VIZIENT CONNECTIONS SUMMIT

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Medical Executives Peer to Peer Education Meeting
The Excellence Blueprint: Turning Vision, Culture and Data into Possibility

Penny Castellano, MD, President, Emory Healthcare Physician Division
Emory Healthcare

Brian Bosworth, MD, Chief Medical Officer
NYU Langone Health

Learning Objectives

- Discuss effective leadership, cultural and data-driven strategies used by high-performing health systems to improve safety, quality and operational performance.

- Describe evidence-based approaches such as care standardization, performance tracking and multidisciplinary team engagement to lead transformation within their organizations.

Creating a Culture of Excellence and Sustained Top Performance in Quality and Patient Safety

David P. Bernard, MBA/MHA, FACHE, Chief Executive Officer

Kerrie Guerrero, DNP, MBA, RN, NE-BC, Chief Nursing Officer

Jason Knight, MD, Chief Medical Officer

Jane Cherry, RN, MSN, Director of Quality & Outcomes Management

Houston Methodist The Woodlands Hospital

Disclosure of Financial Relationships

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Houston Methodist The Woodlands Hospital

Leading Medicine in The Woodlands

293 Licensed Beds
2,400 Employees
1,264 Medical Staff
18,875 Admissions
14,068 Surgeries
2,573 Births
58,166 Emergency Room Visits
Graduate Medical Education

HOUSTON
Methodist
THE WOODLANDS HOSPITAL

Complex Care Medical Center
Houston, Texas

Vizient Q & A Rank	
2024	#1
2023	#1
2022	#1
2021	#1
2020	#5
2019	#3

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Vizient Q&A Ranking Trend by Hospital

Internal Data Source: Houston Methodist The Woodlands

|	2016	2017	2018	2019	2020	2021	2022	2023	2024
HMH	9 / 102	15 / 107	8 / 99	11 / 93	6 / 100	6 / 101	6 / 107	12 / 116	4 / 115
HMSL	25 / 124	59 / 161	11 / 100	2 / 79	2 / 97	4 / 117	2 / 124	3 / 181	4 / 204
HMB	80 / 124	104/161	28 / 100	34 / 82	17 / 100	8 / 121	2 / 145	2 / 181	3 / 204
HMW	12 / 124	20 / 161	5 / 100	10 / 82	7 / 100	4 /121	3 / 145	4 / 181	2 / 204
HMWB	38 /124	63 / 161	16 / 100	5 / 82	8 / 100	9 / 121	6 / 145	5 / 181	2 / 177
HMTW	--	--	--	3 / 82	5 / 100	1 / 121	1 / 145	1 / 181	1 / 204
HMCL	30 / 124	27 / 161	50 / 93	52 / 95	53 / 135	22 / 226	34 / 267	13 / 333	14 / 364

Our Journey to Unparalleled

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Pathway to Unparalleled (PTU) Multi-Year Plan
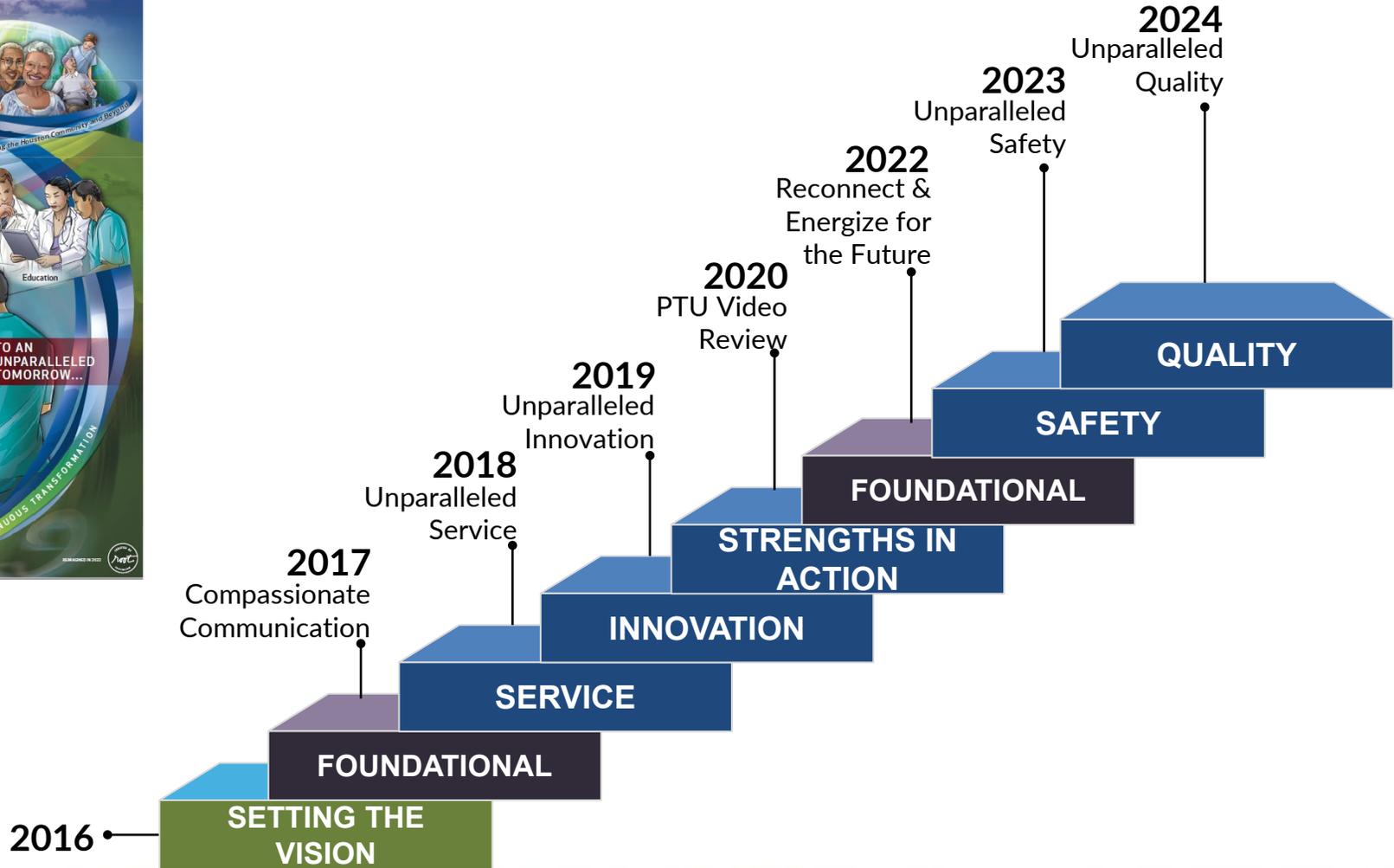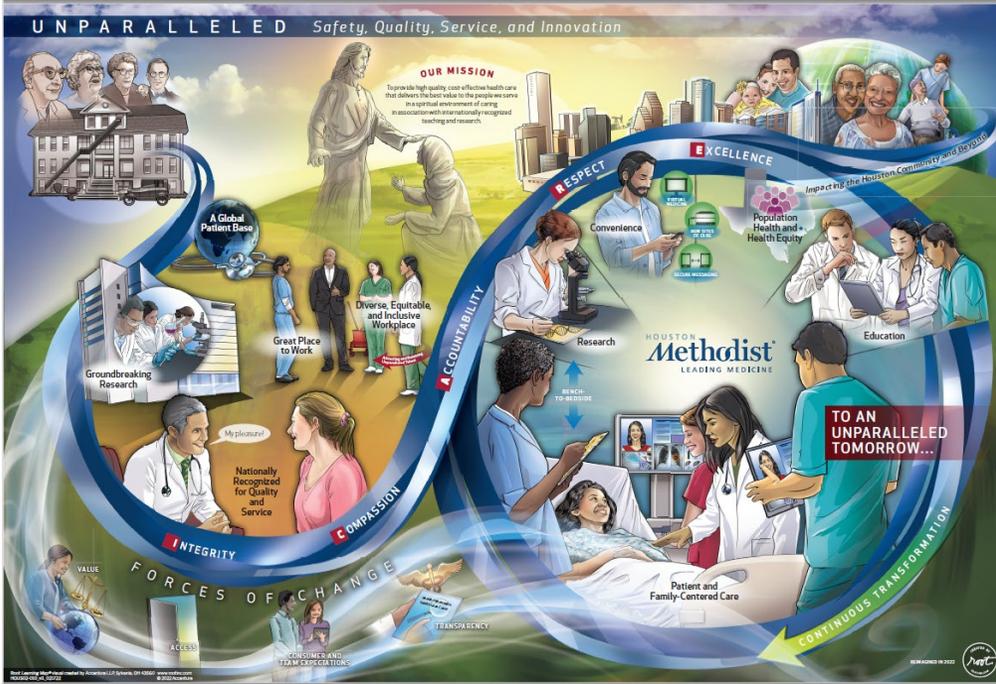
Blueprint For Success

- Develop a culture to drive performance

- Focus on the fundamentals

- Medical staff alignment & engagement

- Reporting structure & transparency

- Know the key drivers & prioritize the work

- Empower the team to drive performance
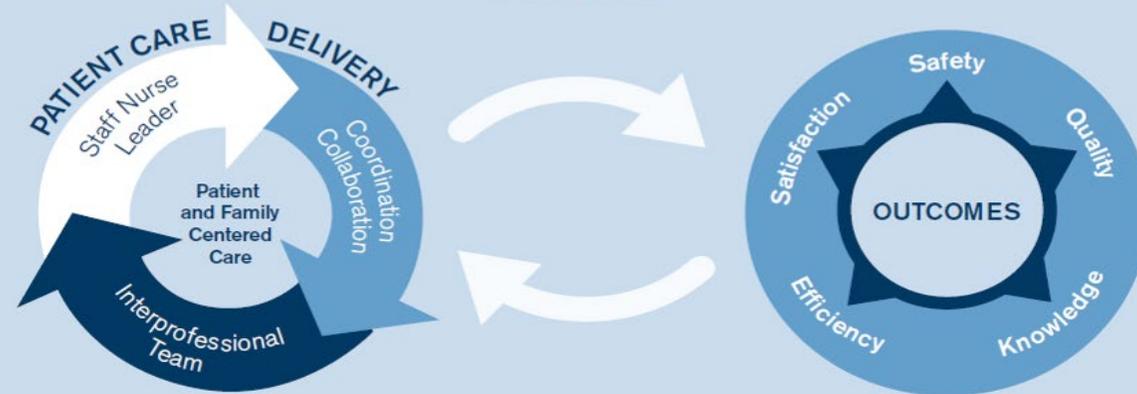
- Embrace Innovation

- Celebrate success

Professional Practice Model

HMTW Nursing Culture

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Transformational Leadership

Set the Vision

Elicit Engagement

Do Not Compromise

Obsession with Failure

Patient and Family Centered Care

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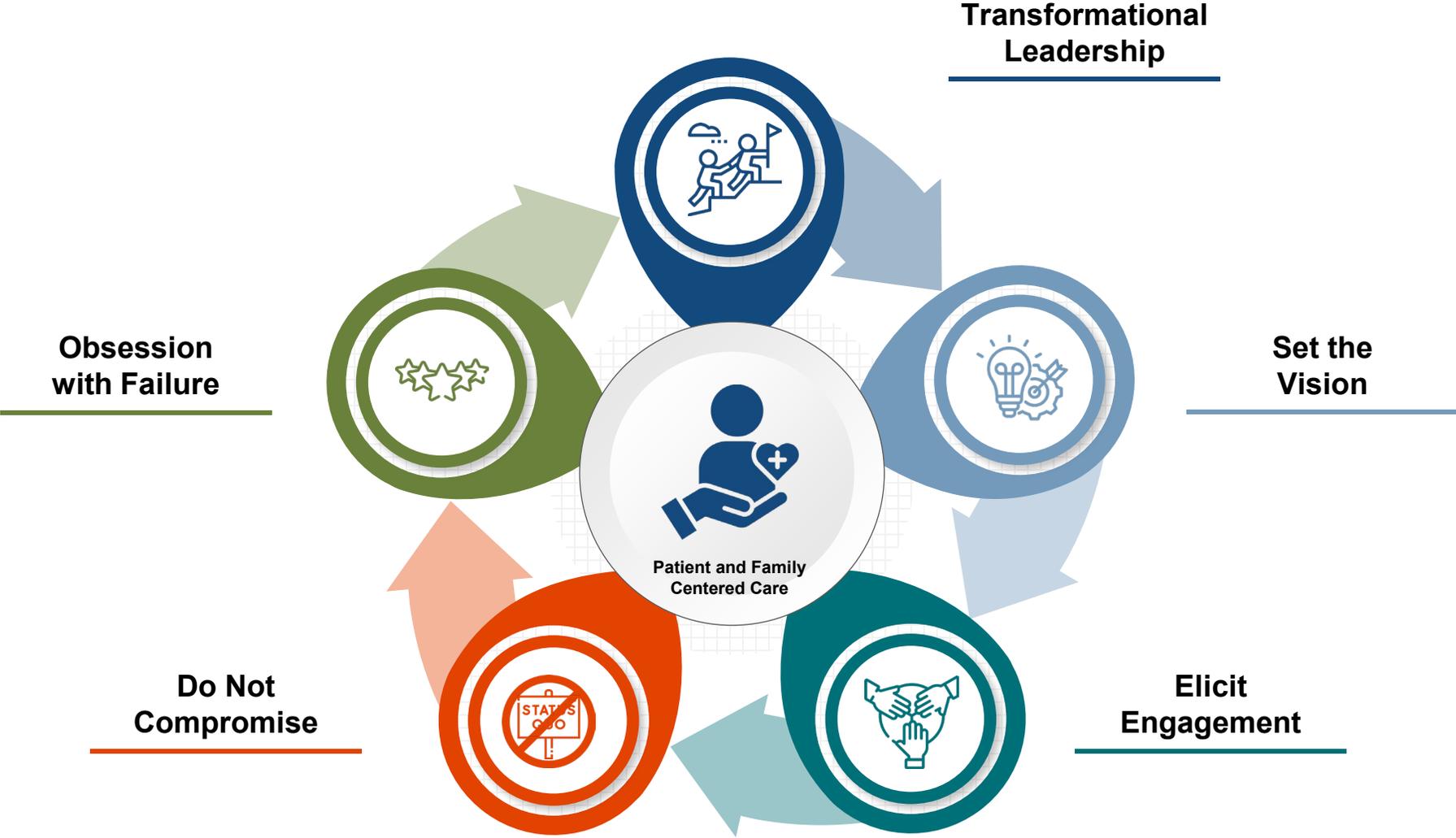
Prioritize the Work to Drive Performance

Get in & out of the Weeds

- Balance detail with big-picture thinking

Root Cause Analysis

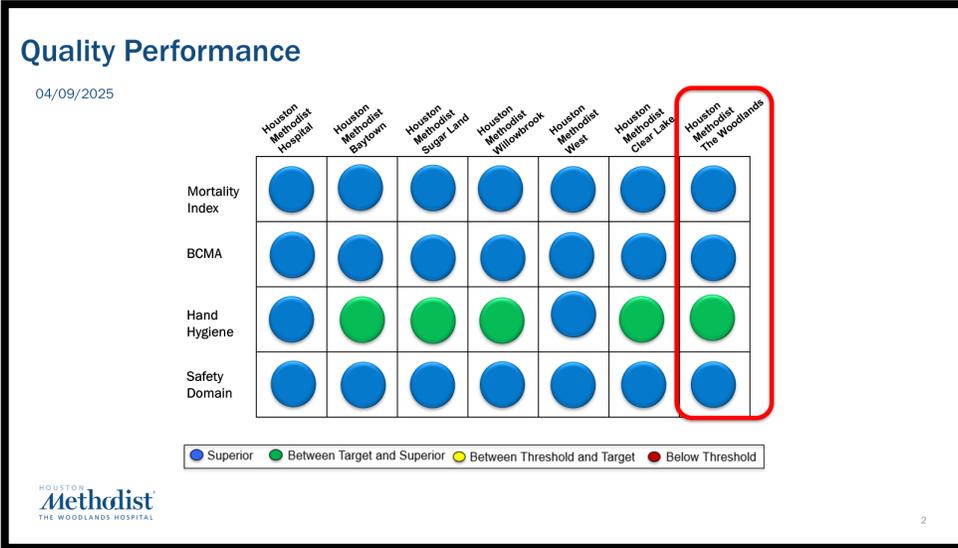- Identify and address underlying issues

Cover the Domains

- Ensure all performance areas are addressed

Don't Weather Report

- Focus on actionable insights, not just status updates

Empowering Physicians with Consistent Performance Insights

Internal Data Source: Houston Methodist The Woodlands

Fostering Physician Leadership Through Committee Engagement
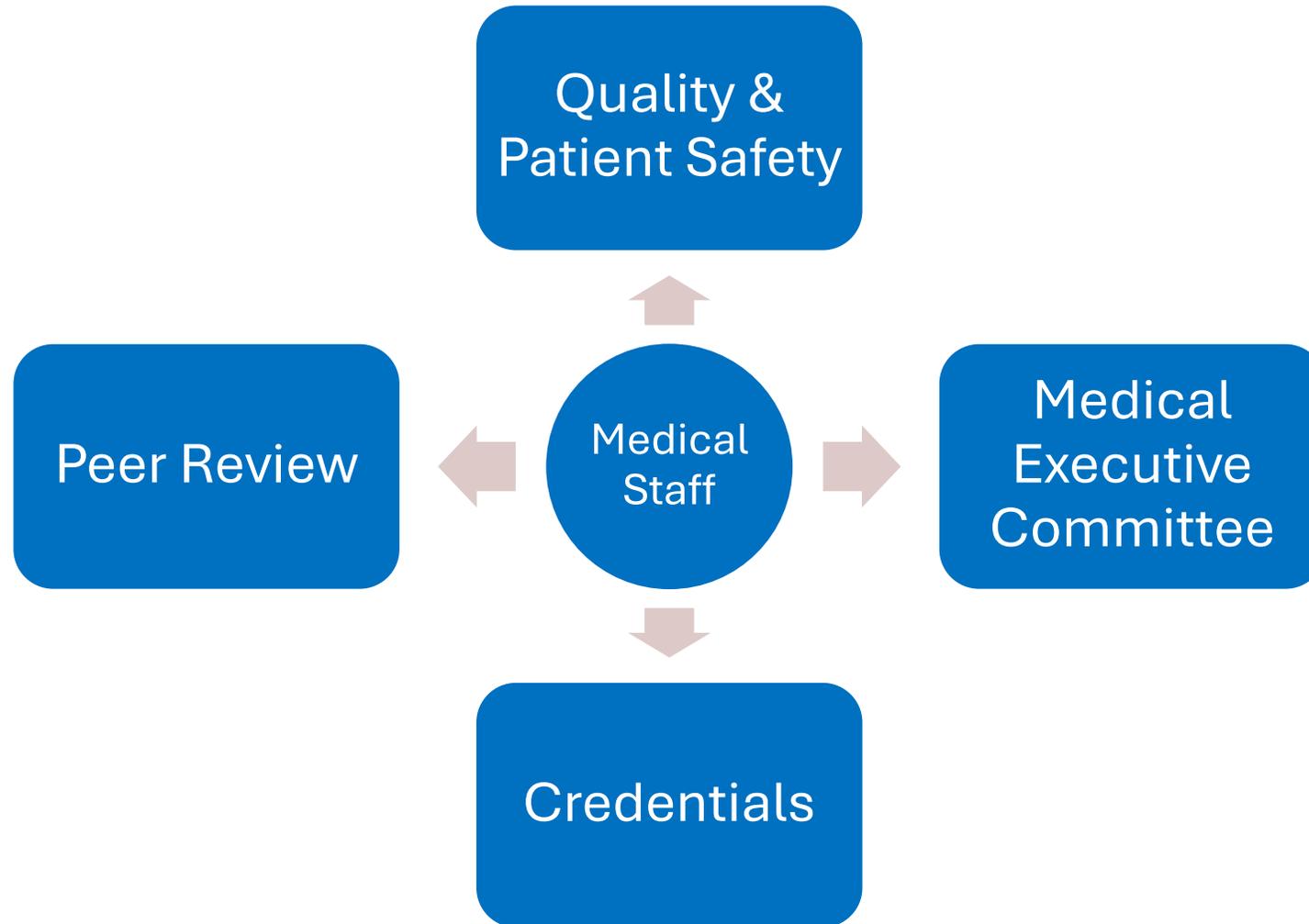
Key Pillars for Strong Physician Culture

1. Shared Mission & Values

2. Physician Voice & Leadership

3. Transparent & Respectful Communication

4. Well-Being & Professional Growth

Lessons Learned

- Developing a culture to drive top quality and safety performance takes patience, persistence, and resilience.

- Focus on the core fundamentals of safety in every service line and the Vizient rankings will follow.

- The medical staff and executive leadership must be aligned to drive change and improve results.

- Building trust, transparency and open communication is key.

- Create an objective, non-threatening reporting structure with the foundation of psychological safety to drive continuous improvement in outcomes and processes.

Key Takeaways

- Be intentional when developing the culture you want, set the bar high and hire for fit.

- Excellence begins with transparency.

- Treat every success and failure as an opportunity to learn, set the standard and make improvements.

- Empower your quality and performance improvement team.

- Embrace innovation and use it to achieve the results you want.

- Take every opportunity to celebrate.

Questions?

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THE WOODLANDS HOSPITAL

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This educational session is made possible through the collaboration of Vizient Member Networks.

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From D to A: A Safety Net Hospital's Transformation to Excellence

Allison Luu, MD, MS, CPPS, Patient Safety Officer, Assistant Chief Quality Officer

Chase Coffey, MD, MS, Chief Quality Officer, Assistant Chief Medical Officer

Los Angeles General Medical Center

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Los Angeles General Medical Center

- Flagship hospital for Los Angeles County Department of Health Services (DHS)
- Public Safety Net & Academic Medical Center
- 670 licensed beds, ~10,000 Employees
- Level 1 Trauma & Regional Burn Center
- Over 120,000 ED & 30,000 inpatient visits annually
- Majority Medicaid Patients

From D to AAA

Los Angeles General Medical Center — Exceptional Care. Healthy Communities.

Leapfrog Safety Grade Score Over Time

Grade A cut-off: 3.202
3.151
Grade B cut-off: 2.991
Grade C cut-off: 2.464
Grade C cut-off: 2.401

A
D

Spring 18, Fall 18, Spring 19, Fall 19, Spring 20, Fall 20, Spring 21, Fall 21, Spring 22, Fall 22, Spring 23, Fall 23, Spring 24, Fall 24, Spring 25
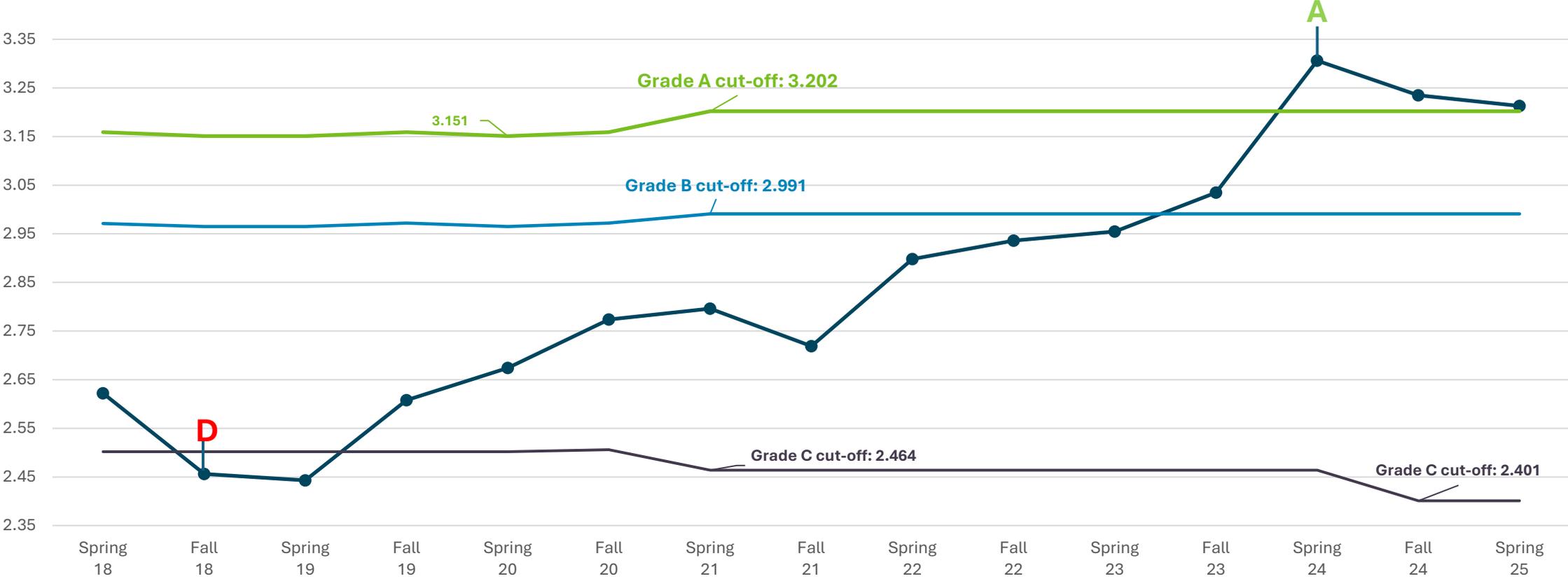
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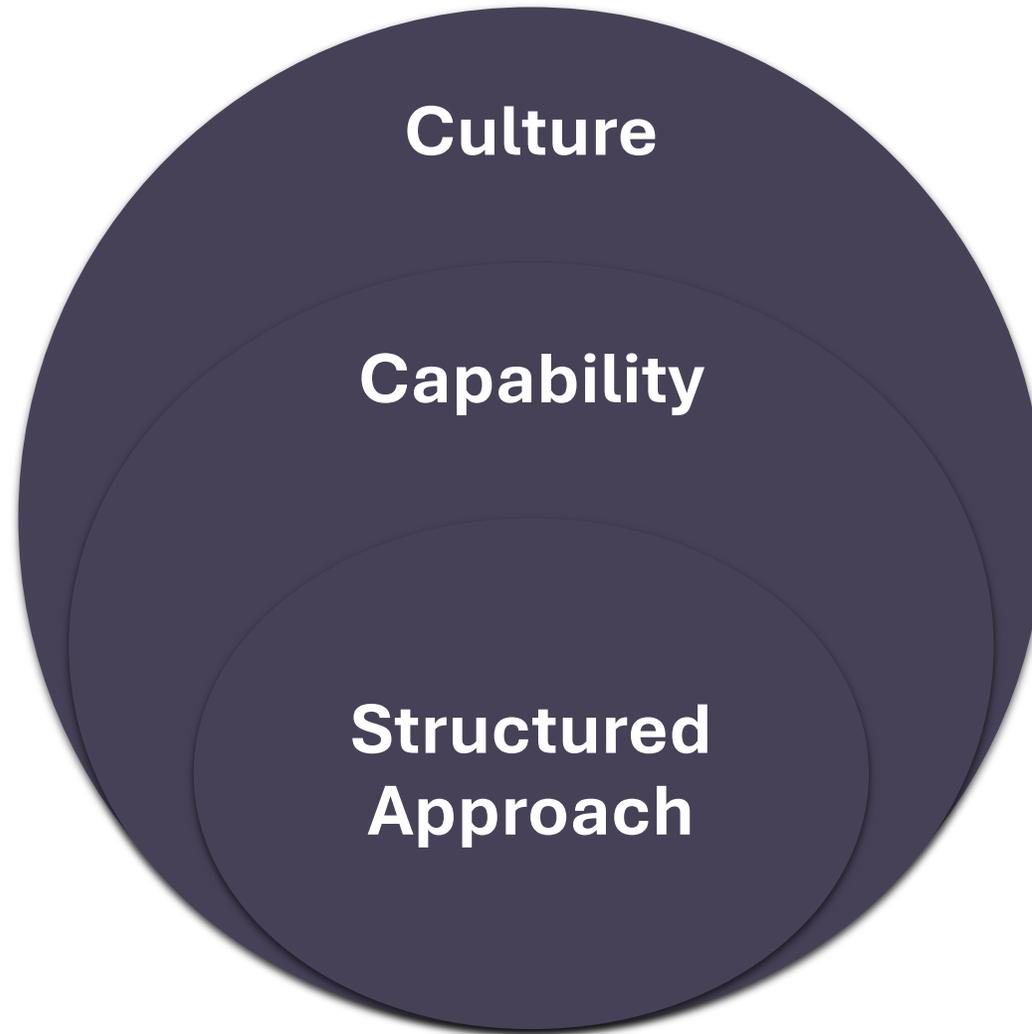
Culture is the Foundation for Lasting Change

- Executive Alignment
  - Triad Leadership and Balanced Score Cards at the Unit Level
    - Nurse
    - Provider
    - Administrator
  - Walk Rounds & Safety Huddles

- Education & Training
  - TeamSTEPPS
  - Just Culture
  - Peer Support (Helping Healers Heal or H^3)

Culture

Capability

Structured Approach
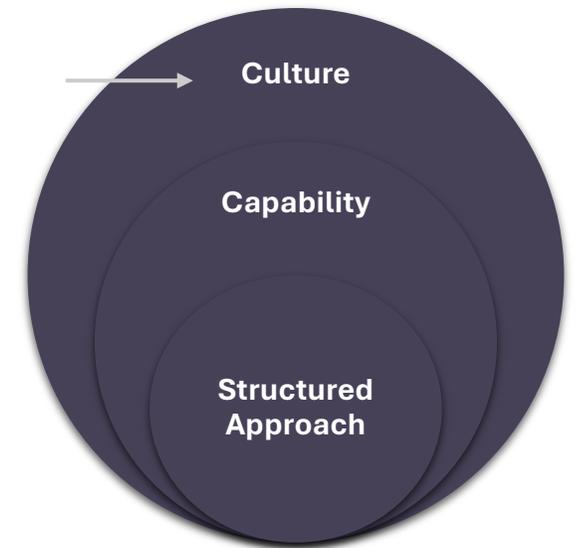
Build Improvement Capability & Capacity

- Residents (HASP)

- All staff (QAP)

- Post-graduate Physicians (Fellowship)

- Mid-level Management
  - Unit Medical Directors
  - Nurse Managers
  - Administrators
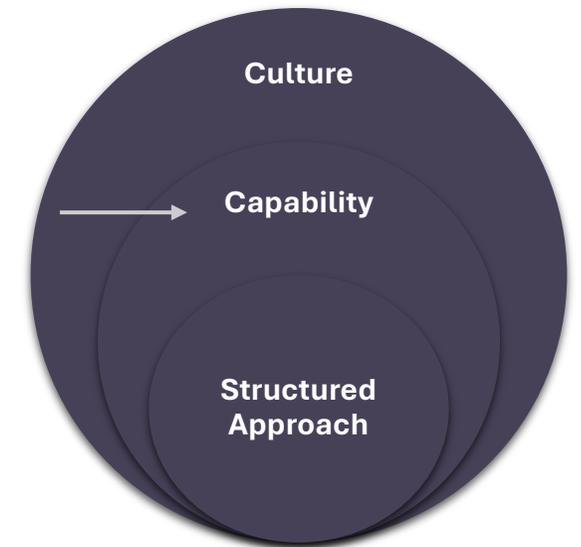
Identified Key Opportunities for Leapfrog

PROCESS MEASURES	Spring 2018	Fall 2018	Spring 2019	Fall 2019	Spring 2020	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023	Fall 2023	Spring 2024	Fall 2024	Spring 2025	Weight Spring 2025	Target
Computerized Physician Order Entry (CPOE)	50	70	100	100	100	100	100	100	100	100	100	100	100	100	100	6.2%	100
Bar Code Medication Administration (BCMA)	N/A	50	50	100	100	100	100	100	100	100	100	100	100	100	100	6.0%	100
ICU Physician Staffing (IPS)	50	50	50	100	100	100	100	100	100	100	100	100	100	100	100	6.9%	100
SP 1: Culture of Safety	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	3.1%	120
SP 2: Culture Measurement	110.77	110.77	110.77	120	120	120	120	120	120	120	120	120	120	120	120	3.2%	120
Nursing Care Hours	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100	100	100	100	4.7%	100
Hand Hygiene	60	60	60	60	60	NA	60	100	100	100	100	100	100	100	100	4.9%	100
H-COMP-1: Nurse Communication	87	88	87	87	89	90	89	89	90	90	89 ↓	88 ↓	88	88	88	3.0%	94%
H-COMP-2: Doctor Communication	90	89	89	90	91	92	91	91	91	90	89 ↓	89	90	89 ↓	89	3.0%	94%
H-COMP-3: Staff Responsiveness	81	82	80	79	82	83	82	82	81	82	82	82	80	78	78	3.0%	91%
H-COMP-5: Comm about Medicines	73	74	75	74	75	77	78	78	73	73	73	74 ↑	76	75 ↓	76	3.1%	84%
H-COMP-6: Discharge Information	84	85	85	84	84	84	84	84	85	86	85 ↓	84 ↓	82	81 ↓	82	3.0%	91%

OUTCOME MEASURES	Spring 2018	Fall 2018	Spring 2019	Fall 2019	Spring 2020	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023	Fall 2023	Spring 2024	Fall 2024	Spring 2025	Weight Spring 2025	Target
Foreign Object Retained	0	0.382	0.382	0.357	0.362	0.291	0.291	0.291	0	0	0	0	0	0	0	4.2%	0
Air Embolism	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2.4%	0
Falls and Trauma	1.508	0.379	0.379	0	0	0	0	0	0.697	0.697	0.903	0.411	0.411	0.214	0.214	4.9%	0
CLABSI (SIR)	2.028	1.743	1.34	1.451	1.354	0.882	0.882	0.898	0.828	0.486	0.455	0.573 ↑	0.3603	0.427 ↑	0.629 ↑	4.5%	0.413
CAUTI (SIR)	1.33	1.498	1.582	1.463	1.552	1.237	1.237	1.01	1.072	0.757	0.77 ↑	0.748	0.4069	0.578 ↑	0.572	4.7%	0.427
SSI: Colon (SIR)	0	0	0.266	0.143	0	0.099	0.099	0.108	0	0	0.129 ↑	0.268 ↑	0.165	0.113	0.096	3.4%	0.349
MRSA (SIR)	0.658	0.854	0.929	0.894	1.008	0.773	0.773	0.726	1.248	2.04	1.936	1.436	1.2827	1.336	1.277	4.5%	0.496
C. Diff. (SIR)	0.663	0.358	0.657	0.595	0.438	0.389	0.389	0.468	0.494	0.379	0.447 ↑	0.418	0.1813	0.14	0.076	4.5%	0.621
PSI 4: Death Serious Treatable Conditions	N/A	184.7	184.7	201.36	201.36	215.05	215.05	202.88	202.88	202.88	154.51 ↓	154.51	174.73	174.73	162.45 ↓	2.0%	143.00
*PSI 90: Patient safety composite								1.32	1.32	1.32	1.22 ↓	1.22	0.98 ↓	0.98	1.01 ↑	15.0%	<1
Overall Numerical Score	2.6224709	2.456176	2.4454	2.6084	2.6743	2.7736	2.7966	2.7191	2.898	2.9362	2.954	3.0347	3.3061	3.2354	3.2129		
Overall Letter Grade Score	C	D	D	C	C	C	C	C	C	C	C	B	A	A	A		

Internal data source: LAGMC

Targeted 5 Patient Safety Issues

CAUTI	CLABSI	C. difficile infections	HAPI	Falls

- Followed Structured 4-Step Approach
  - Assemble a Multidisciplinary Team
  - Clearly Define the Goal
  - Identify the Root Cause
  - Implement Key Process Changes

Culture

Capability

Structured Approach
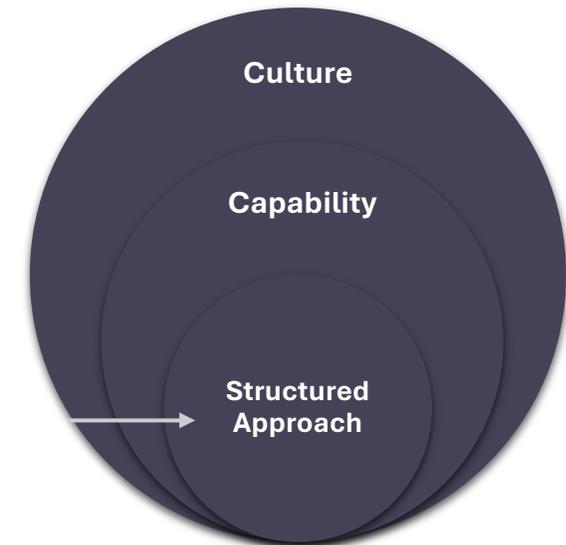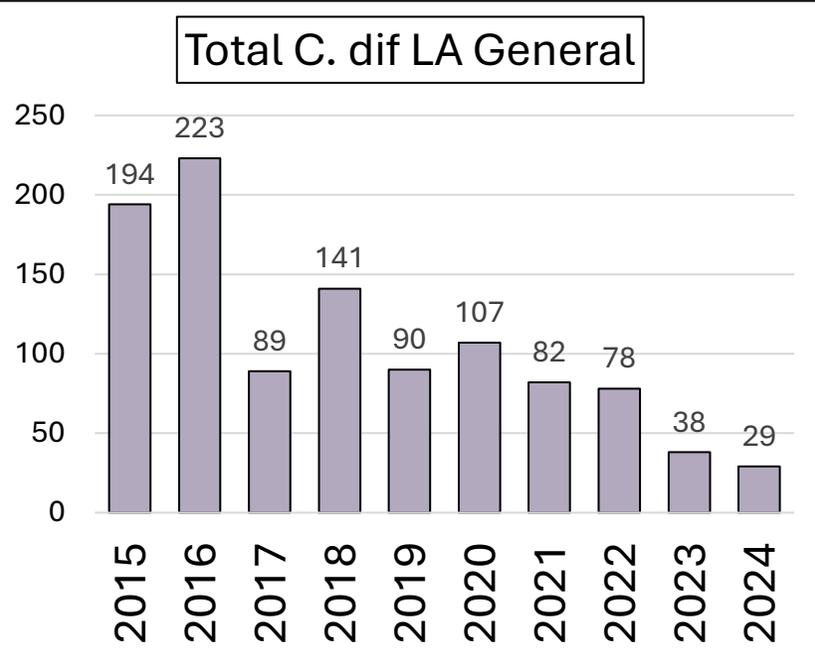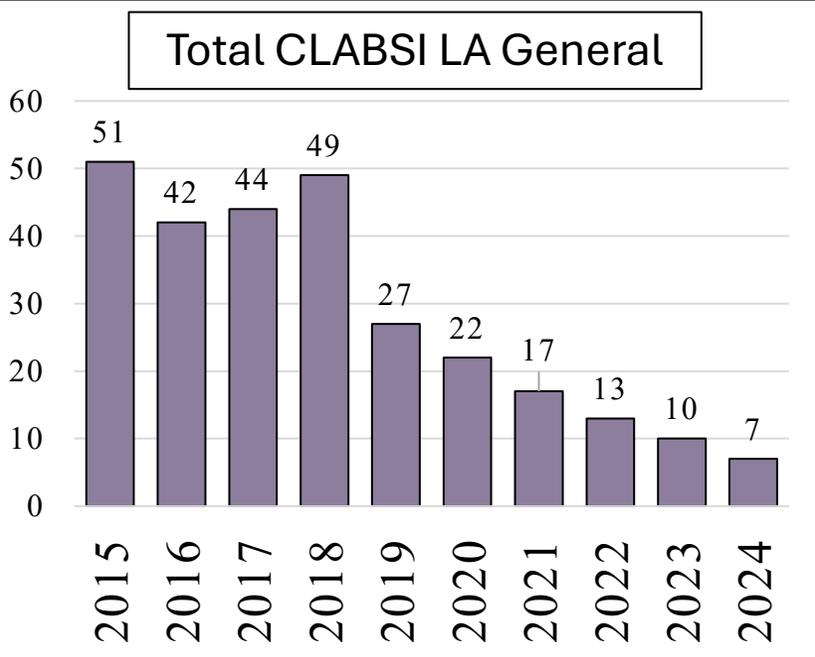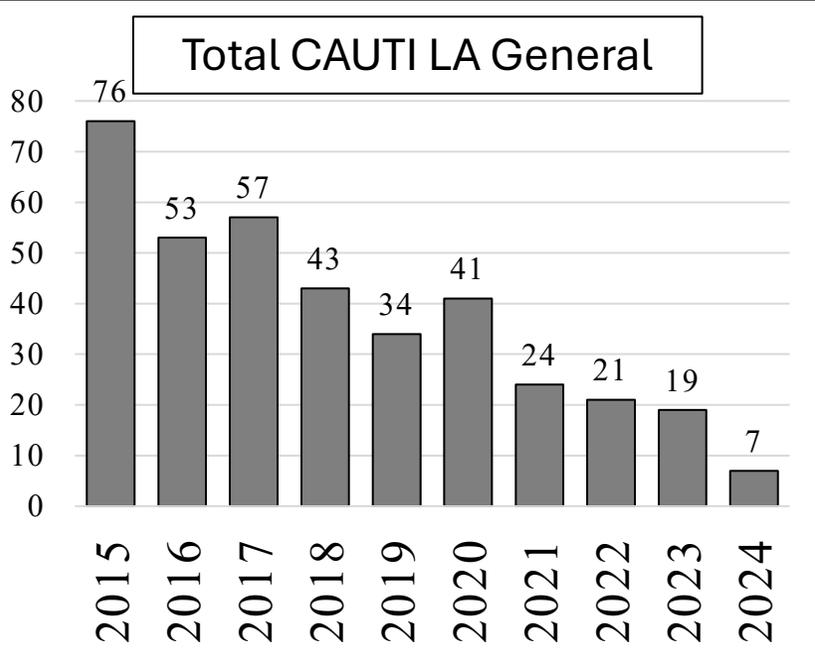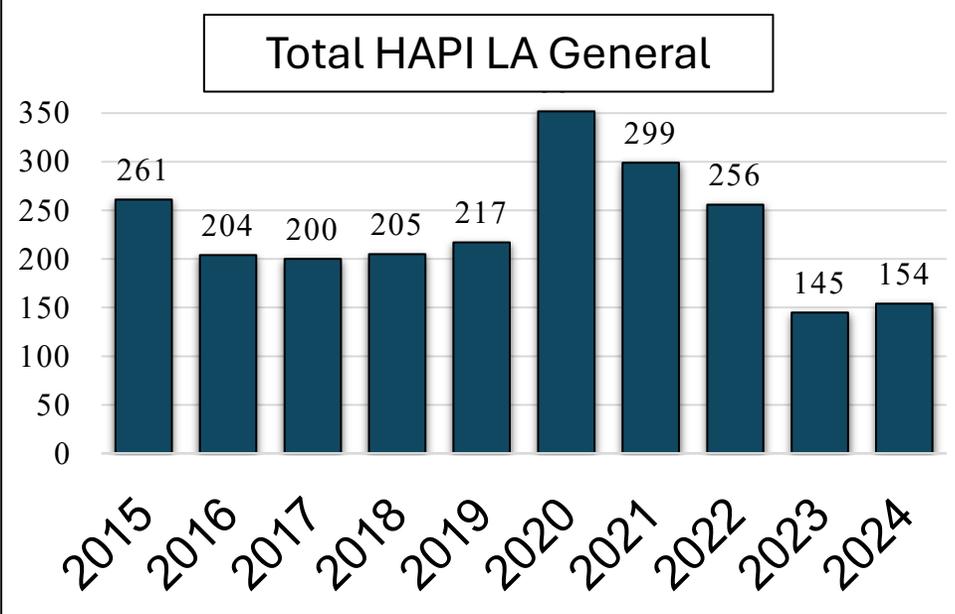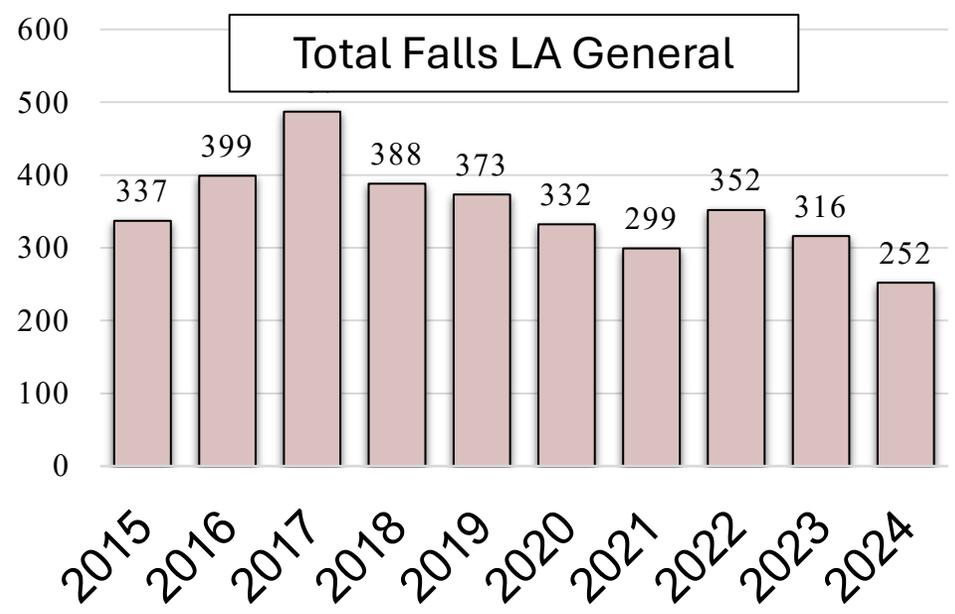
Patient Safety Indicator (PSI) Data Review Team
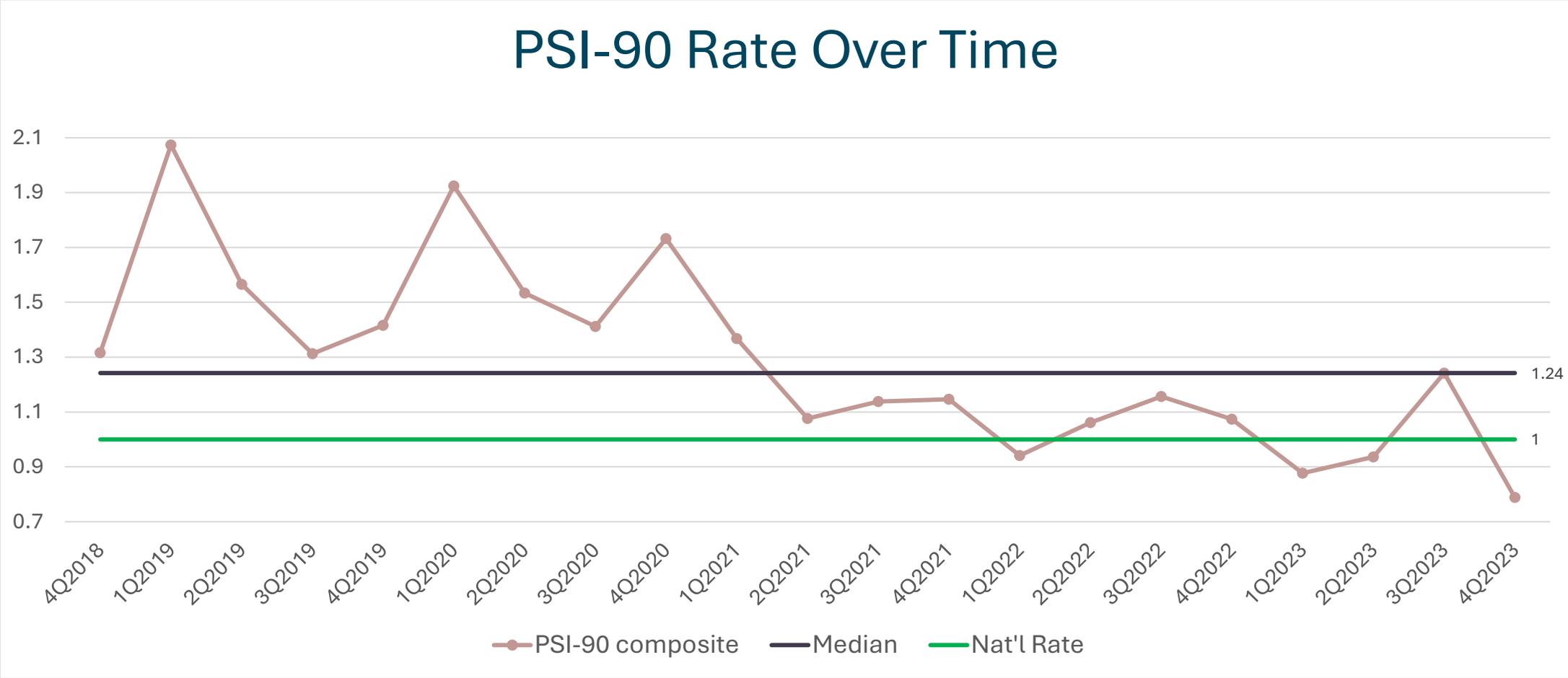
Celebrated to Sustain

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Lessons Learned

- Time, Patience, and Persistence

- Executive Focus and Alignment Reduces the Change Fatigue

- Needs to be a Multidisciplinary Effort

- Improvement Led by Unit Triad Leaders

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Key Takeaways

Culture

- Align Leadership around Leapfrog as a Strategic Priority
- Support Efforts that Improve Culture

Capability

- Invest in Unit Leadership and Frontline Education
  - Begin a Quality Academy
  - Identify a Triad of Leaders on Each Hospital Unit

Structured Approach

- Pick a few metrics to drill down on
  - Assemble multidisciplinary workgroups

Questions?

Los Angeles General
Medical Center | Exceptional Care.
Healthy Communities.

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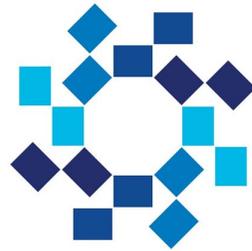
Care Pathways to Performance: Elevating Patient Care Through Collaboration, Standardization and Data

Mary A. Grove, PhD, APN, LSSBB, Senior Manager, Agile Institute

Steven Lee-Kong, MD, Professor of Surgery/Chief, Colorectal Surgery

Mani Paliwal, MS, MBA, Senior Biostatistician, Patient Safety and Quality, Agile Institute

Samuel B. Grove, MS, MBA, LSSMBB, LtCol USMC (Ret), Director, Care Pathway Development and Implementation

Hackensack Meridian Health

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Learning Objectives

- Discuss lessons learned from Hackensack Meridian *Health's* (HMH) experience in developing a practical roadmap for implementing and scaling Care Pathways across a large healthcare network.

- Explain the effectiveness of a data-driven, iterative approach to Care Pathway development and implementation.

Audience Interests? (Q&A)

- Major reductions in LOS
- Major reductions in Readmission rates
- Increase in Discharge to home

Going Back in Time… Initial Foundation

Starting Line…

- COO, CMO, and CQO
- Care Pathway Team - A team of Six
- Starting nearly from scratch

Going Back in Time - The Journey

HMH's Care Delivery Goal and Care Pathway Definition…

- Deliver patient care via care pathways
  - Throughout the continuum of care for a disease/diagnosis
  - Evidenced-based
  - Standardize and eliminate waste
  - Improve outcomes and patient satisfaction

Establishing a Care Pathway Roadmap
Development of the CP 6-Phased Lifecycle

1 **Preparation**
~1 month

2 **Clinical Content Creation & Standardization**
~1+ months

3 **Implementation in EMR**
~1+ months

4 **Pilot**
~1.5 months

5 **Network Integration**
~2 months

6 **Monitoring, Sustainment & Improvement**
... continuous
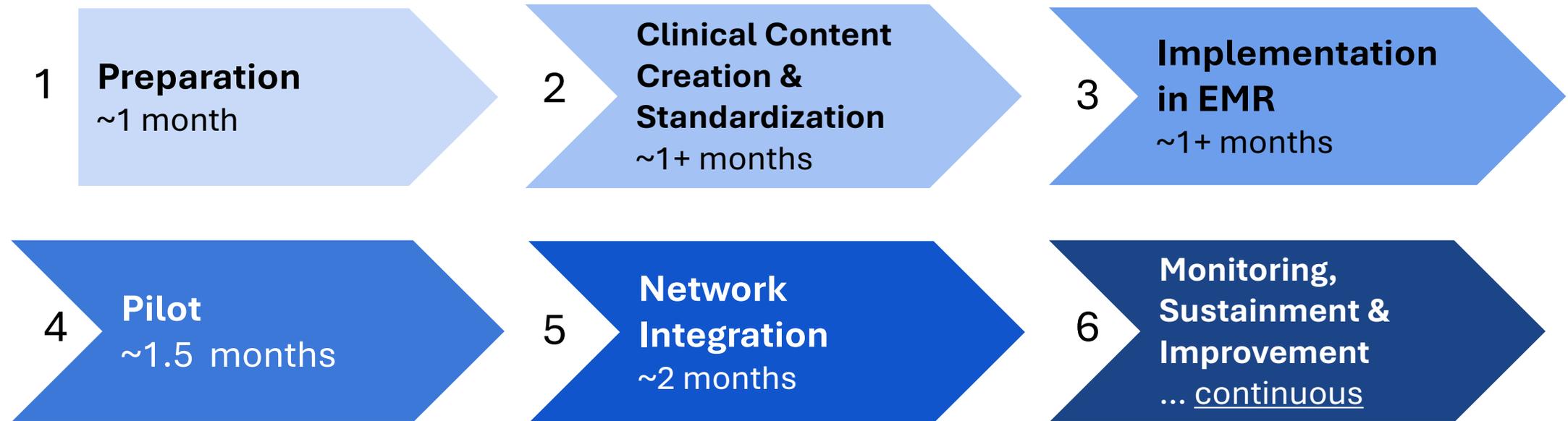
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Overcoming Challenges…

- Initial Engagement and Buy-in
- Utilization
- Throughput
- Size and Scope of HMH
  - 18 hospitals and extensive number of clinics, urgent cares, etc.
  - 36,000 Team Members
  - 7,000 physicians

EHR Dashboard:
Tools: Vizient and Others
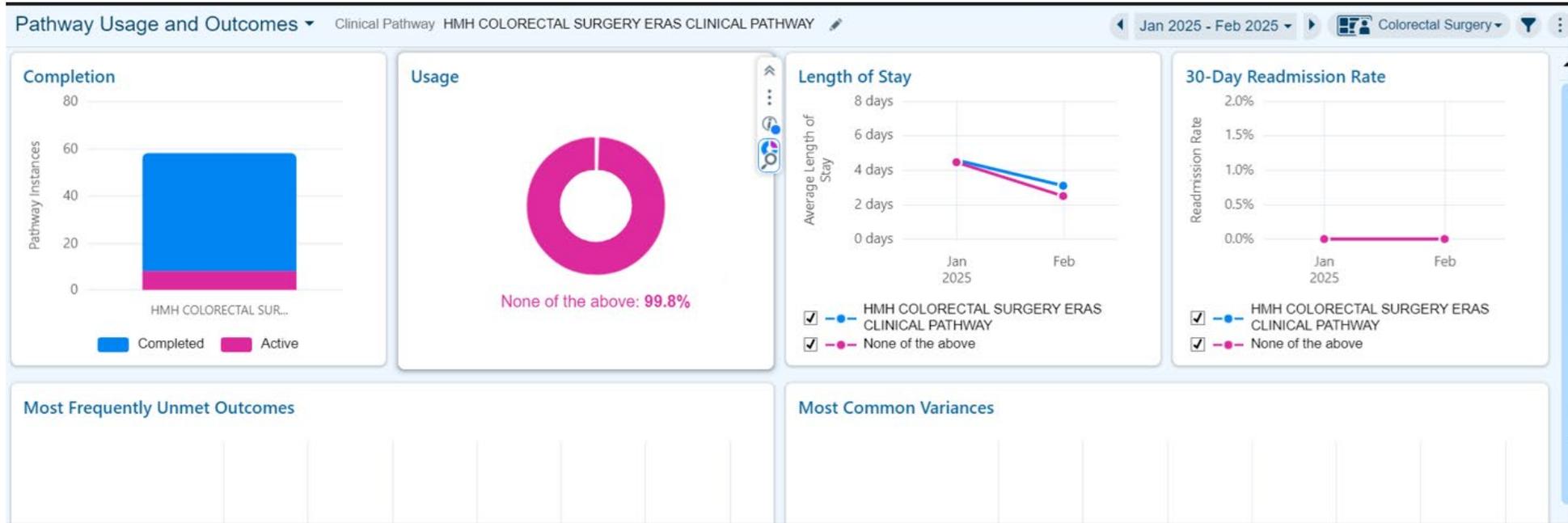
Measures That Matter
- Pathway Usage
- LOS
- 30-Day Readmission

Internal data source: Hackensack Meridian Health

Colorectal ERAS Pathway

Goals
- To speed recovery and shorten hospital stays by optimizing patient care before, during, and after surgery
- Reduce Complications
- Reduce opioid reliance
- Encourage early mobilization
- The overall goal is to minimize surgical stress and facilitate a quicker return to normal activity

Colorectal ERAS Pathway Overview

Results - Pilot Hospital:

- HUMC - significant reductions in length of stay and readmissions.
- Emphasis on non-pharmacological pain management and early mobilization.

What's Next:

- System-wide integration.
- Ongoing evaluation of additional quality metrics.

EHR Radar Dashboard

Internal data source: Hackensack Meridian Health
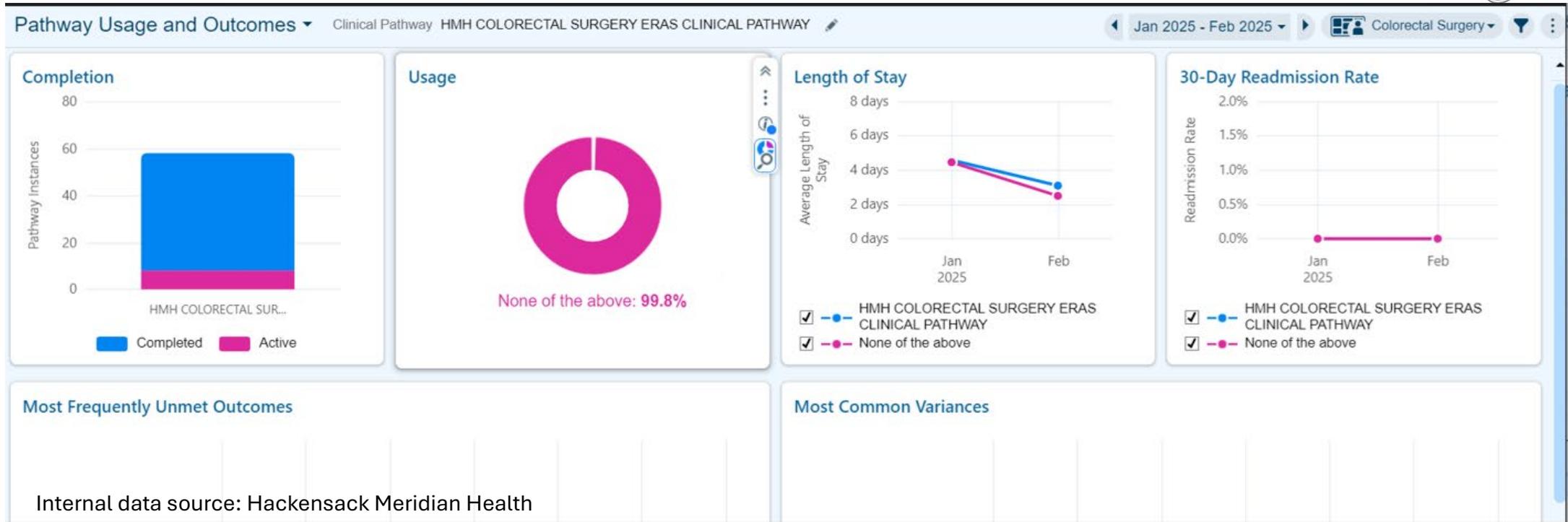
Measures That Matter for Colorectal ERAS

- Pathway Usage
- LOS
- 30 Day Readmission

- Heparin post-op
- Lovenox given upon discharge
- Discharge to home vs facility

Care Pathway – Patient Numbers & Utilization

Growth in Care Pathway Utilization – Colorectal Surgery

YEAR	TOTAL # PTs	# ON CP	% ON CP	ELIGIBLE- # NOT ON CP	% NOT ON CP
2022	402	Baseline Year	0%	402	100%
2023	524	206	39.3%	318	60.7%
2024	452	254	56.2%	198	43.8%
2025 YTD	322	176	54.6%	146	45.3%

CP – Care Pathway

Internal data source: Hackensack Meridian Health

Results - Length of Stay (Days)

All Patients undergoing Colorectal Surgery

YEAR	Length of Stay (Days)	% Reduction (compared to 2022)
2022	14.7	Baseline Year
2023	13.2	10.2%
2024	8.3	43.5%
2025 YTD	12.1	17.7%

CP – Care Pathway

Internal data source: Hackensack Meridian Health

Results – Length of Stay (Days)

Patients ON/OFF Colorectal Clinical Pathway

YEAR	ON CP (days)	NOT ON CP (days)	% Difference (Lower on CP)
2023	4.6	*18.7*	75.4%
2024	4.2	*13.6*	69.1%
2025 YTD	6.0	*19.3*	68.9%

CP – Care Pathway

Internal data source: Hackensack Meridian Health

Results – <mark>**<30 Day Readmits (%)**</mark>

All Patients undergoing Colorectal Surgery

YEAR	<30 Day Readmits (%)	% Reduction (compared to 2022)
2022	17.2%	Baseline Year
2023	9.4%	45.3%
2024	11.9%	30.8%
2025 YTD	9.3%	45.9%

CP – Care Pathway

Internal data source: Hackensack Meridian Health

Results: <30-Day Readmissions (%)

Outcomes of Patients ON/OFF Colorectal Clinical Pathway (CP)

YEAR	ON CP (%)	NOT ON CP (%)	% Difference (Lower on CP)
2023	7.8%	*10.4%*	25%
2024	9.8%	*14.6%*	32.8%
2025 YTD	4.0%	*15.8%*	74.7%

CP – Care Pathway

Internal data source: Hackensack Meridian Health

Results – Discharge to Home (%)

All Patients undergoing Colorectal Surgery

YEAR	Discharge to Home (%)	% Increase (compared to 2022)
2022	59.2%	Baseline Year
2023	63.7%	7.6%
2024	68.1%	15.0%
2025 YTD	64.6%	9.1%

CP – Care Pathway

Internal data source: Hackensack Meridian Health

Results: Discharge to Home (%)

Outcomes of Patients ON/OFF Colorectal Clinical Pathway (CP)

YEAR	ON CP (%)	NOT ON CP (%)	% Difference (Higher on CP)
2023	78.2%	54.4%	43.7%
2024	85.0%	46.5%	82.8%
2025 YTD	76.7%	50.0%	53.4%

Internal data source: Hackensack Meridian Health

CP – Care Pathway

Lessons Learned

- Start small → prove value → expand
- Target high-volume conditions
- Data is the driver—not the motivator
- Consistency is a core element
- Success = Engagement = Success = Engagement = Success = Engagement…

Key Takeaways

Care Pathways to Performance: Elevating Patient Care Through Collaboration, Standardization and Data

- The process and engagement must be **Collaborative**

- Better care through **Standardization ≠** more resources—
  it means having a smarter structure

- Success is measured in outcomes **Data**

Questions?

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