
VIZIENT CONNECTIONS SUMMIT
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Quality Executives Peer to Peer Education Meeting

Built for Better: How alignment and leadership strategy elevate safety and performance

Learning Objectives

- Describe governance models and leadership alignment strategies that support systemwide quality and safety improvement
- Discuss tools such as dashboards and interdisciplinary workflows to reduce harm and promote a culture of safety

Quality Executive Network Advisory Committee

Mbonu Ikezuagu, MD - *Chair*
Vice President, Chief Quality Officer
ThedaCare, Inc.

Bela Patel, MD – *Vice Chair*
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Memorial Hermann-Texas Medical Center

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Chief Quality and Safety Officer
MedStar Washington Hospital Center

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Nuvance Health

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Wellstar Health System

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Saint Luke's Health System

Danielle Scheurer, MD
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MUSC Health

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Vice President, Chief Operating Officer
The Johns Hopkins Hospital

Chad VanDenBerg
Chief Quality and Patient Safety Officer
UC San Diego Health System

Brook Watts, MD, MS
Chief Quality Officer
University of Michigan Health – University Hospital

Agenda

8:00 a.m. – 8:05 a.m.	**Framing the Journey**	**Mangla Gulati, MD, FACP, SFHM** Chief Quality and Safety Officer MedStar Washington Hospital Center	**Christopher Kim, MD, MBA** Senior Vice President/Chief Quality Officer Wellstar Health System
8:05 a.m. – 8:35 a.m.	**Striving for Quality in an Integrated Health System**	**Houston Methodist**	
		Jonathan Rogg, MD, MBA Chief Quality Officer/Vice President Operations **Shawn Tittle, MD, MBA** Senior Vice President and System Chief Quality Officer	**Sayali Kelkar, MPH** Director Patient Quality and Safety **Firas Zabaneh, MT(ASCP), CIC, CIE, MBA, FAPIC** Director of System Infection Prevention and Control
8:35 a.m. – 9:05 a.m.	**Revolutionizing Quality**	**Mary Washington Healthcare**	
		Thomas Magrino, MBA AVP Quality, Patient Safety and Clinical Analytics	**Renuka Gupta, MD, FHM, FACP** Vice President, Chief Quality Officer
9:05 a.m. – 9:35 a.m.	**Dashing to Zero Harm**	**Maimonides Medical Center**	
		Alexandra Shumyatsky, PharmD, CPHQ Director of Quality Outcomes	**Sameh Samy, MBBCh, MSA, CPHQ, CSSBB** Chief Quality Officer and Vice President, Quality Management
9:35 a.m. – 9:55 a.m.	**Behind the Breakthroughs**	**Mangla Gulati** & **Christopher Kim**	
9:55 a.m. – 10:00 a.m.	**Now What: Turning Insight into Action**	**Mangla Gulati** & **Christopher Kim**	

HOUSTON Methodist® LEADING MEDICINE

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Striving for Quality in an Integrated Health System

Shawn Tittle, MD, MBA, Senior Vice President and System Chief Quality Officer
Jonathan Rogg, MD, MBA, Vice President and Chief Quality Officer
Sayali Kelkar, MPH, CPHQ, Director of Quality and Outcomes
Firas R. Zabaneh, MT(ASCP), CIC, CIE, MBA, FAPIC, Director, System Infection Prevention and Control

Houston Methodist Hospital, Houston, TX

Disclosure of relevant financial relationship

Jonathan Rogg, MD, MBA, speaker for this educational activity, is an advisor for Evidence Care.

All relevant financial relationships listed for this individual has been mitigated.

All others in a position to control content for this educational activity have no relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.

Agenda

- The Vision for the Second Century
- System Infection Prevention and Control
- System Data Analytics
- Enhancing Connectivity Across the System

FACILITIES AND CAPACITY

Houston Methodist is a faith-based, academic medical center comprised of **9** hospitals,

HOUSTON Methodist LEADING MEDICINE

1 academic medical center

7 network hospitals

1 long-term acute care hospital

2,767 operating beds

PHYSICIANS AND STAFF

33,600+
Employees

1,316+
Employed Physicians
+ **5,115** Affiliated Physicians

PATIENT ENCOUNTERS

In 2024, Houston Methodist had

148,730+ HOSPITAL ADMISSIONS

2,273,590+ OUTPATIENT VISITS

2,464,600+ CLINIC VISITS

RECOGNITION AND ACCOLADES

BEST HOSPITALS U.S.News & WORLD REPORT HONOR ROLL 2025-2026

MAGNET RECOGNIZED AMERICAN NURSES CREDENTIALING CENTER

Bernard A Birnbaum, MD
Quality Leadership
TOP PERFORMER 2024
vizient.

RESEARCH, EDUCATION AND GIVING

$304 MILLION
research and education funding

71
ACGME residency training programs

WEILL CORNELL
Medical School affiliation

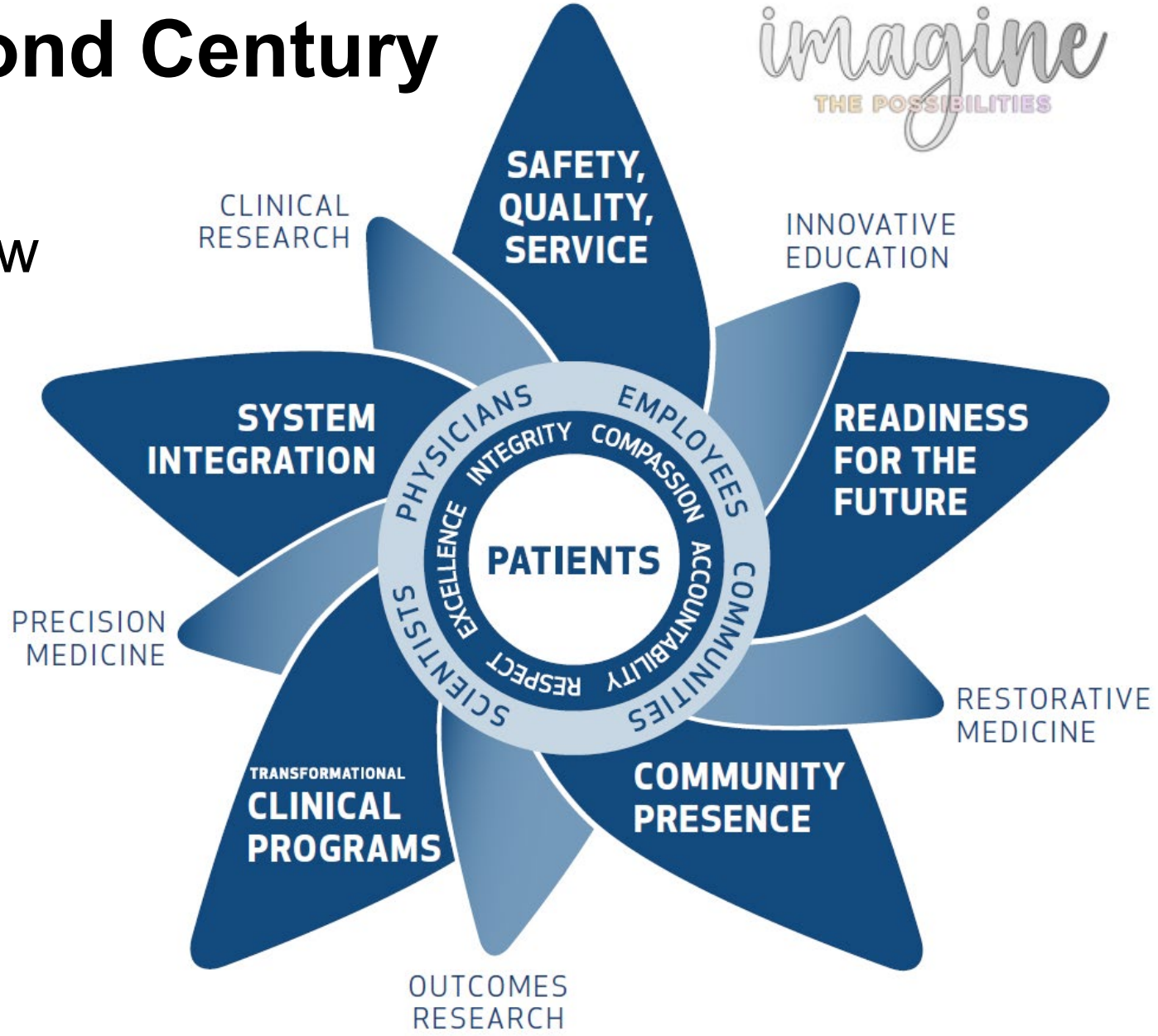
ENMED PROGRAM
partnership with Texas A&M

More than **$1.8 BILLION** in charity care and community benefits

The Vision for the Second Century

Houston Methodist will set a new standard for leading academic medical centers through ***unparalleled safety***, ***quality***, ***service*** and ***innovation***.

The pathway to unparalleled safety, quality, service and innovation is the platform for integrating our mission, vision, values and guiding principles.



System Infection Prevention and Control

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Challenge		Strategic Solution
Siloed structure		Integrated reporting under system leadership
No shared vision or mission		Unified system vision and core principles
Wide variation in practice; outcomes focused		Standardized policies, procedures, and education; focus on sustainable practices
Limited infection preventionist growth opportunities		Structured training, mentorship, and defined career pathways
System team in advisory-only role		Empowered system team with operational influence and oversight

System Infection Prevention and Control Core Elements

Best Practice	Planning	Training	Surveillance	Data Management
Alignment with evidence-based guidelines, industry standards, and regulatory requirements	Risk assessment, program evaluation, and strategic planning	Education, training, and competency validation	Monitoring of processes, outcomes, and communicable diseases	Data analysis, root cause analysis, and reporting (internal and external)

Quality	Epidemiology	Research	Emergency Response	Consulting
Total quality management and continuous process improvement	Outbreak investigation, root cause analysis, and corrective action planning	Research initiatives, staff development, and product evaluation	Preparedness and response for emerging infectious diseases, natural disasters, and critical events	Internal and external subject matter expertise and support

IPC Program Overview

Quality Management and Process Improvement

Adopt process improvement methodologies
- IHI – Plan, Do, Study, Act (PDSA)
- Focused, adaptable, scalable
- Assess, Act, Analyze, Adjust
- LEAN Methodology

Guided by Quality Management Principles
- Utilize a collaborative approach
- Gain leadership support
- Engage and train front line staff
- Develop a multidisciplinary team
- Implement elements of sustainability

System Data Analytics

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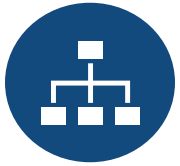
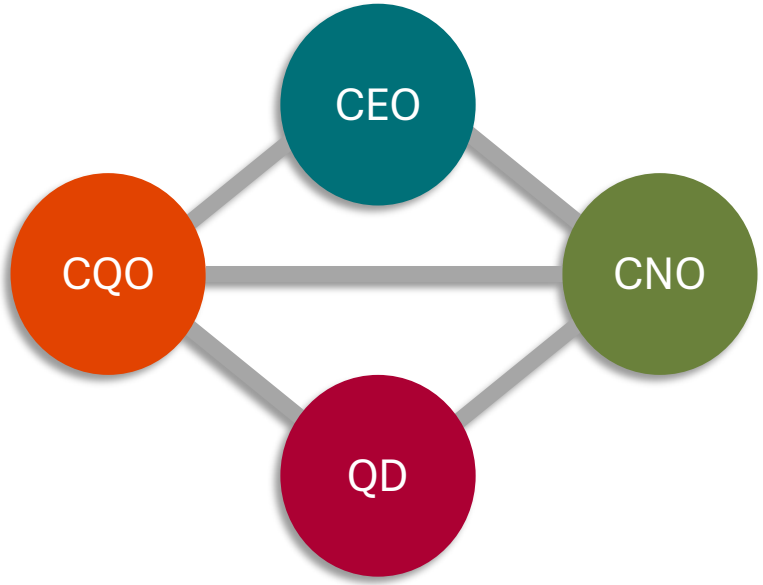
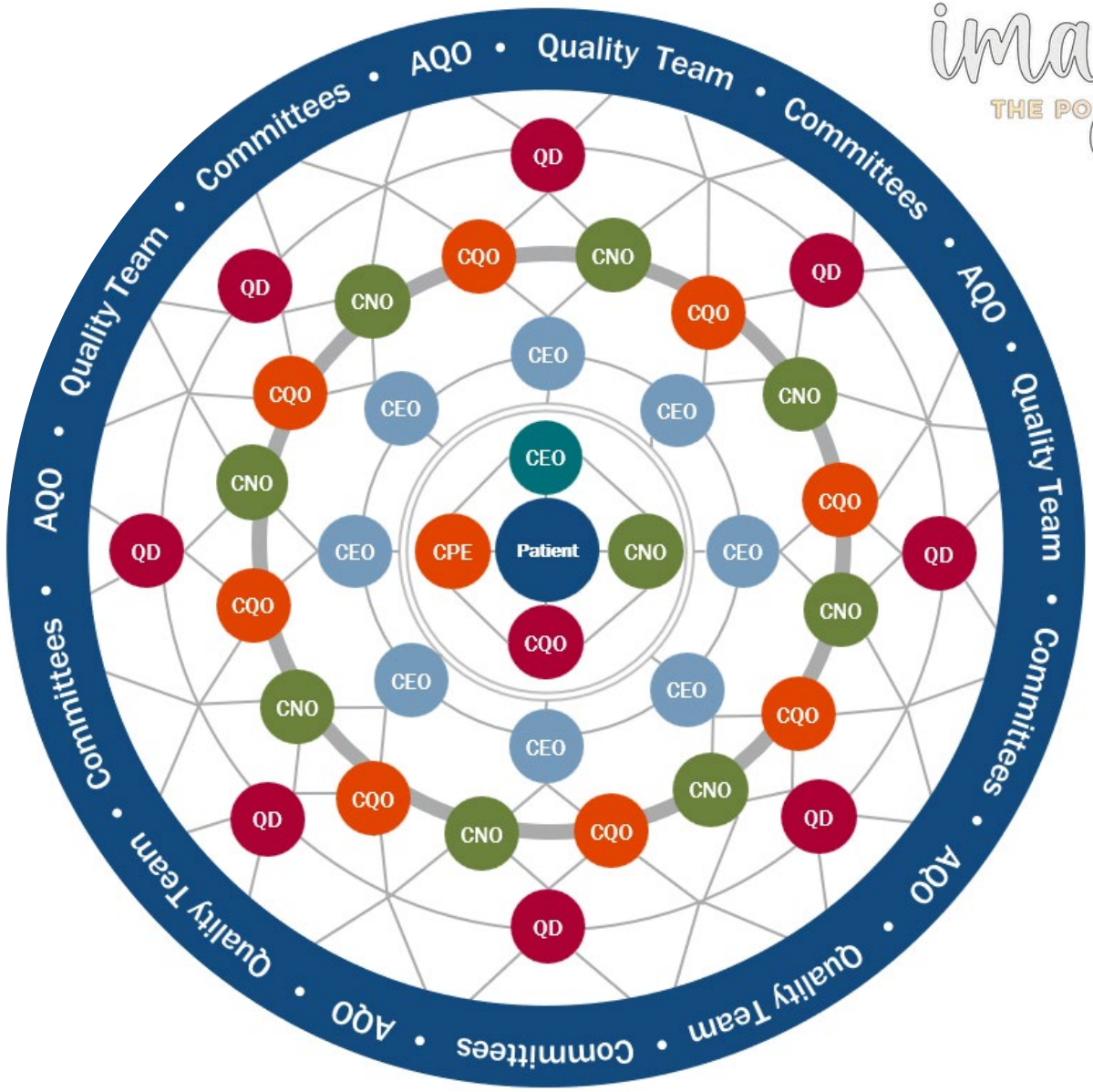
Challenge		Strategic Solution
Small team, limited reach		Established System Analytics Department; embedded analysts at each entity
Part of performance improvement		Dedicated focus on data-driven strategies
Limited infrastructure		Robust IT infrastructure; enabled access to reliable tools and databases
Siloed data, manual access		Built centralized data warehouse and governance structure
Reactive reporting; data as output		Shift to proactive, strategic analytics; embedded data in all strategic pillars

A Vision of Connectivity





Evolution of the Chief Quality Officer Role

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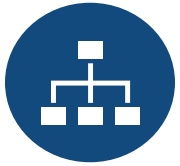
Challenge		Strategic Solution
Limited scope		Combine CMO and CQO role
Hospital insights		Operational roles (service lines)
Entity focus		System roles
Variation		Standardized reporting and role; physician development
View of physicians as leaders		Executive inclusion

Lessons Learned

- A **unified system vision**, combined with **standardized policies, practices, and workflows** drives consistent and sustainable improvement

- **Engagement** with system and local executives is a prerequisite for success

- Moving departments from hospitals to a system function requires **careful preparation and planning**

Key Takeaways

- Focus efforts on **strengthening relationships** among hospital leaders, particularly Chief Quality Officers and Quality Directors

- Prioritize **in-person engagement**—through **collaboration forums** like CQO Council and System Quality Integration Committee—to build trust amid organizational changes

- **Openly share successes and challenges** to foster camaraderie, alignment, and a unified approach to quality improvement

Questions?

Contacts:

Shawn Tittle, STittle@houstonmethodist.org
Jonathan Rogg, JRogg@houstonmethodist.org
Sayali Kelkar, skelkar@houstonmethodist.org
Firas R. Zabaneh, fzabaneh@houstonmethodist.org

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Mary Washington Healthcare

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Revolutionizing Quality

Renuka Gupta, MD, FHM, FACP, VP, Chief Quality Officer

Thomas Magrino, MBA, AVP, Quality, Patient Safety and Clinical Analytics

Mary Washington Healthcare, Fredericksburg, VA

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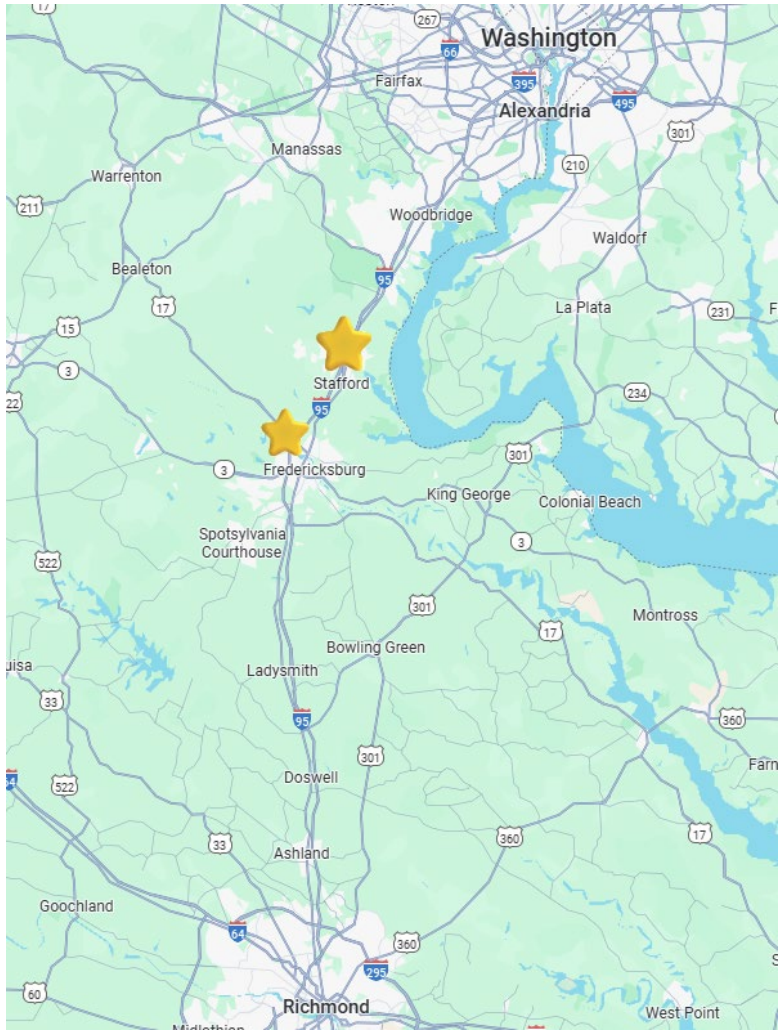
Mary Washington Health Care (MWHC)



Approved MWHC pictures from marketing team

MWHC Overview 2024

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126 YEARS
SERVING THE COMMUNITY

$89,800,833
COMMUNITY BENEFIT

26,181
INPATIENT ADMISSIONS

17,624
SURGERIES

140,775
EMERGENCY ROOM VISITS

571
LICENSED BEDS

$1.1 BILLION
OPERATING REVENUE

4,526
EMPLOYEES

3,114
DELIVERIES

449,589
OUTPATIENT VISITS

11.5%
EBIDTA MARGIN

Story of 4 Co-Workers

4 Co-Workers: Everybody, Somebody Anybody, and Nobody had a job to do

Everybody was sure Somebody would do it

Anybody could have done it, but Nobody did it

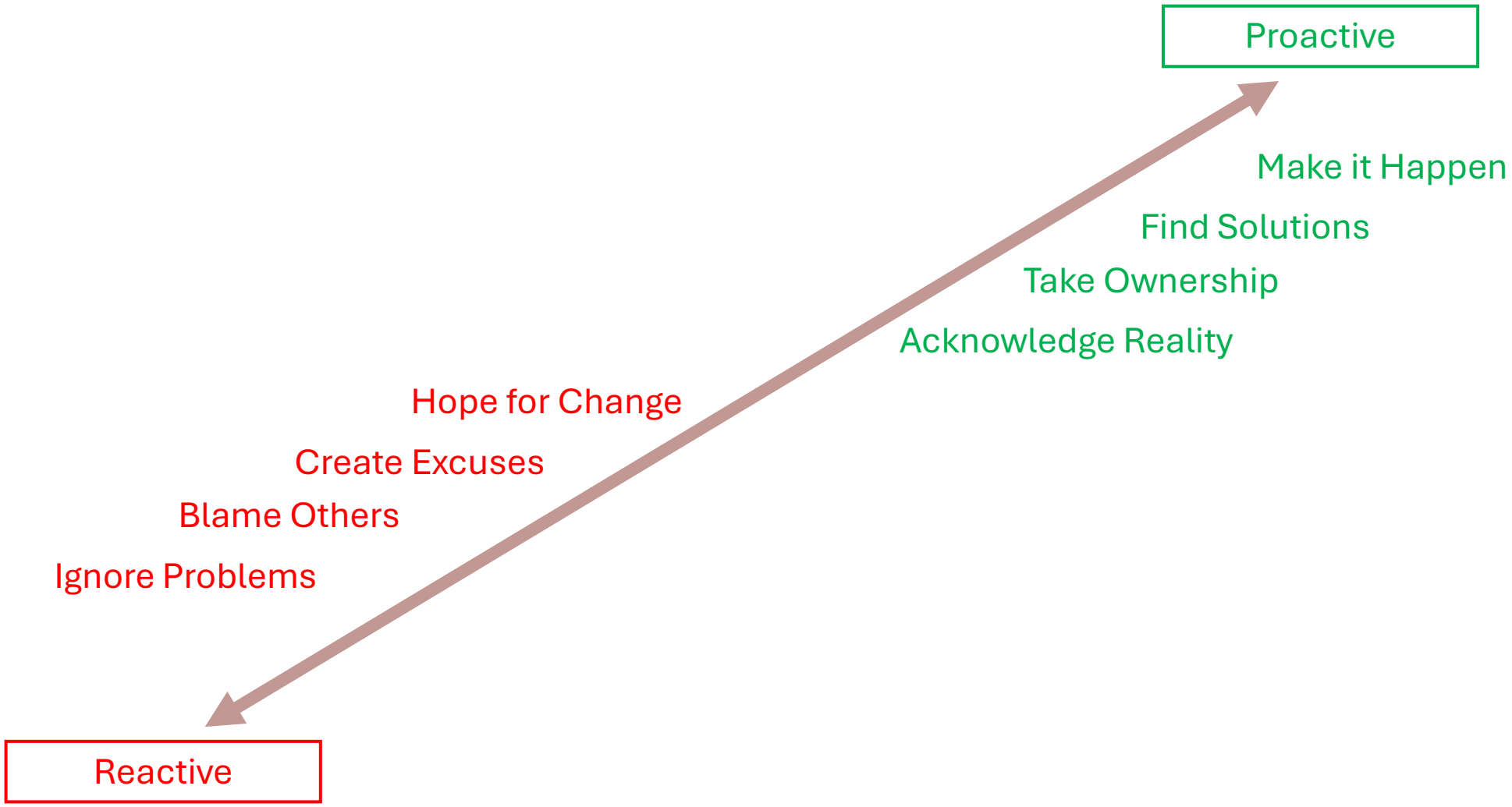
Somebody got angry because it was Everybody's job

Everybody thought Anybody could do it,

but Nobody realized Everybody wouldn't do it

The result was:
Everybody blamed Somebody when Nobody did what Anybody could have done

Ladder of Accountability



Program Overview

Problem Statement: Fragmented quality efforts weaken accountability, waste resources, and hinder sustainability

Resolution Plan: Form a centralized Quality Governance body to streamline expertise, align efforts, and drive focused leadership impact.

Define	core quality domains with senior leadership and consolidate efforts
Empower	project groups to independently solve opportunities within their domain
Designate	individual to monitor and prioritize IT/data requests
Enshrine	monthly cadence for the groups to present their progress/barriers
Celebrate	quarterly presentations by project groups to senior leadership

Core Priorities, Quality Projects, & Accountability

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VBP
HRRP
HQR
CMS Stars
LeapFrog
Anthem Q-HIP
MSSP

Acronyms from top to bottom: Value-Based Purchasing (VBP), Hospital Readmissions Reduction Program (HRRP), Hospital Quality Reporting (HQR), Centers for Medicare and Medicaid Services (CMS) Stars, Anthem Quality-In-Sights: Hospital Incentive Program (Q-HIP), Medicare Shared Savings Program (MSSP)

	Projects	Owners
HAIs	CAUTI	Dr. Mangano | C. Gaskins
	CLABSI	Dr. Choudhry | Dr. Qaemi | R. Lerlev
	Sepsis	Dr. ChurukianlDr. QaemilC. Pfalzgraf
	Antibiotic Stewardship	Dr. Mangano | S. Yohey
	Lab Stewardship	Dr. Patel | M. Wright
Patient Safety	PSI Management	Dr. Goldberg | Dr. M. Aiken | Dr. Sell
	Surgical Best Practices	Dr. Schlafer
	Blood Culture Contamination	N. Abed | M. Wright
Mortality	Palliative ED	Dr. Pham | R. Butler
	Total Mortality Review	Dr. Patel | Dr. Choudhry
Perinatal	OB/GYN Collaborative	Dr. Leonard | Dr. Goldberg | L. Koch
Readmissions	Tele hospitalist program	Dr. Qaemi
	Disease State Navigation	Dr. Qaemi
	CHF Pathway	Dr. Schatz
	COPD/Pneumonia Pathway	Dr. Mangano | C. Gaskins

Empower Groups to Act

Find broken things and fix them…

Blood Culture Contamination:

Root Cause- Poor collection technique & over reliance on ER nurses to collect cultures

Resolution- Train a core group of EMTs to collect blood in ER and create a collector level contamination report for targeted interventions

CAUTI:

Root Cause- Over testing

Resolution- Implement Second Sign Off process with ID & Coach individual providers with opportunities

Overuse of Vancomycin :

Root Cause- Out of Date order sets

Resolution- Identify all order sets with Vancomycin defaulted and update to guidelines

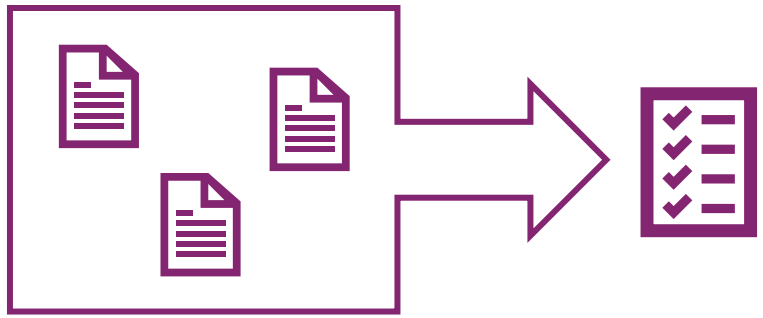
PSI

Root Cause- Delayed case reviews & lack of surgical representation in Review process

Resolution- Institute concurrent reviews & bring in surgical expertise

Prioritize Work

- Established a weekly meeting with IT and reporting leadership
- Selected an individual to serve as the middleman between all the project groups and IT that is:
  - Plugged into each quality work group
  - Data Savvy
  - Have authority to prioritize the requests of the group
  - **Willing to tell people no**
- Create a Quality tag in the system to identify requests related to the Core Quality priorities
- Actively manage the progress of builds underway and the backlog of all quality related tickets in our IT system, adjusting where needed



Governance Meeting

Quality Governance: Meets monthly for team progress presentations

Slide Content:

Each team presents Data, Recap, and Next Steps

Purpose:

Showcase good work, seek help, and educate the organization

Emphasizes:

Discussion; actual work occurs between meetings

Quality Council

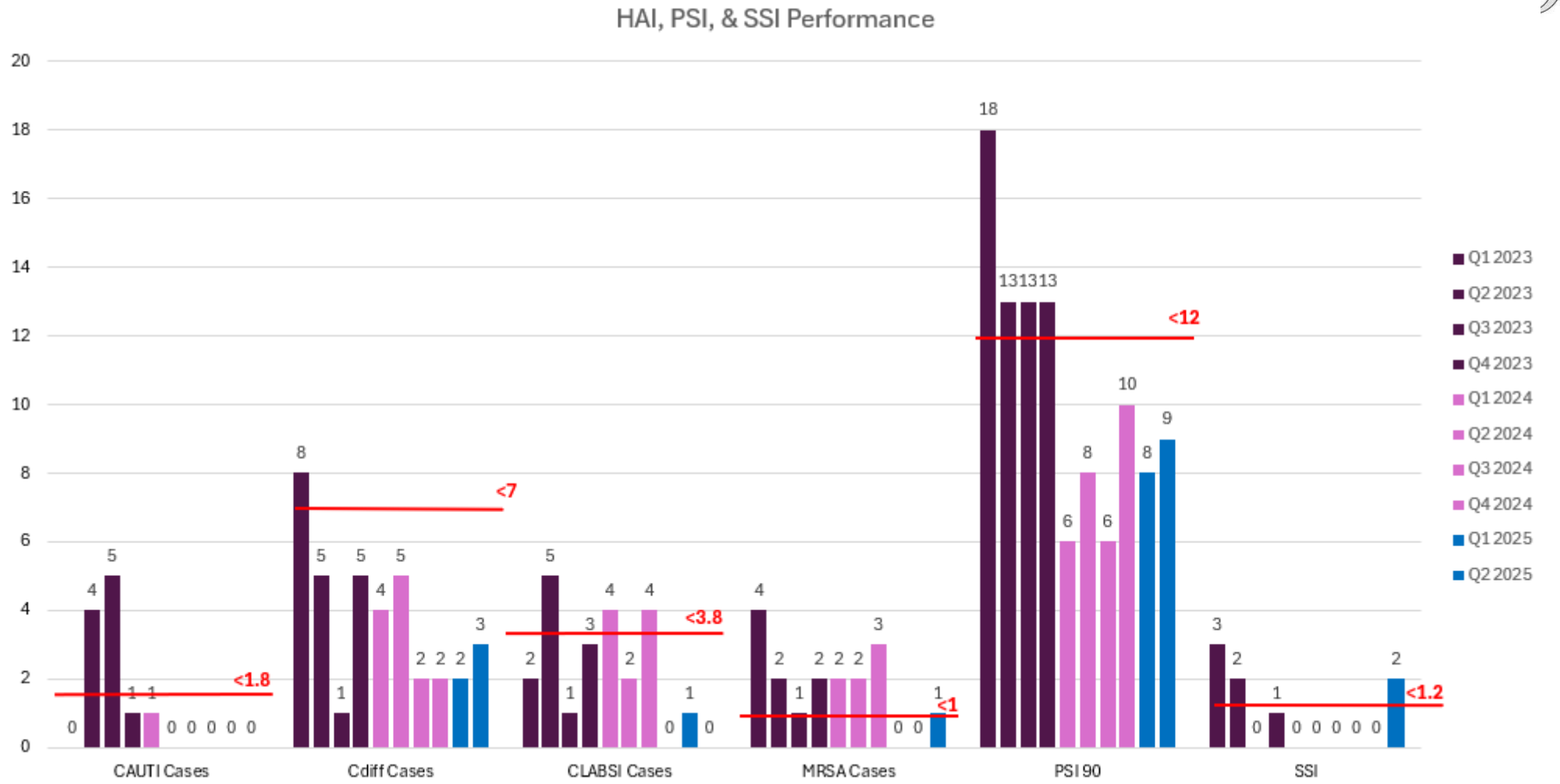
Quality Council:
Presents quarterly to C-Suite Executives

Slide content:
Outcome data, progress updates, and future vision

Purpose:
Gain senior leader buy-in and support for initiatives

Emphasizes:
Two-way communication and collaboration

Improvement Monitoring *(absolute count of cases)*

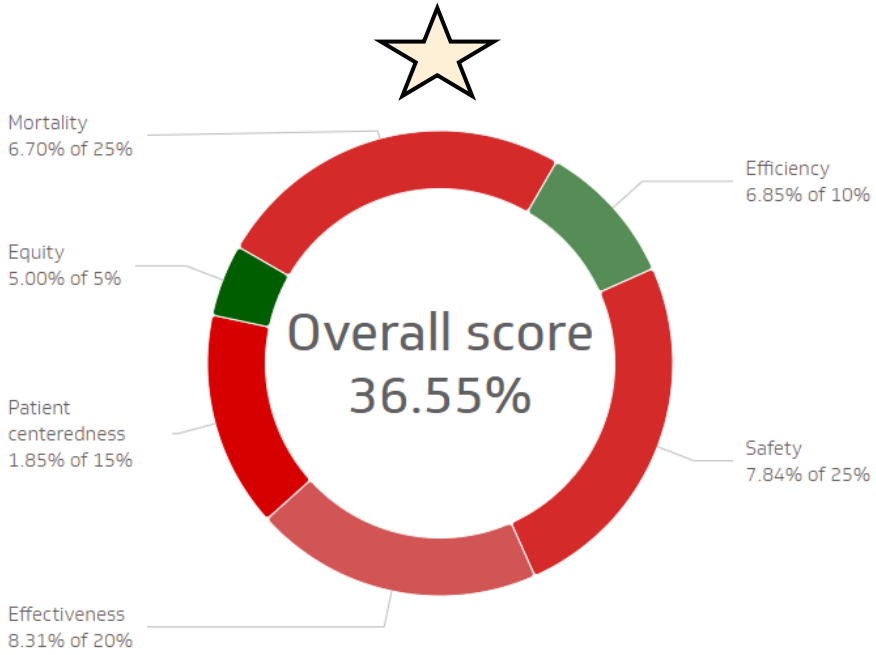


Source: HAIs- NHSN CMS Reportable cases, PSIs- Internal reporting from Mary Washington Healthcare billing system

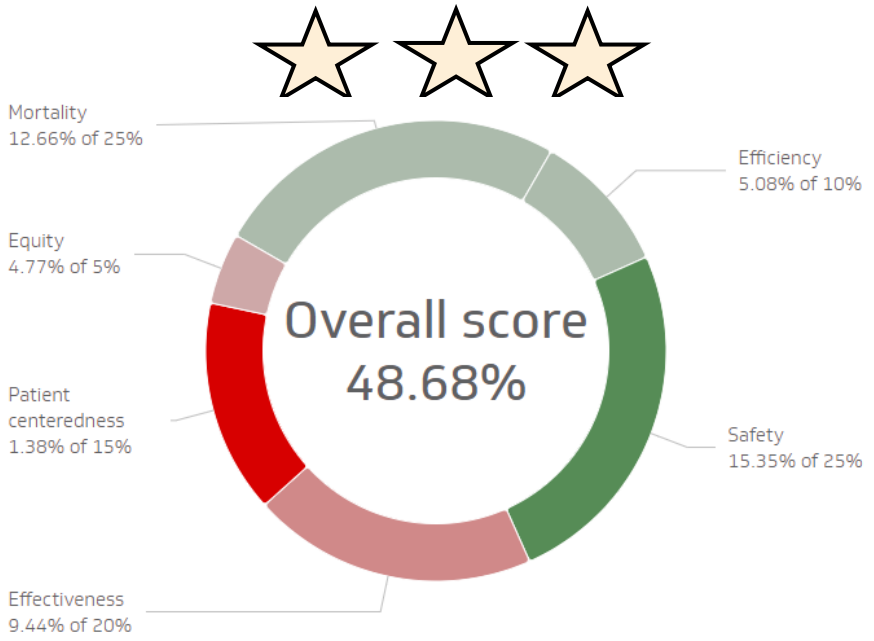
Results

Vizient Rankings			
MWH Q/PS Domains	2023	2024	Rank Change
Safety	159	39	120
Mortality	145	83	62
Effectiveness	140	112	28

2023 Score



2024 Score



Vizient Q&A Score Cards: Details: 2024 Score based on data from Q3 '23 - Q2 '24, 177 Hospitals in Cohort, MWH Rank Change 147 to 112

Lessons Learned

- Selecting engaged providers who care about clinical improvement is a critical driver of success
- Some problems are too big for a single group and need to be broken down into parts
- Executive level buy-in is critical for breaking down barriers
- Existing bureaucracy can slow down processes and might need to be overhauled
- Technical resources might be constrained by unanticipated events

Key Takeaways

- *Establish scope by determining which topics should and should not fall into Quality Governance*
- *Identify motivated individuals to take ownership*
- *Listen to and address the challenges workgroups encounter*
- *Celebrate the things that go right and support the things that go wrong*
- *Create sustainable solutions and continuously monitor metrics*

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Questions?

Contact:

Dr. Renuka Gupta, Renuka.Gupta@mwhc.com

Thomas Magrino, Thomas.Magrino@mwhc.com

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Maimonides Health

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Dashing to Zero Harm

Sameh Samy, MBBCh, MSA, CPHQ, CSSBB, Chief Quality Officer and VP, Quality Management

Alexandra Shumyatsky, PharmD, CPHQ, Director of Quality Outcomes

Maimonides Medical Center, Brooklyn, NY

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About Maimonides Medical Center

- 711 bed **tertiary community hospital** in Brooklyn, NY
- **Academic medical center**
  - training more than 500 residents and 1,000 medical students each year
- Infants and **Children's Hospital** (within a hospital)
- Adult **Level 1 Trauma Center**; Pediatric Level 2 Trauma Center
- NYS and Joint Commission Advanced **Comprehensive Stroke Certification**
- Joint Commission Advanced **Certification in Ventricular Assisted Device**
- NYS Department of Health **Regional Perinatal Center**
- Only comprehensive **Cancer Center** in Brooklyn
- Considered a **"safety-net"** hospital due to sociodemographic profile
- Culturally diverse
  - **120 different languages** spoken by staff and patients at MMC

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SRC CENTER OF EXCELLENCE MINIMALLY INVASIVE GYNECOLOGY

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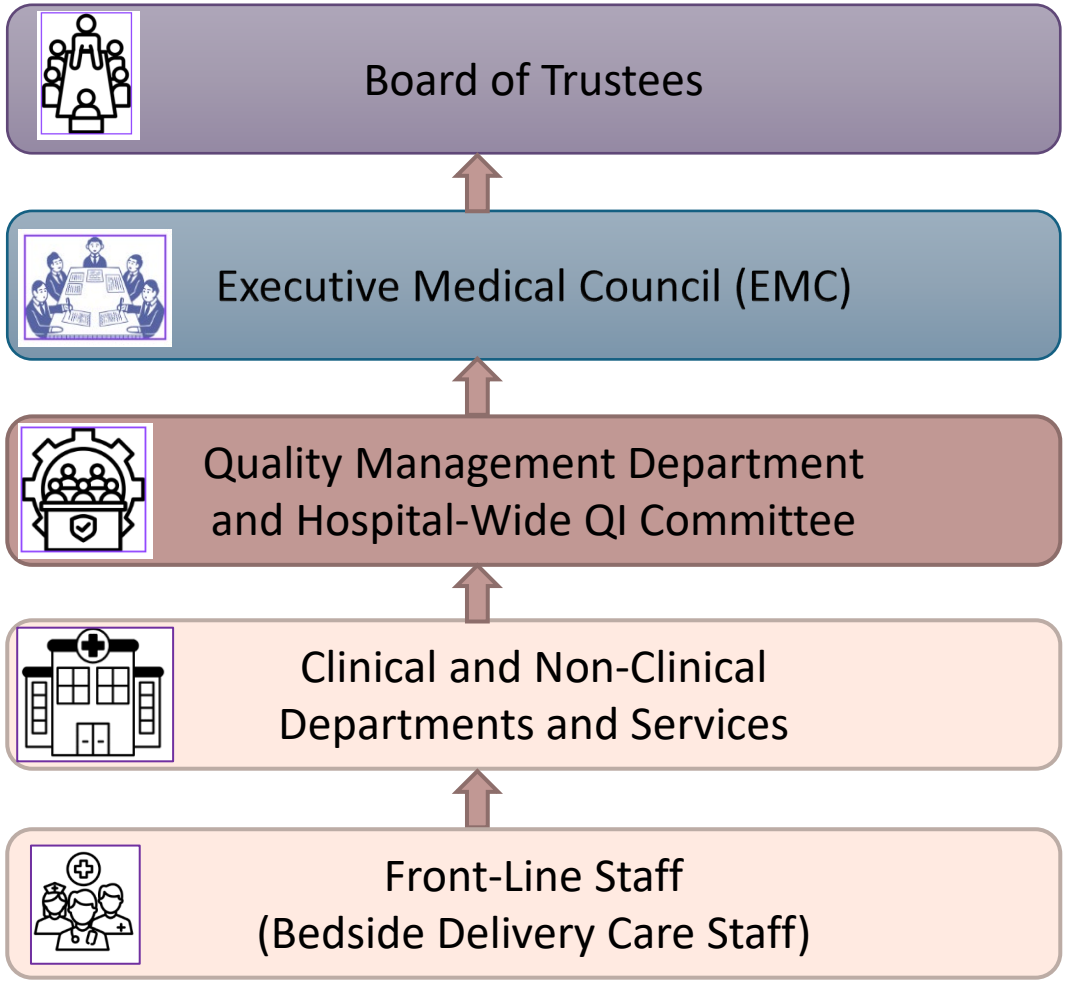
Quality Management Reporting Structure



Quality Management Strategic Priorities

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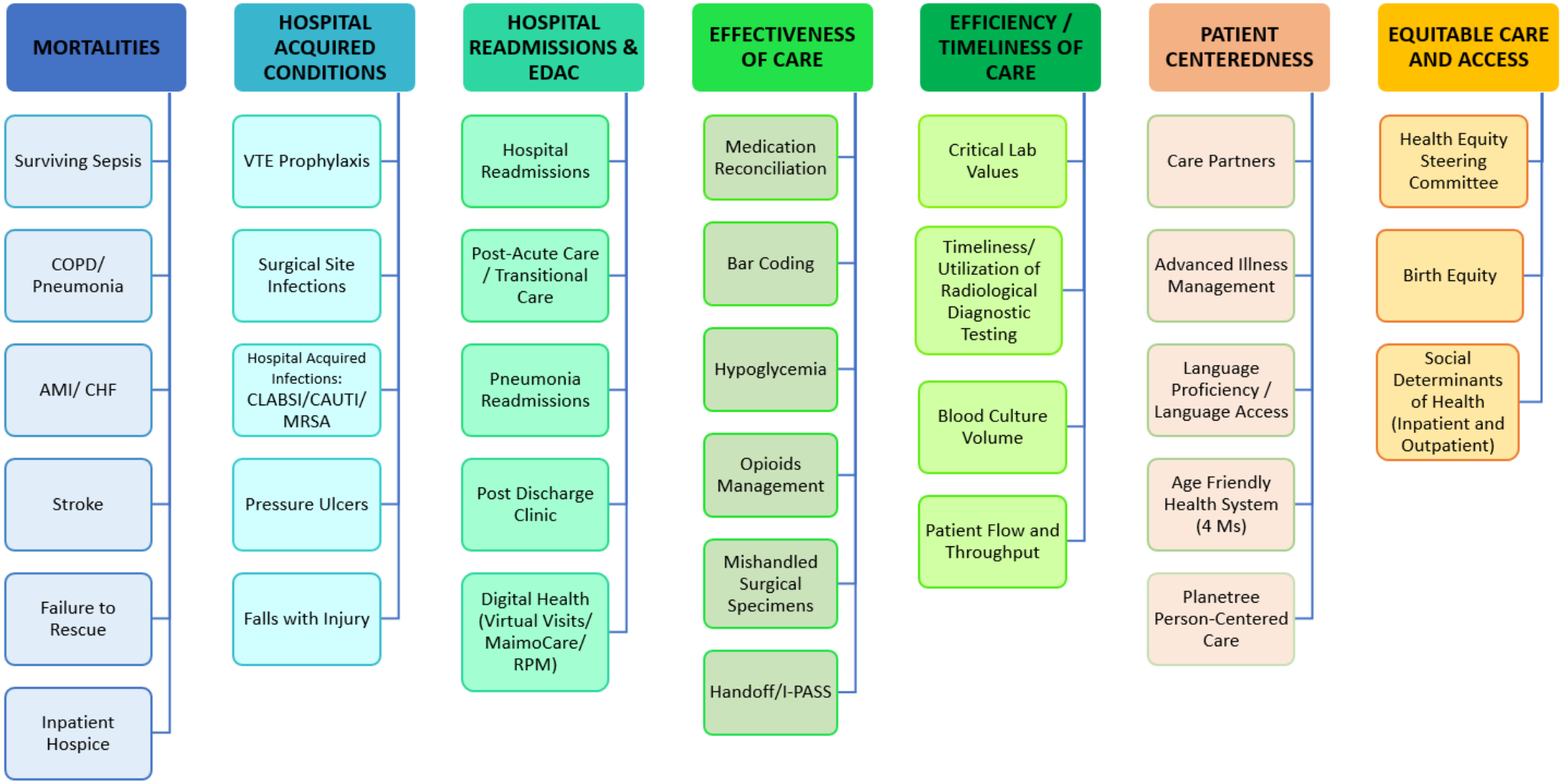


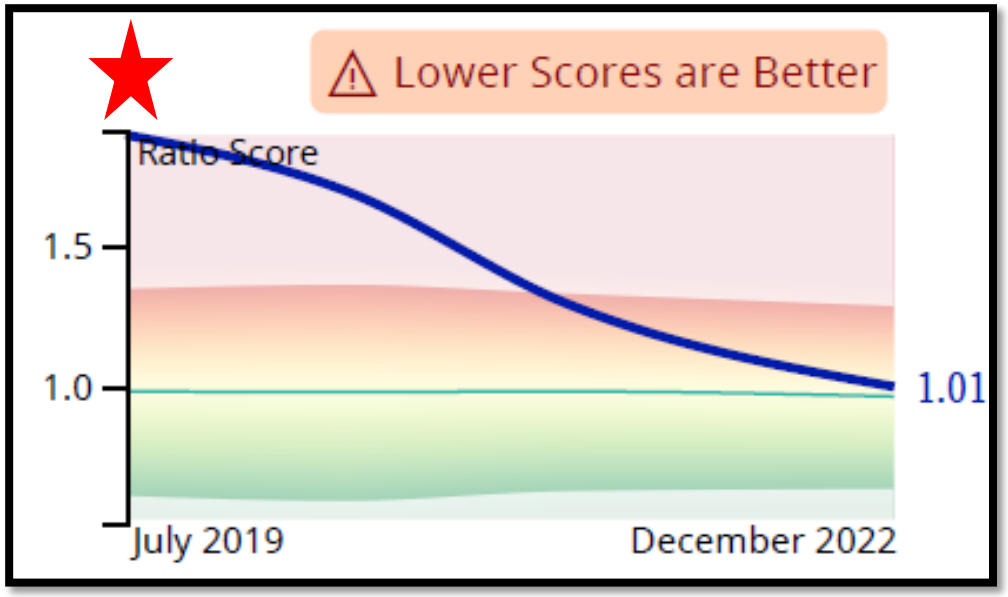
Patient Safety Indicator-90 QI Initiative: Background & Objective

The CMS Star Rating from the July 2019 report, indicated that MMC's PSI 90 **composite ratio was 1.91 (**statistically worse than the national ratio of 1.00)

PSI-90

Patient Safety and Adverse Events

	2019		
	July.	Oct.	Dec.
Hospital Score	1.91		
U.S. Avg.	0.99		
U.S. σ	0.18		
Hospital Z-Score	-4.97		



HANYS. *HANYS Quality Measure Trends Analysis*. December 2022.

PSI-90 Composite Measures

- PSI 03 **Pressure Ulcer Rate**
- PSI 06 **Iatrogenic Pneumothorax Rate**
- PSI 08 **In-Hospital Fall-Associated Fracture Rate**
- PSI 09 **Postoperative Hemorrhage or Hematoma Rate**
- PSI 10 **Postoperative Acute Kidney Injury Requiring Dialysis Rate**
- PSI 11 **Postoperative Respiratory Failure Rate**
- PSI 12 **Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT) Rate**
- PSI 13 **Postoperative Sepsis Rate**
- PSI 14 **Postoperative Wound Dehiscence Rate**
- PSI 15 **Abdominopelvic Accidental Puncture or Laceration Rate**

PSI-90 QI Initiative: Goals and Objectives

- These findings led to the creation of the ***"No-Harm Dashboard" in 2019***, which would identify adverse events in real-time and allow for timely clinical intervention and documentation improvement through a multidisciplinary approach.

- The goal of this initiative was to decrease our PSI 90 composite ratio From ***1.91 to 1.00 over 3 years.***

- ***Several Task Forces*** were formed utilizing The Plan, Do, Check, Act (PDCA) framework and reported to the ***Hospital Acquired Conditions Oversight Committee.***

PSI-90 QI Initiative: Intervention

The *"No-Harm Dashboard" was Developed* in 2019 (in collaboration with IT Dept.) in order to monitor and improve the patient safety indicator composite score

The *adverse events were captured based on final claims data* that mirrored the CMS inclusion and exclusion specifications

Thorough chart reviews were conducted to differentiate whether the event was present on admission or hospital acquired. Opportunities for appropriate documentation were also evaluated

If the review indicated a hospital acquired event, we would ensure compliance with evidence-based protocols and the case would be *referred to the relevant department for peer review*

Trends & Patterns analyzed through this dashboard were used to drive organizational QI priorities and have led to the *establishment of various multidisciplinary task forces*

PSI-90 QI Initiative: Results

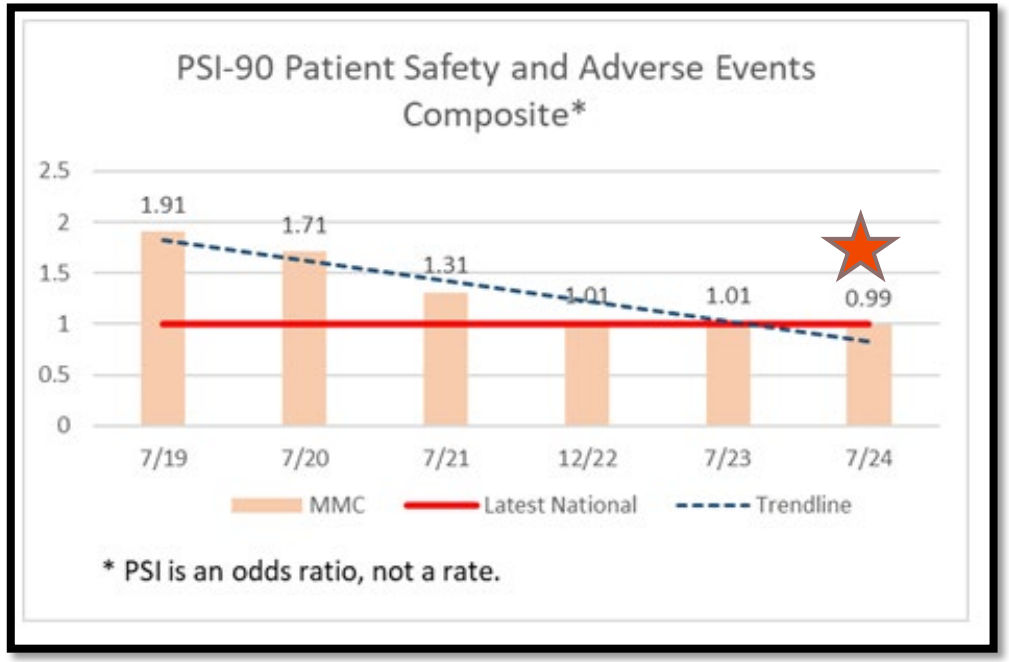
- We achieved our goal of composite ***ratio of 1.01 by December 2022 and*** have maintained that success through the subsequent reporting periods, with the ***most recent odds ratio of 0.99 in 2024***.

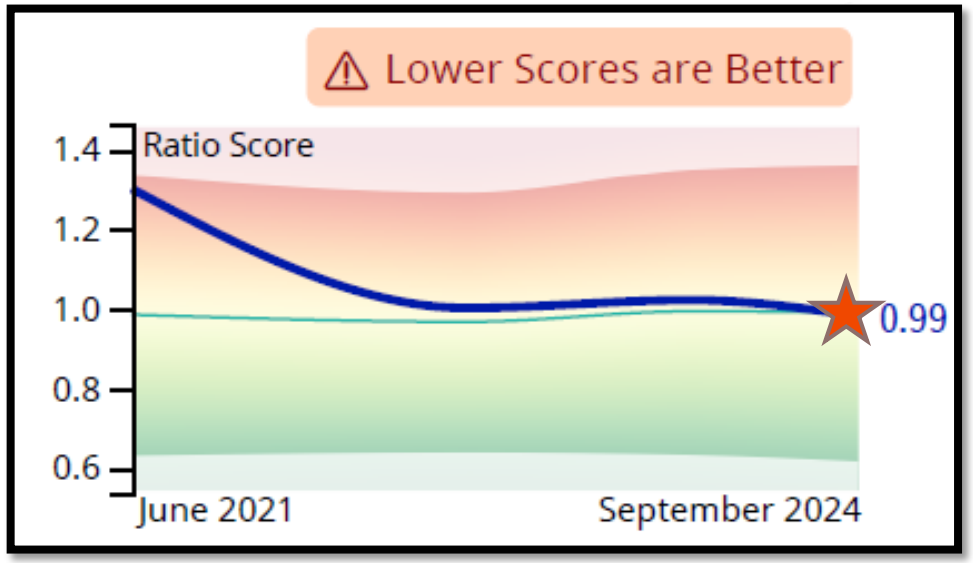
- The No Harm Dashboard has shown an overall ***74% reduction of patient safety indicator events*** in 2019 vs. 2023 (131 events vs. 34 events) which has ***resulted in 1.9 million dollars saved***.

Measures	Goal	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	2023	2019	Variance	Estimated Cost Savings(+)/ Loss(-)
Patient Safety Indicators																	
PSI-03 Pressure Ulcer	0	0	2	0	1	0	0	0	1	0	1	0	0	5	28	-82%	$333,638
PSI-06 Iatrogenic Pneumothorax	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	n/a	$90,000
PSI-08 In-Hospital Fall with Hip Fracture	0	0	0	0	1	0	1	0	1	0	0	1	0	4	1	300%	-$42,168
PSI-09 Periop Hemorrhage or Hematoma	0	1	1	2	1	1	1	1	0	0	1	1	0	10	27	-63%	$364,327
PSI-10 Postop Acute Kidney Injury Requiring Dialysis	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1	0%	$0
PSI-11 Postop Respiratory Failure	0	0	0	2	0	0	0	0	0	0	0	1	0	3	3	0%	$0
PSI-12 Periop Venous Thromboembolism (PE/DVT)	0	0	0	1	0	0	1	0	0	0	0	1	2	5	42	-88%	$642,579
PSI-13 Postop Sepsis	0	0	1	0	0	0	0	2	0	0	0	0	0	3	16	-81%	$383,591
PSI-14 Postop Wound Dehiscence	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	$0
PSI-15 Unrecognized Accidental Puncture or Laceration	0	0	1	0	1	0	0	0	0	0	0	0	1	3	8	-63%	$76,670
Total # of PSIs	0	1	5	5	4	2	3	3	2	0	2	4	3	34	131	-74%	$1,848,637
																Savings	$1,890,805
																Loss	-$42,168
																Net	$1,848,637

Source: Internal data reporting Maimonides Medical Center.

PSI-90 QI Initiative: Results





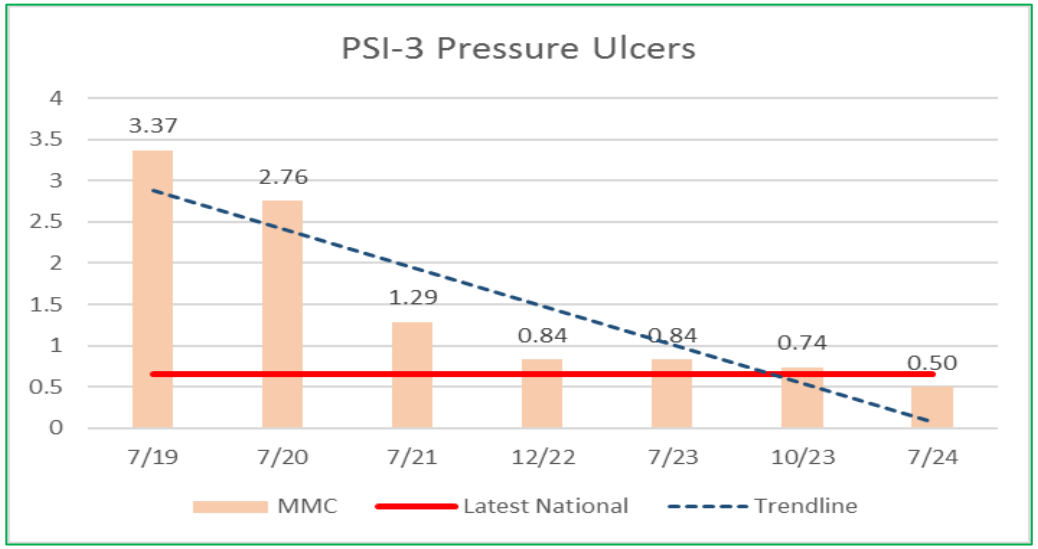
Patient Safety and Adverse Events (Composite)

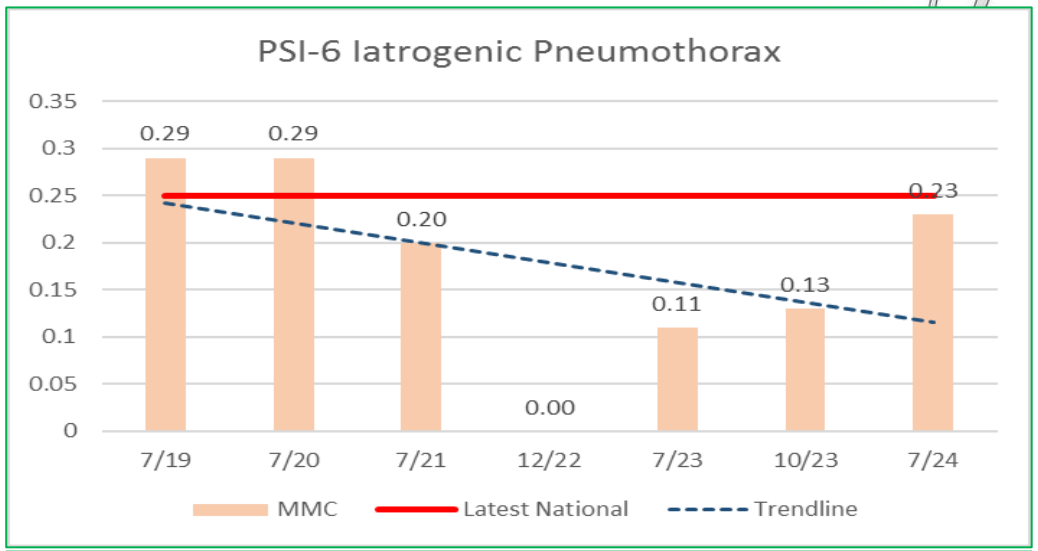
	2021		2022				2023				2024			
	Sept.	Dec.	Mar.	Jun.	Sept.	Dec.	Mar.	Jun.	Sept.	Dec.	Mar.	Jun.	Sept.	Dec.
Hospital Score						1.01				1.03			0.99	
U.S. Avg.						0.98				1.00			1.00	
U.S. σ						0.16				0.18			0.19	
Hospital Z-Score					→	-0.21			→	-0.16		→	0.05	

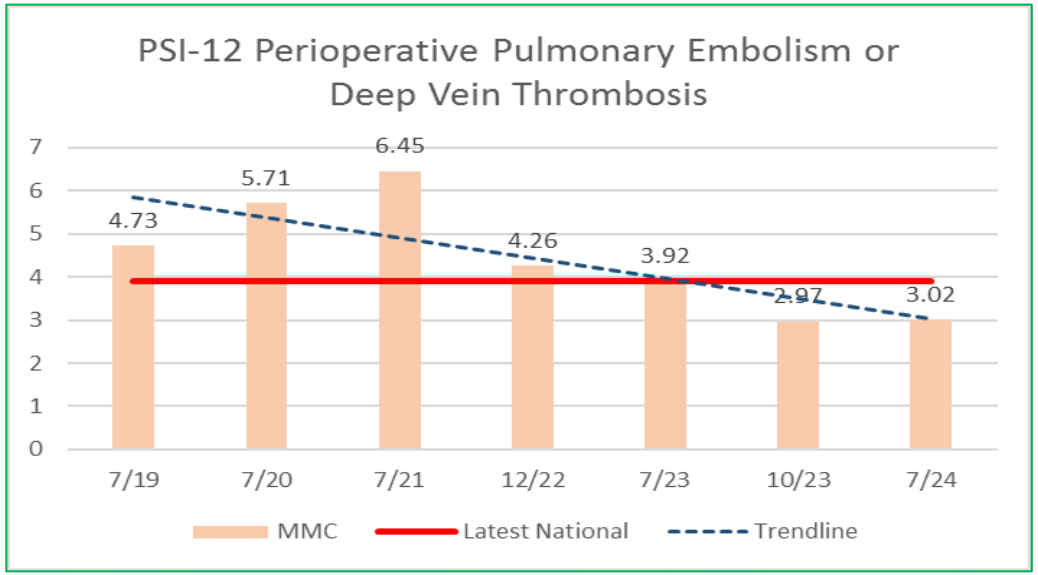
Centers for Medicare & Medicaid Services. *Hospital Quality Initiative Public Reporting Data Refresh for Hospitals*. U.S. Department of Health and Human Services, 2024.

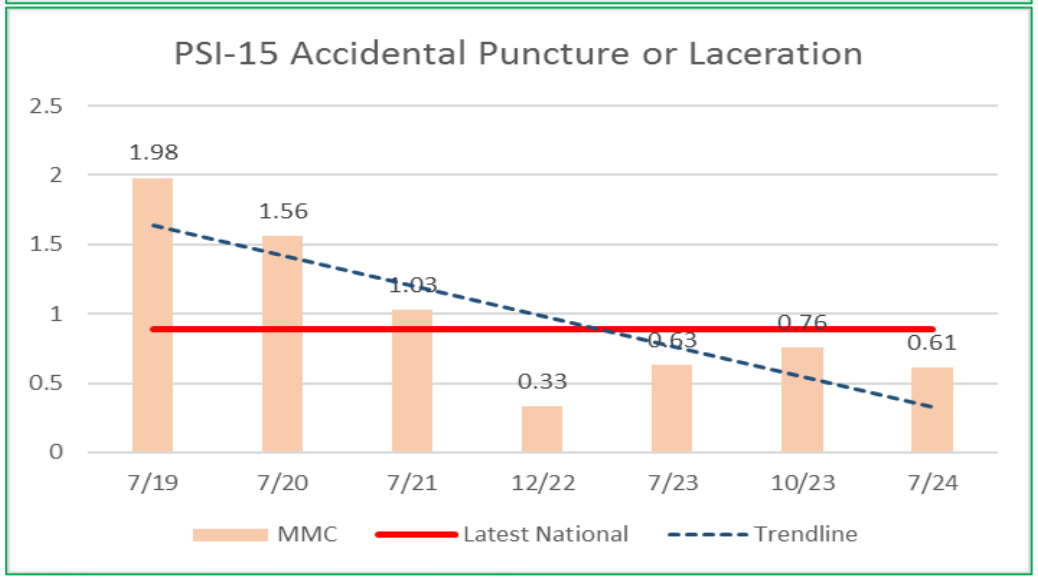
HANYS. *HANYS Quality Measure Trends Analysis*. January 2025.

PSI-90 QI Initiative– Snapshot of Specific Measures



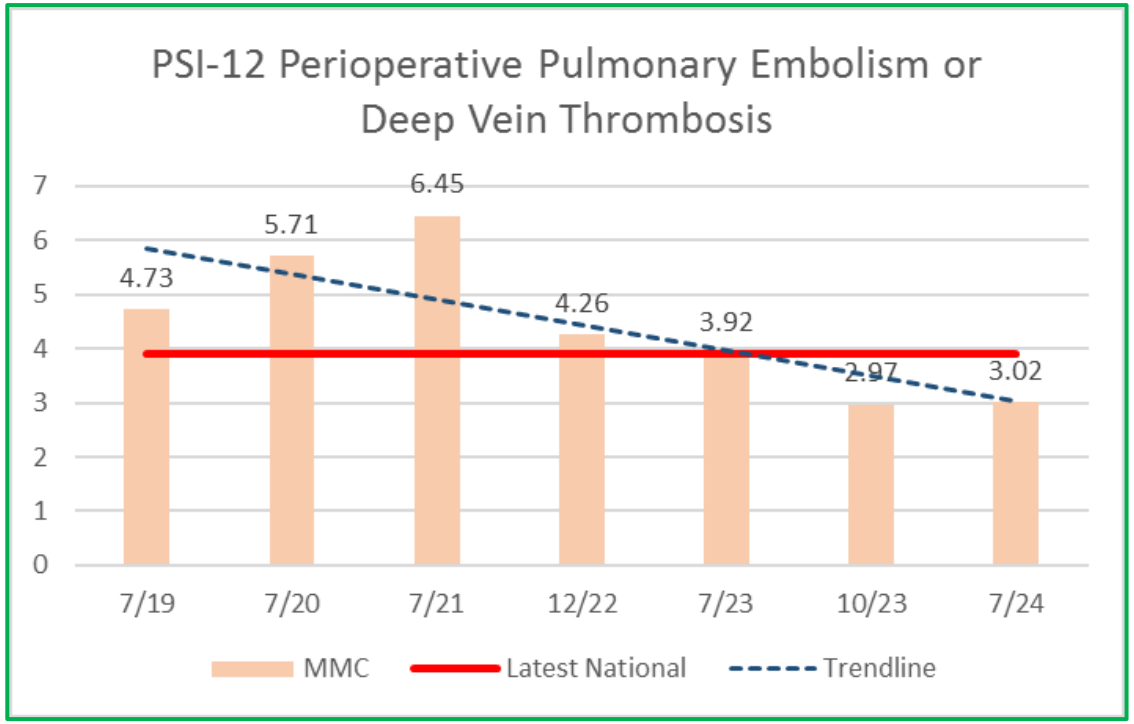


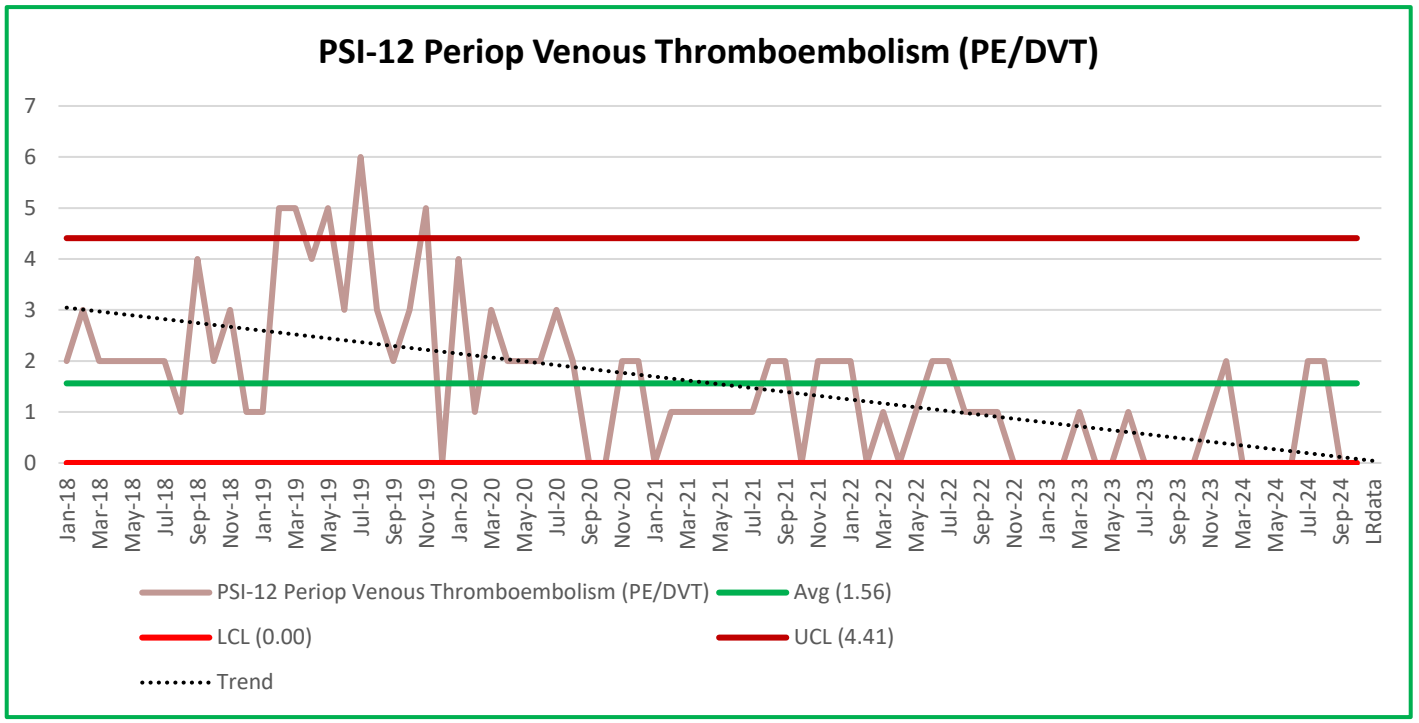




Centers for Medicare & Medicaid Services. *Hospital Quality Initiative Public Reporting Data Refresh for Hospitals*. U.S. Department of Health and Human Services, 2024.

Reducing VTE Events in Surgical Patients





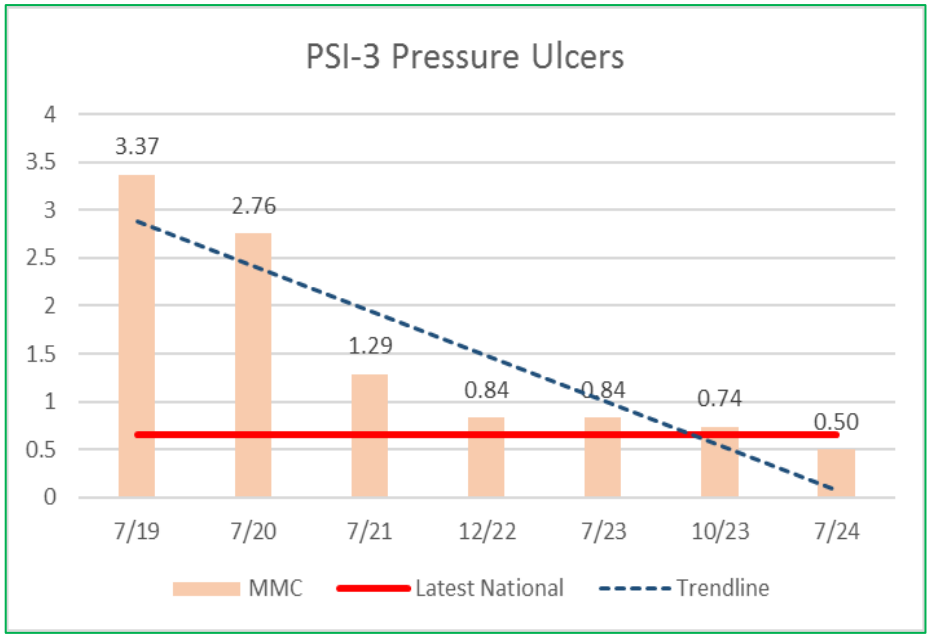
Centers for Medicare & Medicaid Services. *Hospital Quality Initiative Public Reporting Data Refresh for Hospitals*. U.S. Department of Health and Human Services, 2024.

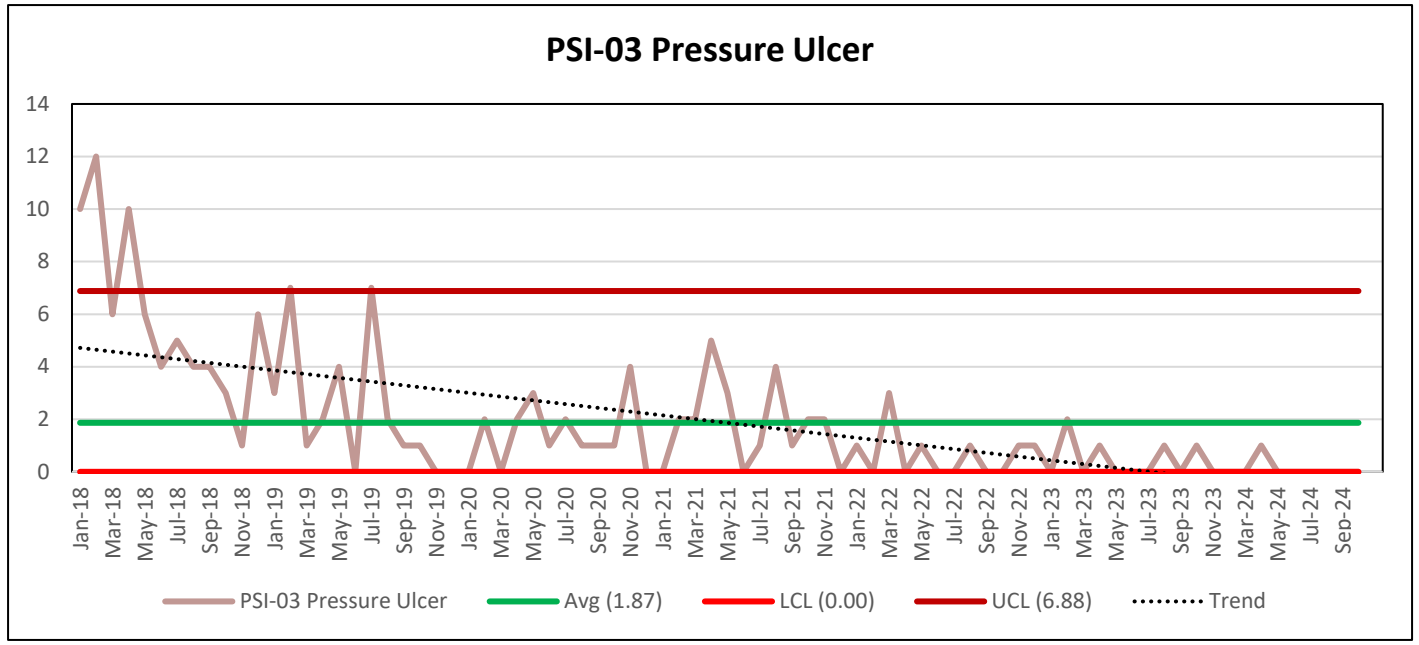
Control chart showing trend of PSI-12 cases based on claims data. This graph was created by the MMC Quality Management department.

Improvement Strategies

- Streamlined the mandatory CPOE pathway for VTE risk assessment upon patient admission
- Updated the Institution's VTE prophylaxis protocol to include the most current guidelines
- Implemented pre-op VTE prophylaxis for indicated major procedures
- Conducted root cause analysis audits on all post-op VTE cases to identify opportunities for improvement
- Created an educational module and conducted in-service to practitioners on the VTE prophylaxis algorithm
- Standardized utilization and interpretation of Venous duplex studies

Pressure Injury Reduction





Centers for Medicare & Medicaid Services. *Hospital Quality Initiative Public Reporting Data Refresh for Hospitals*. U.S. Department of Health and Human Services, 2024.

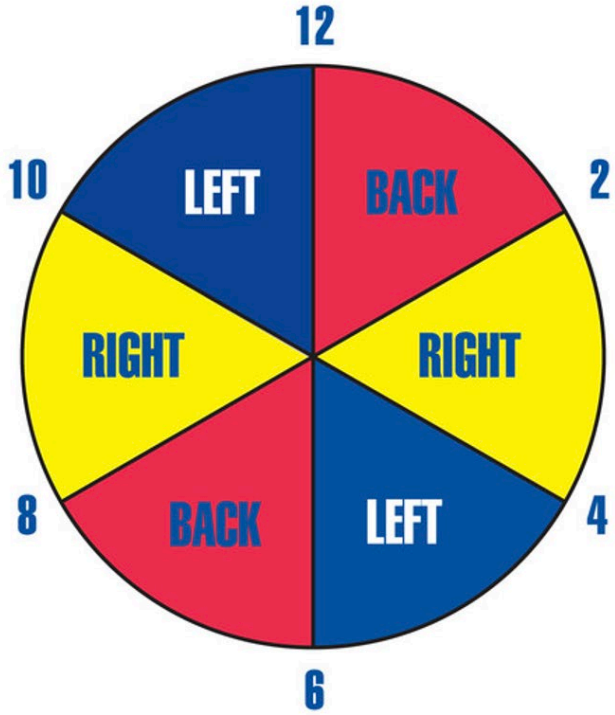
Control chart showing trend of PSI-3 cases based on claims data. This graph was created by the MMC Quality Management department.

Pressure Injury Reduction: Interventions

Improvement Strategies

- Risk assessment for pressure injuries
- Prophylactic pressure relief devices
- Mobilization program
- Safety Huddle Unit Board
- Validation of RN wound assessments
- NDNQI monthly skin prevalence
- Root cause analysis for all HAPI cases

Patient Turning Schedule



Lessons Learned

- This initiative highlighted the necessity of optimizing quality improvement efforts by ***monitoring data trends and patterns in a timely fashion***.

- Identifying opportunities and ensuring success requires ***collaborative teamwork with the owners of the process and front-line staff***.

- Additionally, this project emphasized the necessity of close collaboration with clinicians and Clinical Documentation Specialists (CDI), to ensure ***optimal documentation and coding of the related adverse event***.

Key Takeaways

- Start by ***tracking*** PSI data on a monthly basis using Vizient Clinical Database
- ***Partner with appropriate clinical leadership*** to review the data and start brainstorming about action items
- ***Utilize a structured QI framework*** (such as FOCUS PDCA) to promote team collaboration
- ***Collaborate with the medical records*** department for optimization of clinical documentation and review of the flagged medical records
- ***Communicate and share progress*** with leadership and front-line staff

Maimonides Health

imagine THE POSSIBILITIES

Questions?

Contact:

Jennifer DeAngelo, jdeangelo@maimo.org

Sameh Samy, Ssamy@maimo.org

Alexandra Shumyatsky, ashumyatsky@maimo.org

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Behind the Breakthroughs

Mangla Gulati, MD, FACP, SFHM, Chief Quality and Safety Officer,
MedStar Washington Hospital Center

Christopher Kim, MD, MBA, Senior Vice President, Chief Quality Officer
Wellstar Health System

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Open Discussion

Ask your questions – let's talk about what worked, what didn't and how quality executives can apply these lessons in their own organizations

Lessons Learned

- System alignment fuels sustainable results
- Data strategy is a performance modifier
- Trust and engagement accelerate change

Key Takeaways

- ✓Audit your governance alignment
- ✓Strengthen your data and analytics infrastructure
- ✓Build culture through trust and accountability

Questions?

Contact:

Mangla Gulati, mangla.s.gulati@medstar.net

Christopher Kim, christopher.kim@wellstar.org

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Panel Contact Information

Houston Methodist

Shawn Tittle, STittle@houstonmethodist.org
Jonathan Rogg, JRogg@houstonemthodist.org
Sayali Kelkar, skelkar@houstonmethodist.org
Firas R. Zabaneh, fzabaneh@houstonmethodist.org
Carla Braxton, cbraxton@houstonmethodist.org

Maimonides Medical Center

Sameh Samy, Ssamy@maimo.org
Alexandra Shumyatsky, ashumyatsky@maimo.org
Jennifer DeAngelo, jdeangelo@maimo.org

Mary Washington Healthcare

Dr. Renuka Gupta, Renuka.Gupta@mwhc.com
Thomas Magrino, Thomas.Magrino@mwhc.com

Facilitators

Mangla Gulati, mangla.s.gulati@medstar.net
Christopher Kim, christopher.kim@wellstar.org

The CQE of the Future

The CQE of the future…won't just measure quality—they'll define it, build it and lead performance improvement shaping system strategy, elevating c-suite decision-making and driving transformative outcomes across the entire healthcare organization.

The White Paper framework was derived from a mix of quantitative and qualitative methods:

- A national survey of 137 CQEs analyzed role demographics, competencies and scopes of responsibility (2 published articles by Quality Executive Network members).
- Structured focus groups with 30 Vizient system-level CQEs to define and validate a future-oriented competency model.
- Literature review and expert consensus from Vizient leaders and network contributors on the foundational framework for the future CQE.