



VIZIENT CONNECTIONS SUMMIT

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# Systemness in Action: Scaling Quality Improvement Across the Enterprise

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# Learning Objectives



- Describe how systemwide governance and leadership support can sustain clinical improvement.
- Explain the role of real-time data tracking in driving hospital performance outcomes.



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# What got us started



**Accountability of facility CMOs to central office to each of our reportable infections**



**Data on dashboards reviewed daily, weekly, monthly**



**Nursing practice modified AND physician work monitored in QSE (Quality Safety Experience) meetings**



**Share the wins across the enterprise. Celebrate them, and adapt them to your facility**



**Make it personal: We would present data in number of infections/patients with infections averted. The numbers accrued over the year becoming quite compelling.**



**Partner with Antimicrobial Stewardship, Testing stewardship, Documentation to support initiatives**

# Staying power



**Sprints for  
course  
correction**



**Consistent  
focus on  
tactics**



**Measure and  
address what  
matters**



**Consistent  
products and  
processes  
across the  
system**



**Unchanging  
focus on data  
in huddles**



**Unwavering  
accountability**

# Lessons Learned



- Strong Leadership commitment is essential for sustained improvement
- Consistent data review drives meaningful course corrections
- Engaging the frontline staff fosters ownership and accountability
- Celebrating small wins along the way maintains motivation across teams
- Collaboration across departments enhances overall effectiveness

# Key Takeaways



- **Measure What Matters.** Ensure you have necessary dashboards and data available before you implementing changes. This allows you to show the pre and post change data effectively.
- **Celebrate Small Wins.** Recognize and celebrate small victories along the way. This helps maintain motivation and highlights progress.
- **Accountability is Essential.** Empowering teams and giving accountability where it can impact the work from the CMO to the caregiver at the bedside will create staying power of the change.

# Background and Aims



## Need for Action

- Over 33% of hospital admissions have a diagnosis of diabetes.
- Poor glycemic control results in higher complications, mortality, and hospital costs.
- National Focus on Inpatient Glucose Control
  - Vizient Hypoglycemia
  - CMS Hypoglycemia AND Hyperglycemia Measures (2026)

## Governance Structure

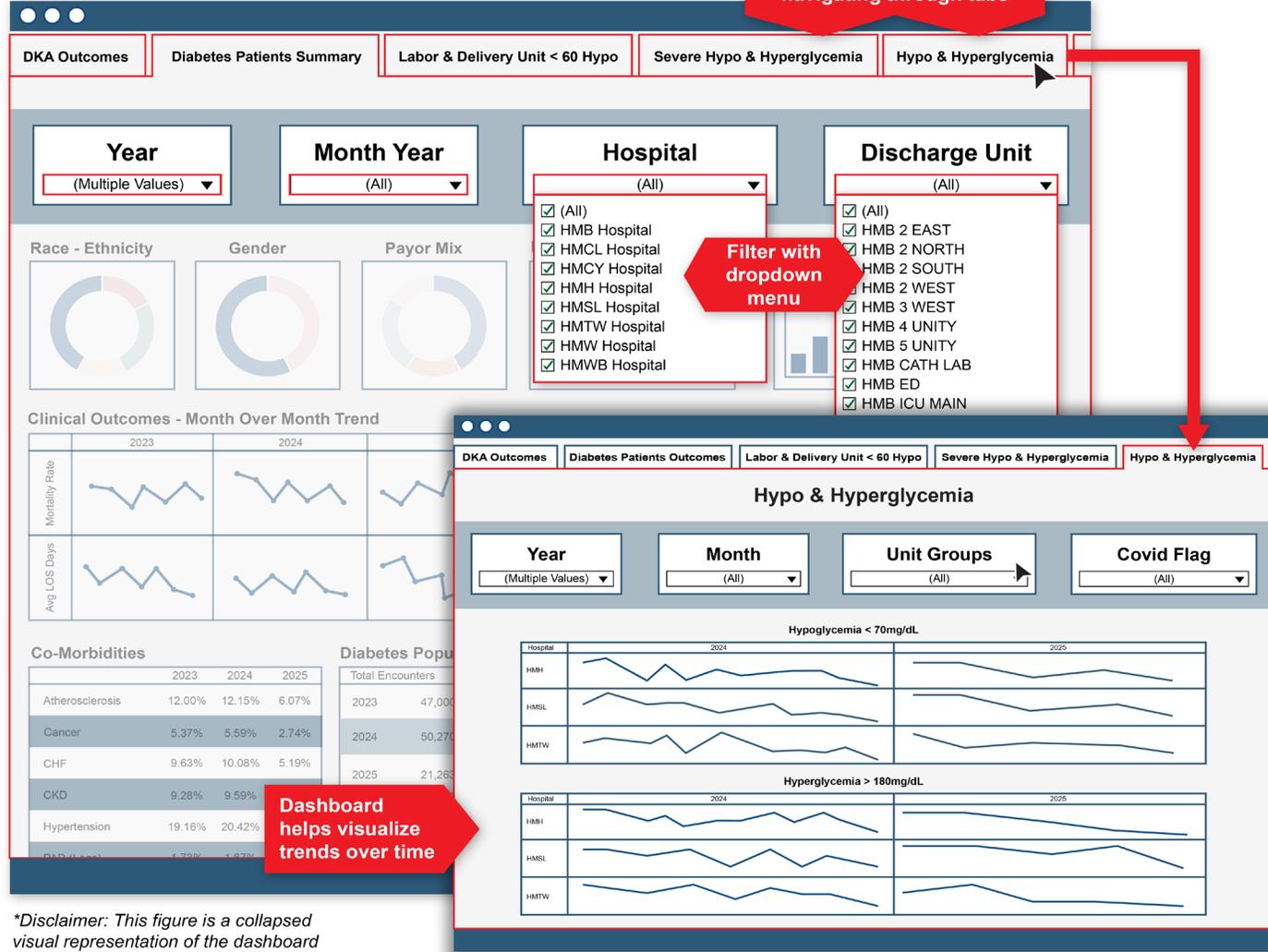
- Establish a system-wide model for optimal inpatient glucose control
- Create a Governance Model– Diabetes Action Council
  - Centralized System DAC
  - Individual Hospital site-level Local DACs
  - Monthly System DAC meetings
  - Annual Individual on-site local DAC meetings

# DASHBOARD and Measurable Improvements (2019–2024)

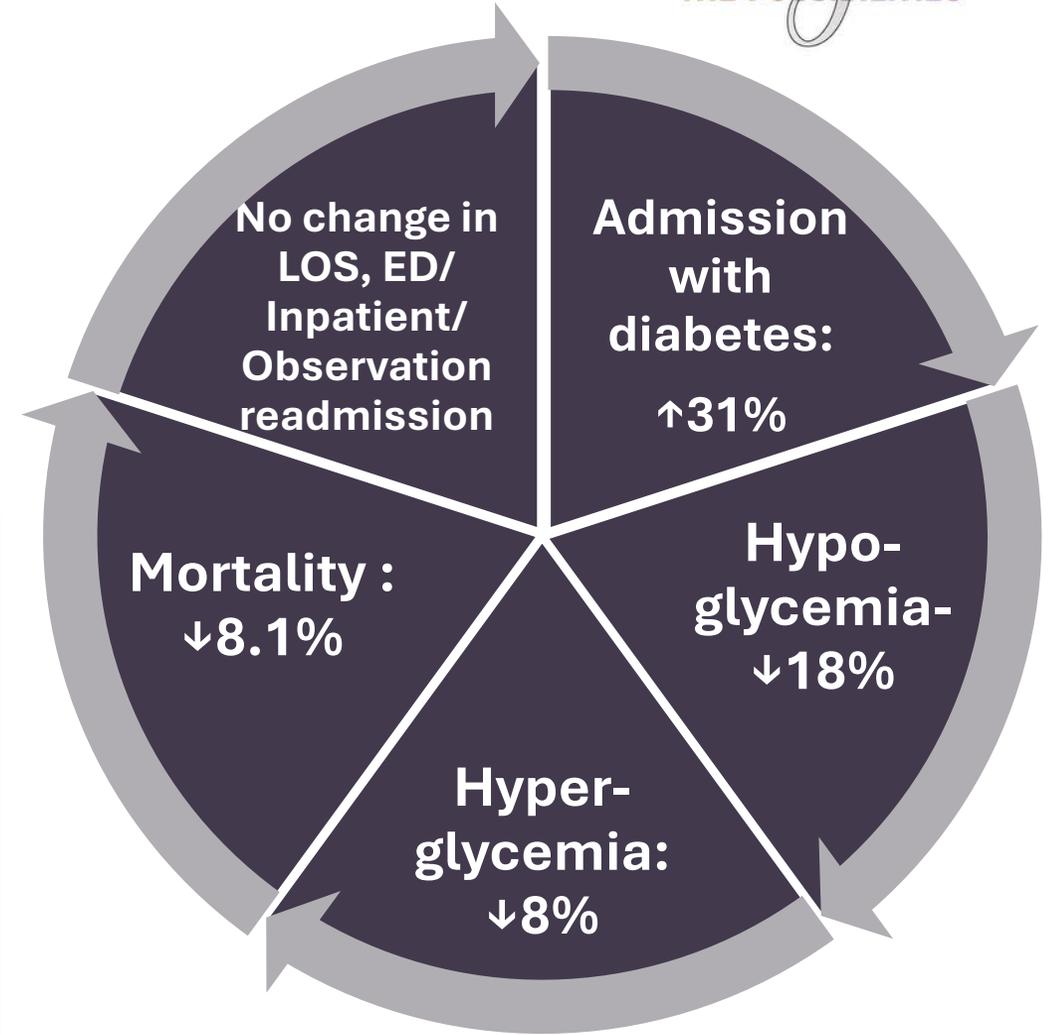


## Diabetes Dashboard Glucometrics and Patient Outcomes

Explore / Diabetes\_Glucose\_Dashboard / Diabetes Patients Outcome



\*Disclaimer: This figure is a collapsed visual representation of the dashboard



# Culture of Collaboration: Why This Works

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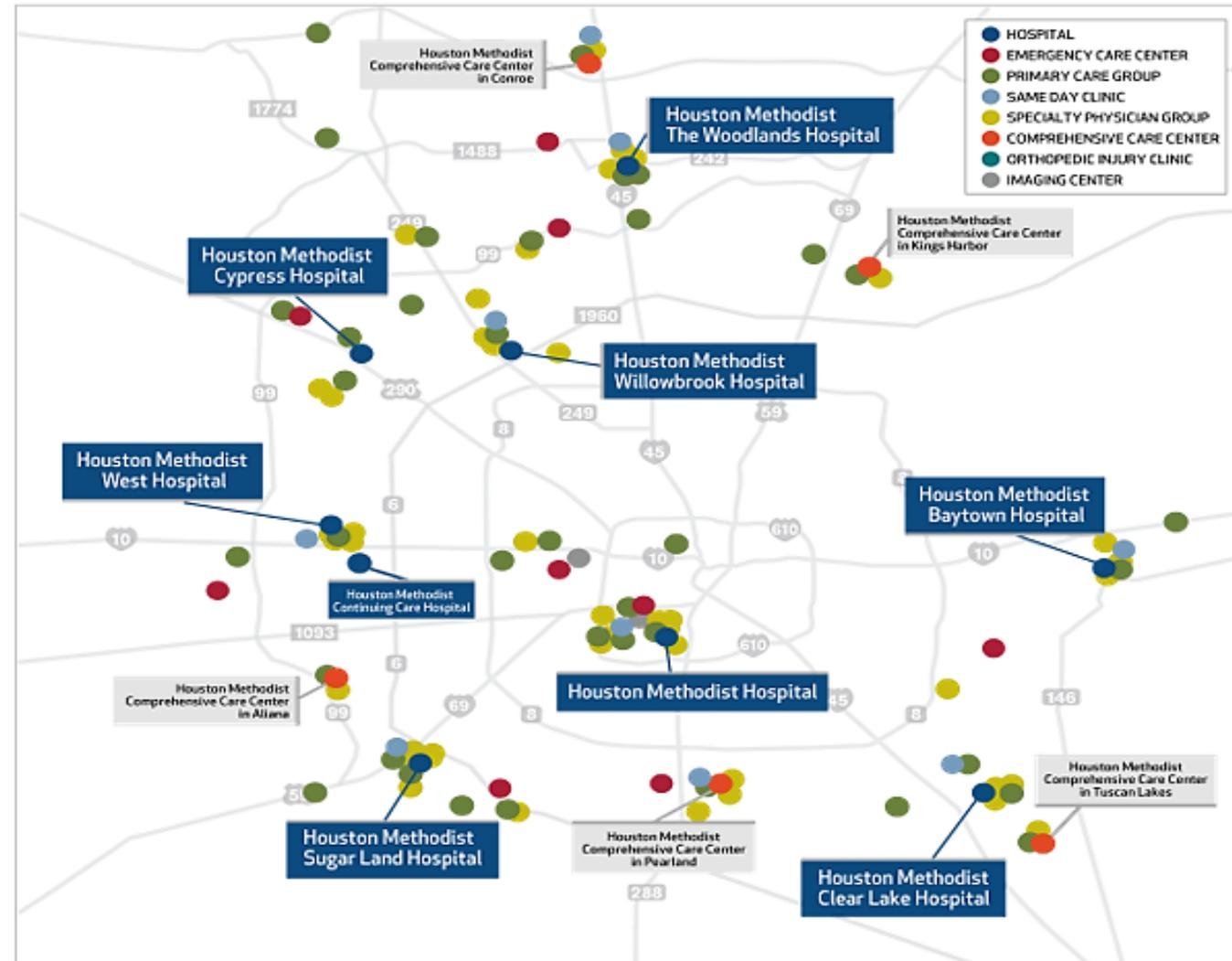
System-wide **UNIFIED** standards with site-specific flexibility

Executive **SUPPORT** allows resources and accountability

**REAL-TIME** data allowed recognition of success and challenges

Monthly **DISCUSSIONS** sustained engagement

Shared **ACCOUNTABILITY** across all disciplines and hospitals



# Lessons Learned



- **Real-time data drives action**
  - Timely and actionable data with The Glucose Dashboard enables interventions.
- **Workflow variation is inevitable**
  - Interventions can be customized and adaptable to differences in clinical practice and resources across sites.
- **Engagement and Accountability**
  - Local DACs present projects/outcomes to receive feedback from the entire system, celebrate successes, and reinforce the concept of **"Systemness."**

# Key Takeaways



- **Structure**
  - Establish structured governance
    - Form local councils that report to a system-level committee to drive alignment and accountability.
- **Real-time**
  - Use real-time dashboards
    - Implement a centralized tool (like the Glucose Dashboard) for transparent, actionable data at unit and system levels.
- **Support**
  - Prioritize executive engagement
    - Ensure C-level leaders are involved in policy changes, funding, and setting strategic direction.
- **Individuality**
  - Adapt interventions locally
    - Customize interventions and implementation to accommodate hospital-specific workflows and cultures.
- **Multidisciplinary**
  - Promote multidisciplinary collaboration
    - Involve bedside clinicians, IT, quality, and education teams from the start.
- **Engagement**
  - Invest in feedback loops
    - Use monthly reviews and site visits to assess progress, celebrate wins, and refine strategies.

# Questions?



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