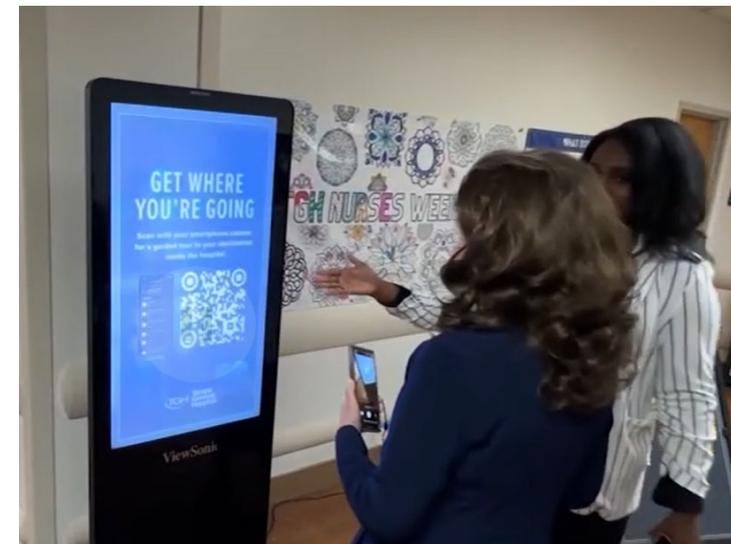
- Monday-Friday, during regular business hours, please call your Primary Care Physician or Provider's office at the number provided to you at discharge (After Visit Summary).
- During weekends and after-hours, please call the USF Physician Line at 813-691-4555, the on-call provider will be paged.
- Call 911 anytime you think you may need EMERGENCY care.



DATE: 6-13-2028

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Lessons Learned



- Representation from PFAC in all service line quality councils ensures focus on PXP and feasibility of interventions
- Incorporating frontline team members accelerates adoption and reduces re-work
- Rapid Improvement Events (RIE) need to have a defined outcome so that teams can design the new workflows that will have a direct line to change that outcome

Key Takeaways



- Use data to find your top opportunity areas to improve capacity
- Host a Rapid Improvement Event (RIE) with frontline team members, providers, PFAC, and key supporting staff such as IT.
 - Let them design the new workflows
- Quickly implement their “Just Do Its”

Questions?



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