



VIZIENT CONNECTIONS SUMMIT

*imagine*  
THE POSSIBILITIES

vizient.



# **From Data to Action: Multidisciplinary Collaboration to Improve Mortality**

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# Learning Objectives



- Explain the use of a multidisciplinary approach to effectively reduce mortality rates.
- Discuss data-driven strategies to enhance care quality, improve documentation accuracy and contribute to improved mortality performance.



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# About UCHealth



**14**  
Hospitals

4 Northern Colorado  
4 Metro Denver  
6 Southern Colorado

More than  
**2.5K**  
Available  
beds

Hospital beds:  
579 Northern Colorado  
989 Metro Denver  
852 Southern Colorado



**Poudre Valley Hospital**  
Fort Collins



**Medical Center of the Rockies**  
Loveland



**Greeley Hospital**  
Greeley



**Longs Peak Hospital**  
Longmont



**Broomfield Hospital**  
Metro Denver



**University of Colorado Hospital**  
Metro Denver



**Highlands Ranch Hospital**  
Metro Denver



**Memorial Hospital North**  
Colorado Springs



**Grandview Hospital**  
Colorado Springs



**Memorial Hospital**  
Colorado Springs



**Pikes Peak Regional Hospital**  
Woodland Park



**Yampa Valley Medical Center**  
Steamboat Springs



**Parkview Medical Center**  
Pueblo



**Parkview Pueblo West Hospital**  
Pueblo

More than

**35K** employees

**124K** surgeries

**2.7M** unique patients

**8.7M** outpatient, urgent care and emergency room visits

**16K** babies delivered

**7K** affiliated or employed providers

**973** new patients per day

**187K** inpatient admissions and observation visits

uchealth

vizient.

# About University of Colorado Hospital



56,131 inpatient admissions and observation visits



2,095,822 outpatient visits



830 available beds



4,101 babies delivered



185,930 ED visits



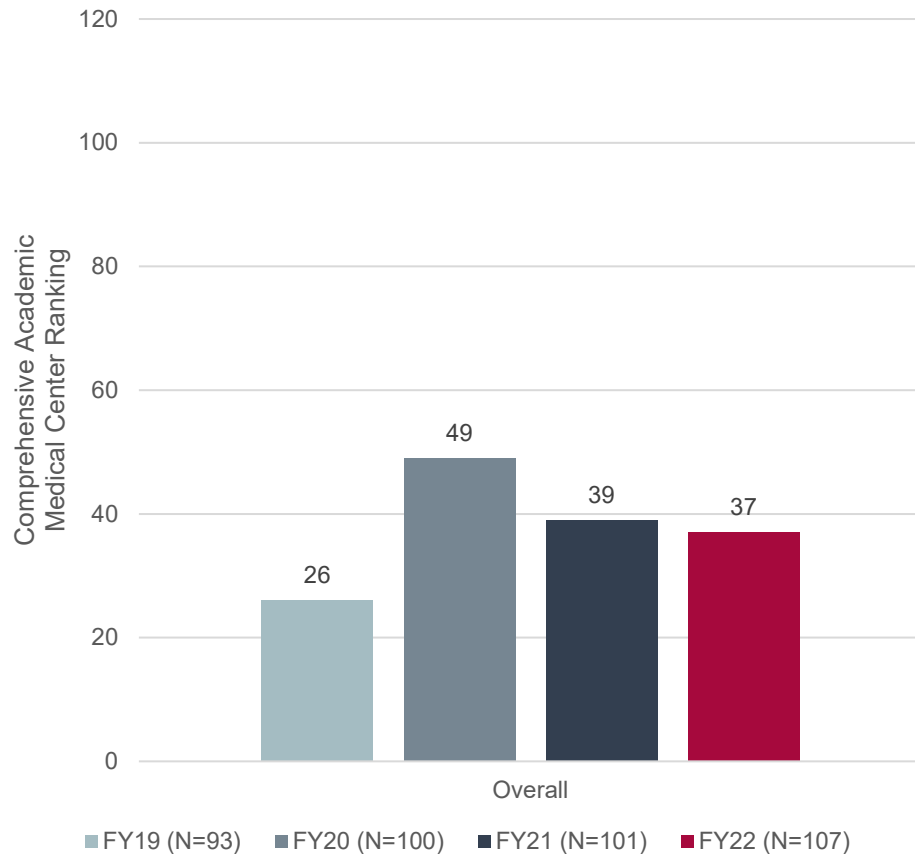
33,729 surgeries

uchealth

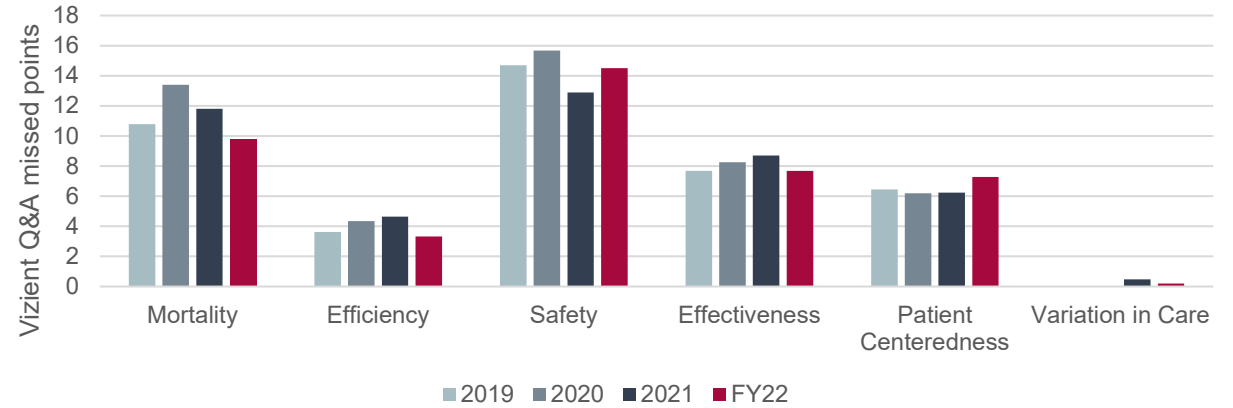
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# University of Colorado Hospital Vizient Rankings *imagine* THE POSSIBILITIES

UCH Vizient Q&A Ranking Over Time



UCH Vizient Q&A "Points Opportunity"



## Prioritization of "Top Q&A opportunities":

1. **Comparison with cohort hospitals**
  - Ranking and/or Z-score
2. **Impact of measure on overall ranking**
  - Measures within a domain are equally weighted within that domain.
3. **Consistency of opportunity over time**
  - Average opportunity over a 3-year time period

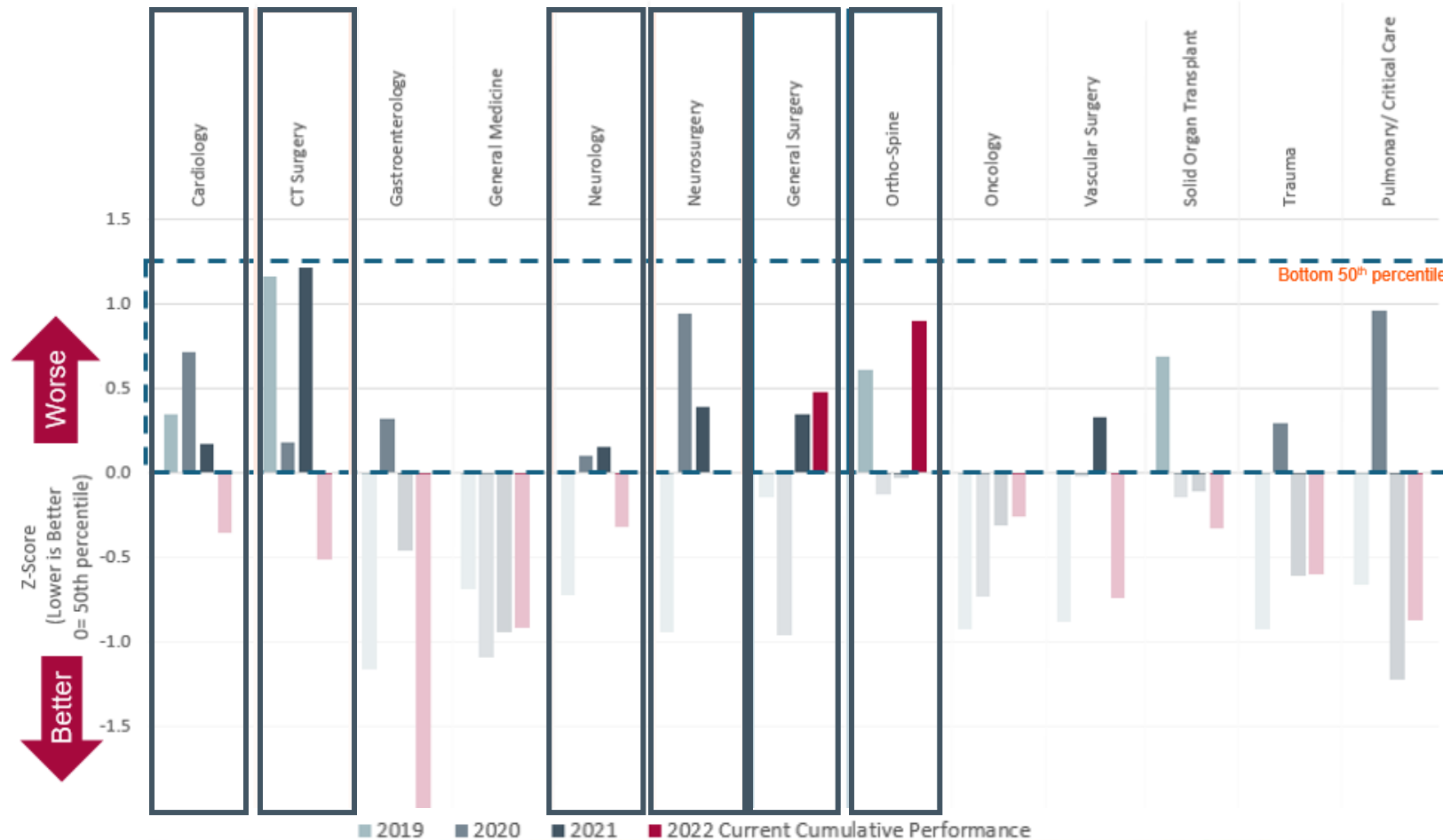
Source: UCH FY 2022 Vizient Q&A Final Scorecard; Vizient Q&A FY 2022 Period 3 Calculator

# UCH Mortality

## Vizient Q&A Performance Over Time



University of Colorado Hospital: Vizient Q&A Mortality Performance  
(FY 22 Period 3 UCH is 66th Percentile)



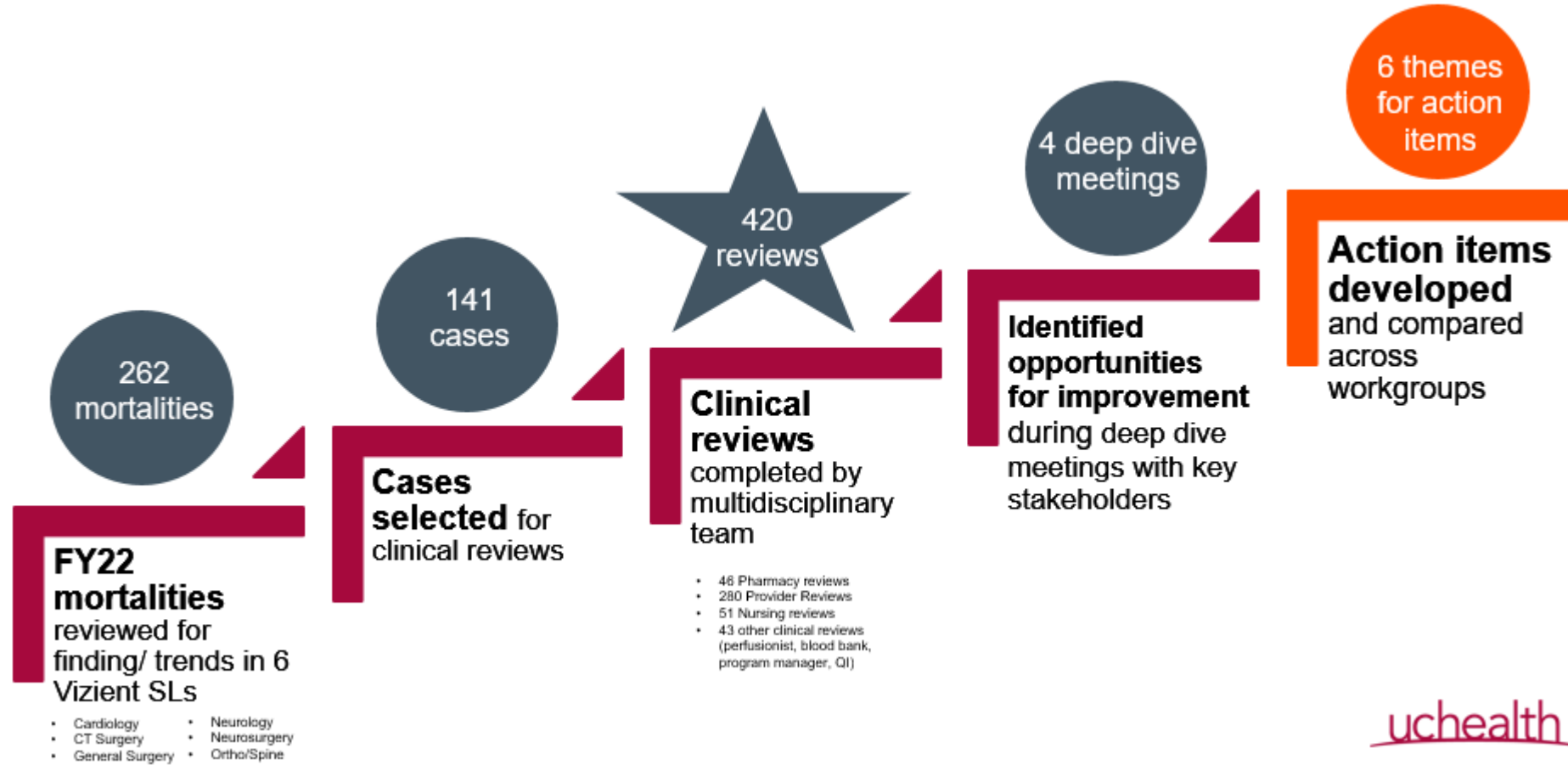
# UCH Governance Plan: Mortality



**Key Members of Mortality Steer:** Coding, Clinical Quality Specialist  
**Ad-Hoc:** Pharmacy, Ambulatory, DocLine, Emergency Medicine, Virtual Health Center



# Mortality Deep Dive Process Summary



- Cardiology
- CT Surgery
- General Surgery
- Neurology
- Neurosurgery
- Ortho/Spine

# Opportunities for Improvement and Action Items

Six major themes identified



Theme	Impact	
	“Expected” mortality	“Observed” mortality
1. Capture of Risk Variables	x	
2. Transfer/ Admission Process		x
3. Goals of Care and End-of-Life Care		x
4. Medical Care Coordination & Management		x
5. Perioperative Assessment and Management		x
6. Ongoing Clinical Reviews and Action Item Implementation	x	x

# UCH Mortality Implementation Steer

Focus 1: Achieve UCH observed mortality of 1.89% (top quartile)

## Key Initiatives

- Clinical responsiveness
- Patient selection
- Standard work across the entire care continuum
  - Ambulatory
  - Pre-operative preparation
  - Intraoperative processes
  - Post-operative recovery
  - Discharge planning

# Appropriate Patient Selection for Admission and Transfer



## Pre-Hospitalization

- Conversations with sending providers on goal of transfer
- Appropriate patient selection
- Vulnerability screening
- Pre-operative optimization for elective surgeries

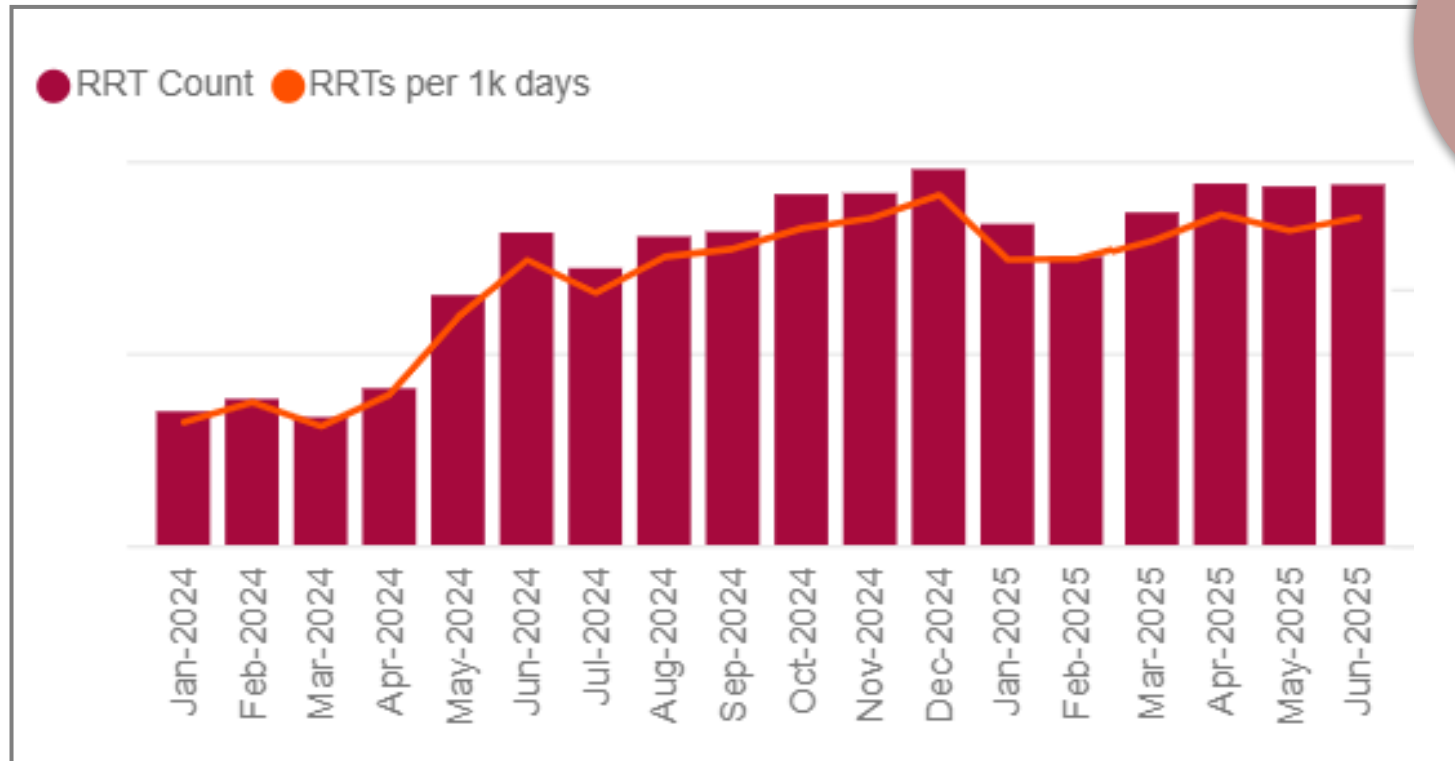
## Hospitalization

- Identification and response of deteriorating patients
- Consensus surrounding level of care requirements and standardized protocols
- Reduced variability in discharge care transitions

# Detection and Response of Clinical Deterioration



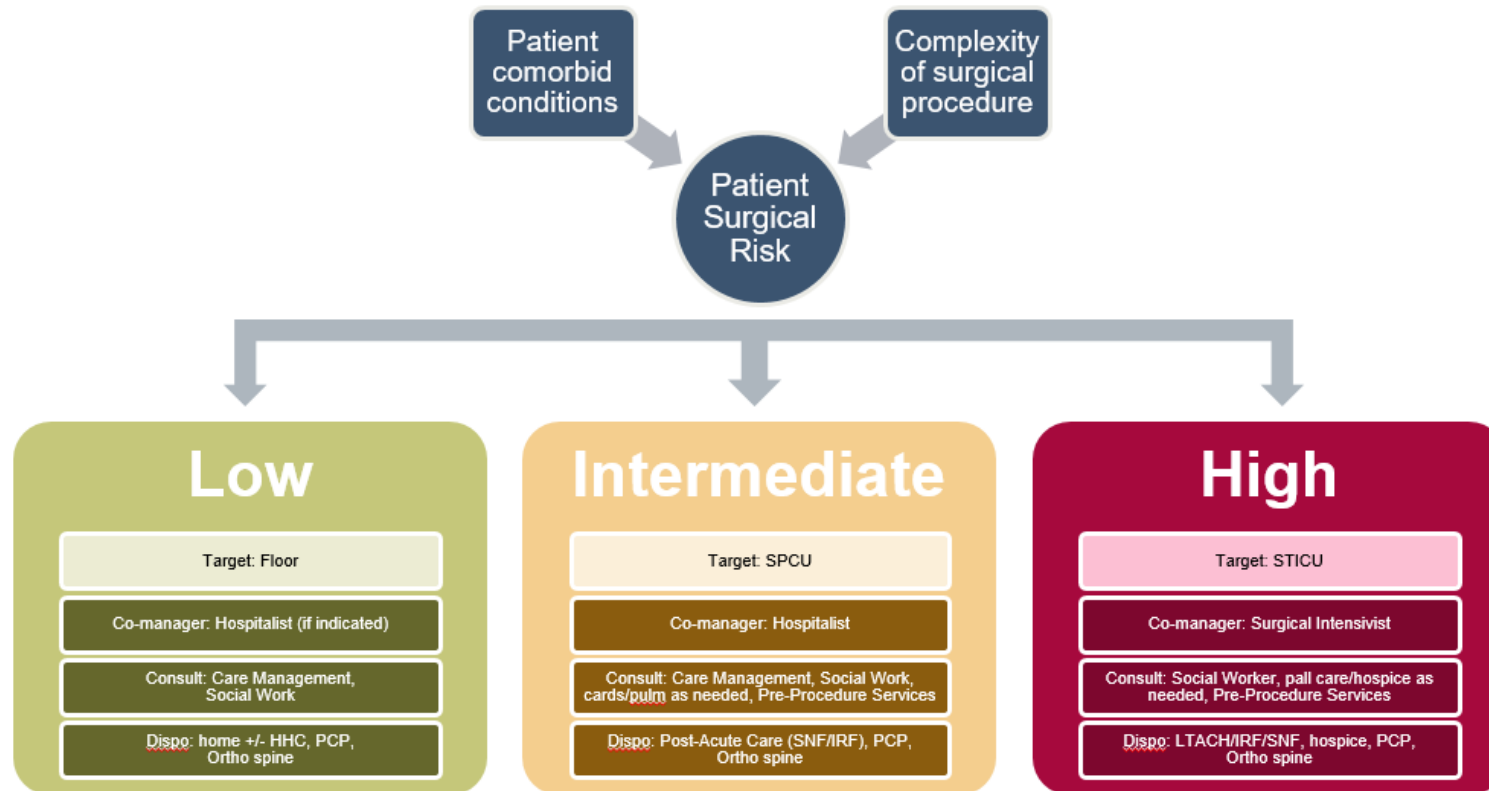
## UCH Rapid Response Team Event Trends



139%  
Increase in  
RRTs\*

\* Most recent 4 months (March-Jun 2025) compared to 4 months immediately prior to VHC Deterioration RRT Alert go-live (Jan-Apr 2024)

# Complex Spine Pathway Example



## Setting a standard of care

- Multidisciplinary team developed workflows covering from pre-surgery to discharge.
- Intra-operative review of level of care determination for post-operative management.

## Surgical risk stratification

- Risk assessment tools incorporated.
- Intentional focus on patient selection.
- Multidisciplinary evaluation to optimize comorbidities (diabetes, obesity, smoking status, and cardiac / pulmonary conditions).

## Partnering with Medicine

- Formal co-management agreement.
- Clearly delineated roles and responsibilities for surgical and hospitalist teams.
- Standardized communication protocols for daily rounds, handoffs, and urgent needs.

# UCH Mortality Implementation Steer

Focus 2: Ensure every patient has optimal end of life care consistent with documented goals and values

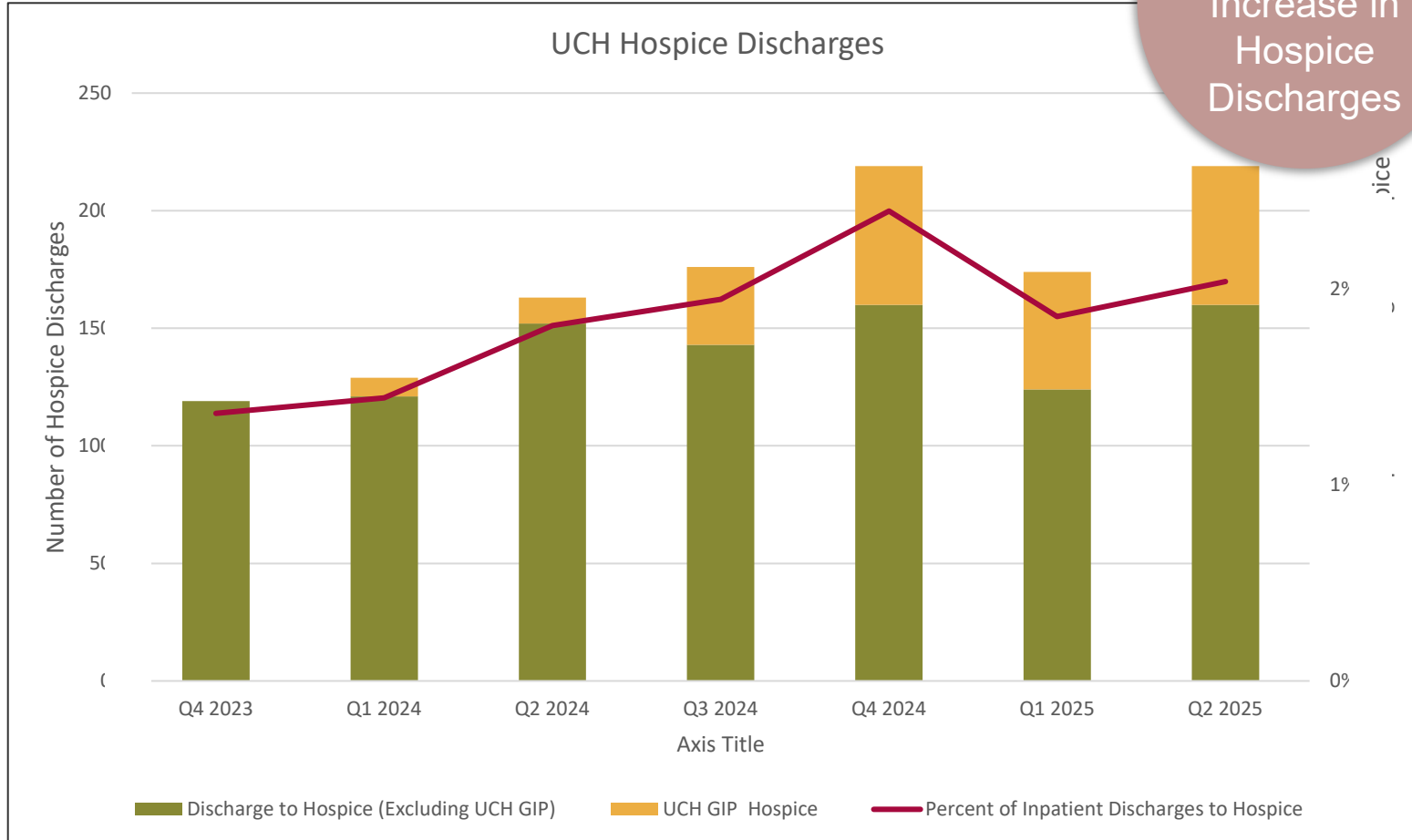
## Key Initiative

- Increase number of adult patients with documented medical durable power of attorney (MDPOA)
- Improve goals of care planning and coordination of hospice benefits

# End of Life Care



30% Increase in Hospice Discharges



### Key Takeaways

- Individualized end of life care across the hospital
- Expert symptom management for patients unable to transfer to a lower level of care
- Bereavement support for families

Data Source: Vizient CBD Patient Outcomes Report, Restrictions: Discharge Status: Discharged to Hospice - home, Discharged to Hospice - medical facility (certified)  
 UCHHealth Atlas Reports: EPIC Mortalities, Restrictions: Hospice Contracted Inpatient  
 April Data: UCHHealth Atlas Reports: ADT Events, Restrictions: Discharge Status: Hospice/ Home, Hospice/ Medical Facility (Inpatient Respite or GIP)  
 Date ran: 6/3/2025 by E. Chlebowski



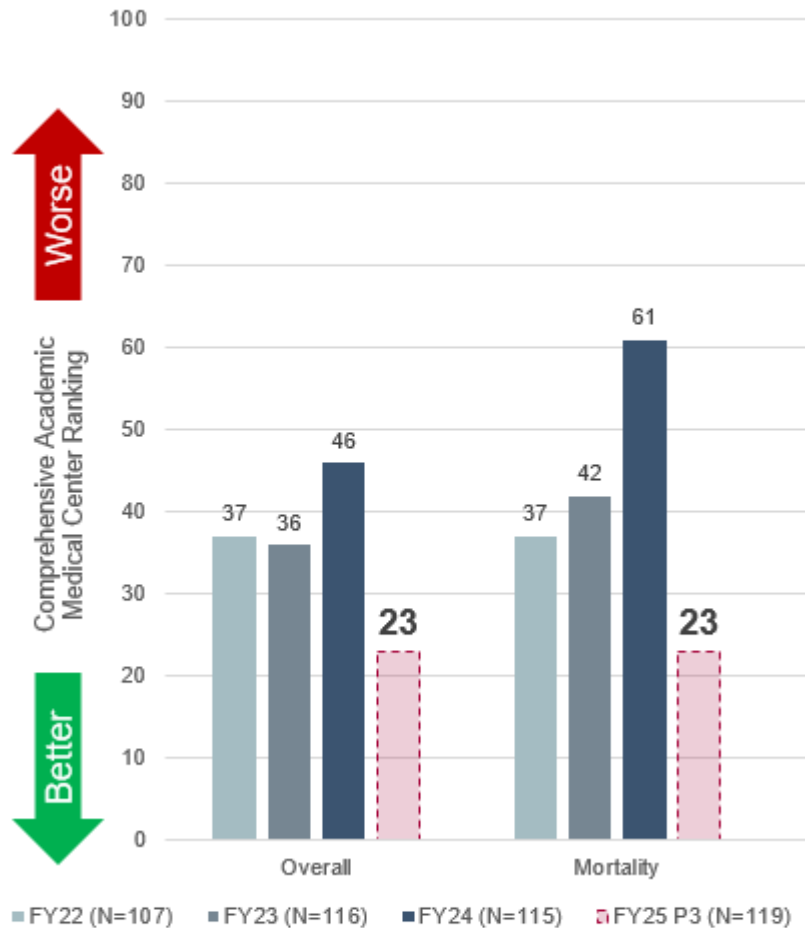
# UCH Mortality Implementation Steer

Focus 3: Achieve UCH expected mortality of 3.10% (top 25%-ile)

## Key Initiative

- Service line specific risk variable capture
- Concurrent coding

# UCH Vizient Quality and Accountability Scorecard Performance



## Overview

- UCH Mortality Index: 0.64
  - Baseline: 0.85

## Key Results

- UCH observed mortality: (lower is better)
  - Baseline: 2.25% (top 50%-ile)
  - June – May YTD: 1.77% (top quartile)
- UCH expected mortality: (higher is better)
  - Baseline: 2.72% (top 50%-ile)
  - June – May YTD: 2.79% (top 50%-ile)

Source: Vizient comprehensive academic medical center cohort, n=119  
 Period 3 = Performance period July 2024 - March 2025

# Lessons Learned



- Multi-pronged approach was essential to reducing mortality and matching goals of care.
- Essential to prioritize key areas rather than addressing all needed areas of improvement simultaneously.
- The commitment to continuous improvement for the next patient allowed us to ask difficult questions and challenged us to alter the system.



# Key Takeaways



- Developing a plan for systematic process improvement in the mortality domain allowed for focus and prioritization of work.
- Partnering with clinical and operational colleagues to review patient deaths identified trends and focused areas of improvement.
- Establishing protocols and practices created highly reliable interventions to improve patient care delivery.
- Ensuring care is coded accurately reflected patient complexity.



# Questions?



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