2023 VIZIENT CONNECTIONS SUMMIT

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P401 | A Substitute for Hard Work

Becky Blancas, RN, BSN, *Clinical Value Analyst, Stormont Vail Health, Topeka, Kan.*
Leila Uhl, RN, BSN, *Clinical Value Analyst, Stormont Vail Health, Topeka, Kan.*
Januari Sawyer, RN, BSN, *Clinical Value Analyst, Stormont Vail Health, Topeka, Kan.*
Kirt Leyda, MBA, CSCP, *System Director of Supply Chain, Stormont Vail Health, Topeka, Kan.*

Keywords: Auto Substitutions, Value Analysis, Supply Disruptions, Supply Assurance

Learning Objectives:
- Describe timely response strategies to recalls, back orders and supply disruptions.
- Outline methods to identify and order substitute products in anticipation of market volatility.

Overview:
Stormont Vail Health, like other healthcare facilities, struggles with product availability and finding suitable substitute products. Our supply chain goal is to be unnoticed, so that clinicians have the products they need to provide quality patient care without worrying about how the product arrived, who manufactured it or what is required to keep items on the shelf. Supply chain uses whatever resources are available to do the heavy lifting so clinicians can provide seamless care. We started using a combination of the Vizient Data Management Platform (formerly DataLYNX) for cross-references and ECRI for outcomes information to avoid stock-outs and stay ahead of backorders.

Credit(s) available: Nursing, Pharmacy, Pharmacy Technician, Physician, IPCE

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P402 | The Collaborative Approach: Decreasing Surgical Supply Variation and Improving Outcomes

Kayla Ann Godfrey, CPHQ, *Senior Decision Support Analyst, MultiCare Health System, Tacoma, Wash.*
Matt Baldwin, *Senior Decision Support Analyst, MultiCare Health System, Tacoma, Wash.*

Keywords: Physician Preference, Decision Support

Learning Objectives:
- Explain how to develop and implement cross-functional supply usage teams in procedural areas.
- Analyze variation in supply usage in procedural areas, improve outcomes and understand the financial impacts of potential changes.

Overview:
Surgical supply utilization and standardization is a difficult issue that many hospitals struggle to address. At MultiCare Health System we found that identifying the supply variation between providers, while a difficult task, was only the first half of the battle. We were able to develop a system that embeds our supply chain and utilization efforts in every level of the healthcare system surrounding procedure areas. Our initiative focuses

on building sustainable, data-driven, actionable partnerships with deep clinical and administrative engagements.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P403 | A Robust Product Reprocessing Program: A Trifecta of Success

Angie Bruns, MHA, *Senior Director, Supply Chain Management and Administration, The University of Kansas Health System, Kansas City, Kan.*
Chad Derdich, *System Manager, Value Analysis, The University of Kansas Health System, Kansas City, Kan.*

Keywords: Cost Savings, Waste Reduction, Utilization Management

Learning Objectives:
- Describe an effective reprocessing program portfolio that includes a cost-saving component.
- Explain the importance of clinical integration to a successful reprocessing program.

Overview:
Raw material shortages and logistics challenges complicate the task of providing what staff need to provide safe, quality-based patient care. An effective reprocessing program creates a safety net of opportunities to secure product availability, ensuring that patient care needs are met. In addition, reprocessing reduces waste, keeping thousands of pounds of medical products out of landfills. A reprocessing initiative is not only environmentally friendly but also fiscally responsible, as it significantly reduces disposal fees. A robust reprocessing program guarantees that critical patient needs are addressed, decreases costs and improves the environment: a trifecta of success.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P404 | The Route to Savings: Cost Reduction Through Courier Services Overhaul

Christine Thomson, *Project Manager, Yale New Haven Health, New Haven, Conn.*
Laurie Adam, MBA, *Sr. Financial Accountant, Yale New Haven Health, New Haven, Conn.*

Keywords: Cost Avoidance, Systemwide Courier Policy, Online Portal

Learning Objectives:
- Explain at least two ways to realize savings through nonlabor budget mitigation.
- Identify at least two strategies to reduce expenses and yield significant savings.

Overview:
Corporate Supply Chain at Yale New Haven Health took a nontraditional approach to realize cost savings on courier services by focusing on reducing waste. Timely patient care delivery was a driving factor. We sought new ways to increase vendor adherence to their contractual obligations. In the current financial climate of

rising product and services costs, it is critical to employ new strategies to save money. Yale New Haven Health System is exemplifying ways to remain nimble in our approach to reducing expenses.

Credit(s) available: Nursing, Pharmacy, Pharmacy Technician, Physician, IPCE

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P405 | Reducing Unnecessary Magnesium Laboratory Testing

Lisa Shieh, MD, PhD, Associate Chief Quality Officer, Stanford Healthcare, Palo Alto, Calif.
Nicholas Scoulios, MD, Hospitalist, Stanford University School of Medicine, Stanford, Calif.
David Svec, MD, MBA, Chief Medical Officer, TriValley Stanford Healthcare, Stanford University School of Medicine, Stanford, Calif.

Keywords: Resource Stewardship, Utilization

Learning Objectives:
- Reconstruct a quality improvement approach to reducing overuse of specific lab tests.
- Apply a multidisciplinary approach to limit automatically recurring lab orders and reduce overuse of lab tests.

Overview:
Deciding when to order labs can be challenging given the often opaque data that informs practice habits. The Choosing Wisely initiative provides recommendations on what practices should be questioned. In line with that initiative, the Society of Hospital Medicine has suggested "Don't perform repetitive complete blood count and chemistry testing in the face of clinical and lab stability,"[1] given the increased risk of patients developing anemia and the associated costs of unnecessary phlebotomy. Operationalizing this recommendation to improve Vizient resource intensity scores requires updating physician practice and ordering structures. Changes made to order sets in the electronic medical record resulted in a reduction of magnesium laboratory test overutilization.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

1. Don't perform repetitive complete blood count and chemistry testing in the face of clinical and lab stability. American Family Physician website. Accessed June 1, 2023. https://www.aafp.org/pubs/afp/collections/choosing-wisely/30.html.

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P406 | Hospice Access: Creating a Streamlined System Approach

Lacey Kirby, MSN, Nurse Administrator, Intermountain Health, South Jordan, Utah
Natalie Gillins, BS, RRT, Clinical Operations Manager, Intermountain Health, South Jordan, Utah

Keywords: Capacity, End-of-Life Care

Learning Objectives:
- Discuss the impact of an in-house hospice liaison structure in a large, integrated health system.

- Identify at least two strategies to increase timely hospice access for patients at the end of life in a patient-centered model.

Overview:
Intermountain Health is an integrated, nonprofit health system based in Salt Lake City, with clinics, a medical group, affiliate networks, hospitals, home care, telehealth, health insurance plans and other services. To create a patient-centered, end-of-life process across the continuum of care, Intermountain's home care team expanded hospice access to ensure that it is available to patients when, how and where they need it.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P407 | Acute Care Resource Utilization: Management of Multivisit Patients

Lisa S. Powell, MBA, PTA, *Director, Clinical Operations, E. W. Sparrow Hospital, Lansing, Mich.*
Denny Martin, DO, *Chief Medical Officer, E.W. Sparrow Hospital, Lansing, Mich.*

Keywords: Readmissions, Real-Time Decision Support, SDoH, High Utilization

Learning Objectives:
- Discuss effects of high utilization on readmissions and resource consumption and the impact on patients.
- Identify steps to improve resource consumption of patients with chronic medical conditions that have led to high utilization of acute care services.

Overview:
Imagine a life that required you to be in the hospital 10 or more times in a year, complicated by one or more chronic conditions that caused you to spend more nights in the hospital than at home. Given the challenging post-pandemic environment, the impact of this reality on both patients and hospitals is profound. Through focused intervention, Sparrow Hospital was able to decrease the need for hospitalization in patients who had previously been high utilizers, leading to increased quality of life for patients while driving down readmission rates and overall cost of care.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P408 | Same-Day Discharges: Lower Costs and Improved Patient Satisfaction

Angie Schlemm, MSN, RN, *Manager, Cardiac Catheterization Laboratory, Froedtert Health, Milwaukee, Wis.*

Keywords: Cardiac Service Line, Patient Satisfaction, Post-Procedure Criteria, Discharge Process, Capacity Management

Learning Objectives:
- Identify the key elements necessary to create a successful same-day discharge program for procedural patients.

- Discuss the benefits and outcomes of same-day procedural discharges, including increased patient satisfaction, greater provider and staff engagement, and positive financial impact.

Overview:
As all hospitals face bed capacity challenges, our administrators were developing a deceleration plan for procedural patients who require inpatient stays. To support our growing volume of procedural patients, we needed to explore options for sending our patients home rather than admitting them. We developed post-procedural criteria for patients undergoing cardiac catheterization or electrophysiology procedures. Evaluating and transforming our same-day discharge program will help ensure that we can deliver quality patient care, provide cost savings for the hospitals and improve patient satisfaction scores.

Credit(s) available: Nursing, Pharmacy, Pharmacy Technician, Physician, IPCE

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P409 | Virtual ICU Support of ICU Boarders in ED

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Ben Saldana, DO, FACEP, Associate Chief Quality Officer and Medical Director, Emergency Care Centers, Houston Methodist Hospital, Houston, Texas
Sarah Cammarata, MSN, BSN, CCRN, Virtual ICU RN, Houston Methodist Hospital, Houston, Texas
Melissa L. Gomez, MBA, Project Specialist, vICU and TeleNursing, Houston Methodist Hospital, Houston, Texas

Keywords: Capacity, Emergency Department, Throughput

Learning Objectives:
- Compare traditional ways of supporting ICU boarders in academic medical center EDs with innovative virtual support models.
- Describe options for comprehensive patient management supported remotely through multiple tools.

Overview:
Patients who require intensive care but are boarded in the emergency department (ED) are at high risk of poor outcomes. We designed a program to use existing virtual ICU services for comprehensive consult and monitoring services to manage patients waiting for an ICU bed, and in many cases allowing for a lower level of care at time of admission. In addition to safely caring for critically ill patients boarding in any of our four EDs, this program enabled external transfers to be admitted to our quaternary academic hospital when they otherwise would not have been. We will show severity-adjusted Acute Physiology And Chronic Health Evaluation-IV (APACHE IV) outcomes, downgrade volumes, external incremental admission data, and patient and staff survey results.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P410 | Improving Patient Throughput With an Innovative Discharge Command Center

Sarah Homer, RN, Nursing Director, Houston Methodist, Houston, Texas
Hector Herrera, MBA, BSME, Operations Manager, Houston Methodist, Houston, Texas

Keywords: Capacity Management, LOS, Throughput, Multidisciplinary, Command Center, Nursing

Learning Objectives:
- Explain barriers to patient progression and discharge by categorization.
- Describe a sustainable staffing model, including key command center processes.

Overview:
Houston Methodist Hospital is one of the largest tertiary care hospitals in the nation. Bed capacity is vital to maintain high surgical volumes and keep a busy emergency department moving. On returning to normal operations as we were emerging from the COVID-19 pandemic, we found that hospital length of stay (LOS) was rising, the ED was getting more crowded and operating room holds were becoming commonplace. When patients were ready to be discharged, there were delays in post-acute placement. It was a perfect storm of obstacles to smooth patient throughput, resulting in gridlock. Hospital leadership assembled a team of nurses and support staff to improve throughput by identifying barriers to patient progression throughout the patient's stay and on the day of discharge. This intervention resulted in a 20% increase in daily discharge volumes year over year. The discharge command center enabled a proactive approach to care progression and discharge planning that improved throughput and promoted a culture shift to ensure long-term sustainability.

Credit(s) available: Nursing, Pharmacy, Pharmacy Technician, Physician, IPCE

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P411 | Leveraging AI to Reduce ICU Length of Stay

Keith E. Dombrowski, MD, Director, Neurocritical Care, Tampa General Hospital, Tampa, Fla.
Jennifer Glover, MD, Neurocritical Care Attending Physician, Tampa General Hospital, Tampa, Fla.
Clint Chiodo, MS, CSSBB, Process Engineer, Tampa General Hospital, Tampa, Fla.

Keywords: Capacity, AI, Patient Flow, Downgrade Readiness

Learning Objectives:
- Describe methods to reduce intensive care unit length of stay.
- Discuss the implementation of artificial intelligence within interdisciplinary rounds.

Overview:
Tampa General Hospital (TGH) is a large, academic tertiary care center and safety net hospital with over 50,000 discharges and 30,000 surgical procedures per year, making efficient patient flow critical. TGH uses the GE Command Center (CareComm) to dynamically monitor patient care operations and throughput with real-time artificial intelligence (AI) applications ("tiles"). The tiles include Patient Manager, Imaging Expediter and Discharge Barriers. To facilitate flow within our neuroscience service line, our multiprofessional workgroup built a Downgrade Readiness tile to expedite transfer out of the neuroscience intensive care unit and reduce length of stay.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P412 | Front-End Redesign: A Spin on ED Provider in Triage

Mark J. Conroy, MD, *Area Medical Director, Emergency Services, The Ohio State University Wexner Medical Center, Columbus, Ohio*

Tyler Tumberg, MBA, MHA, *Business Operations Manager, Emergency Services, The Ohio State University Wexner Medical Center, Columbus, Ohio*

Jillian Maitland, MBA, BSN, RN, CEN, *Nursing Director, Emergency Services, The Ohio State University Wexner Medical Center, Columbus, Ohio*

Keywords: Throughput, Capacity, Left Without Being Seen

Learning Objectives:
- Identify key performance metrics and challenges in caring for lower-acuity ED patients.
- Describe a novel approach to the popular provider-in-triage model for delivering ED evaluation and management with space and capacity constraints.

Overview:
Following a strategic redesign of our academic emergency department (ED) operating model, a process improvement project was undertaken to address our capacity constraints and the challenge of seeing patients in a timely manner. Leadership identified an area of opportunity in the care of our lower-acuity patients. A multidisciplinary group created a novel plan to redesign the front-end processes to better address the care of these lower-acuity patients and mitigate capacity constraints that were outside the control of the ED's clinical leadership.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

P413 | Reducing Turnaround Time for Routine Inpatient MRIs to Improve Length of Stay

Joseph Macdonald, MBA, CSSBB, *Process Improvement Engineer, Main Line Health, Radnor, Pa.*

Keywords: Expedite Discharge, Order Classification, Radiology

Learning Objectives:
- Explain the impact of traditional radiology workload prioritization on length of stay.
- Use select data analysis and process improvement tools to implement an intervention to improve prioritization.

Overview:
In health systems across the country, reducing length of stay (LOS) while maintaining high levels of quality and safety is an operational imperative. Through careful examination of radiology's operational data, as well as real-world observations of workflow, our team identified an opportunity to improve the way in which radiology staff prioritize their workload. The team implemented a simple solution that reduced the cycle time to complete a routine neurology inpatient MRI scan by a cumulative 44%, which is associated with a lower LOS and a potential annual savings of approximately $170,600.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

P414 | Restoring Patient Flow With a Comprehensive Capacity Management Strategy

Darlene Tad-y, MD, MBA, *Associate Chief Medical Officer, Patient Flow, University of Colorado Hospital, Aurora, Colo.*
Jamie Nordhagen, MS, RN, NEA-BC, *Senior Director, Patient Flow and Patient Representatives, UCHealth, University of Colorado Hospital, Aurora, Colo.*

Keywords: Patient Flow, Predictive Analytics, Post-Acute Care, LOS

Learning Objectives:
- Identify common patient flow obstacles and barriers.
- Describe successful strategies that use technology and data analytics to improve patient flow.
- Define measures of success for improved patient flow and optimal capacity management.

Overview:
Post-COVID-19, our organization faced significant capacity and patient flow challenges, resulting in the hospital's inpatient capacity being exceeded every day. We undertook an improvement effort to implement: 1) geographic cohorting, 2) clinical pathways to reduce variation and improve efficiency and quality of care, 3) disciplined daily work such as huddles and multidisciplinary rounds, and 4) development of a post-acute care network. Daily patient flow decisions were guided by a capacity management dashboard that used predictive and prescriptive analytics capabilities to provide real-time insight into bed availability, the placement of patients in available beds, and interventions needed to avoid exceeding our capacity. Our efforts resulted in a 0.46-day reduction in length of stay and added more than 20 bed days.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

P415 | A Centralized Throughput Office Drives Bed Turnover and Reduces ED Boarder Hours

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Allison Copenhaver, MSN, RN, NEA-BC, *Assistant Vice President, Nursing, Medicine Services, Stony Brook Medicine, Stony Brook, NY*
Ally Silver, MPH, FACHE, *Assistant Vice President, Operations, Surgical Services, Stony Brook Medicine, Stony Brook, NY*

Keywords: Patient Flow, Timely Discharge, Coordination of Care

Learning Objectives:
- Identify key drivers of patient flow and hospital throughput.
- Describe how a centralized throughput office operates in a hospital environment.
- Outline modalities to standardize workflows that improve throughput.

Overview:

Understanding and managing throughput is fundamental to a hospital's ability to provide effective and expeditious patient care. Stony Brook Medicine's mission is to provide a safe, compassionate and efficient experience by creating a pull system of flow wherein appropriate patients are discharged in a timely manner, resulting in increased bed turnover and shorter emergency department (ED) holds for admitted patients. A centralized throughput office was established to improve care coordination and accelerate patient disposition while introducing a structure for interprofessional communication driven by electronic patient record tools and monitored via real-time dashboards and a quality committee.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

P416 | Digital by Default for Transitional Care Outreach

Amy Miller, MD, Chief Medical Officer, Primary Care Ambulatory, Froedtert and the Medical College of Wisconsin, Menomonee Falls, Wis.
Erika Smith, PharmD, FACHE, FASHP, Enterprise Transformation Senior Principal, Froedtert and the Medical College of Wisconsin, Menomonee Falls, Wis.

Keywords: Ambulatory, Transitions in Care, Patient Education, Post-Discharge Check-Ins, Patient Access

Learning Objectives:
- Differentiate outcomes before and after an automated digital support solution was applied to TCM billing rates.
- Identify opportunities to continue improving processes.

Overview:
We created a risk-stratified, reliable system of care to support patient transitions and create better cohesion between inpatient and post-discharge provider care, reduce barriers to transitional care management (TCM) billing, study and leverage digital engagement technology at discharge, and layer efficiency into TCM without compromising value. Leveraging automation augmented our approach to transitional support across primary care. We used risk stratification to enhance the scalability of care management resources for transitions and increased the volume of TCM billing in primary care by 25 times.

Credit(s) available: Nursing, Pharmacy, Pharmacy Technician, Physician, IPCE

P417 | Alternative Sites of Care: Nontraditional Solutions to Hospital Discharge Barriers

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Tanya Tanksley, MSW, LICSW, CCM, Manager of Discharge Planning, Lifespan, Providence, RI
Theresa Jenner, MSW, LICSW, CCM, Vice President of Care Coordination, Lifespan, Providence, RI

Keywords: Capacity, Post-Acute Care, LOS

Learning Objectives:
- Identify alternative discharge solutions.

- Discuss methods implemented to address discharge barriers.
- Outline outcomes of alternative discharge interventions used.

Overview:
The COVID-19 pandemic forced the healthcare industry to deliver care in ways no one imagined. Not only were healthcare systems forever changed, but so were the lives of patients. Gone are the days of a standard hospitalization and multiple options when the time came for discharge, as well as the practice approach to which our providers were accustomed. With implementation of three alternative site-of-care programs (medical respite, direct pay beds at nursing facilities and paramedicine initiative), we have found ways to successfully address delays in discharge, reduce hospital readmissions and improve the patient experience.

Credit(s) available: Nursing, Pharmacy, Pharmacy Technician, Physician, IPCE

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P418 | Surviving the ICU: Now What?

Simi Bhullar, DO, FCCP, ICU Physician, OhioHealth, Columbus, Ohio
Sarah Solis, MSRN-BC, DNP, Critical Care Nurse Practitioner, OhioHealth, Columbus, Ohio
Angela Harding, PharmD, Pharmacist, OhioHealth, Columbus, Ohio

Keywords: Care Coordination, Patient and Family Advisory Council, Critical Care, Readmissions

Learning Objectives:
- Describe follow-up and coordination of care for patients after a critical care admission.
- Assess the need for post-ICU follow-up.
- Identify action items that may reduce readmissions in the pulmonary and critical care patient population.

Overview:
Now that more patients are surviving critical illness than ever, the detrimental effects of an intensive care unit (ICU) admission are becoming increasingly evident. In March 2021, a post-ICU follow-up clinic was initiated within a large, specialized, complex care hospital with 120 critical care beds. Since inception, the clinic has seen > 200 patients; made > 1,000 medication changes; initiated > 150 follow-up service referrals; reduced readmissions by 14%; and identified innumerable patients with cognitive, psychological and physical limitations related to their critical care admissions.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P419 | Improving Mortality Using a Tool to Facilitate Cross-Disciplinary Collaboration

Jonathan Shirshekan, MD, Assistant Professor of Clinical Medicine, Dell Seton Medical Center, Austin, Texas
Aditi Rao, PhD, RN, Director of Quality and Safety, Dell Seton Medical Center, Austin, Texas

Keywords: CDI, Risk Model, O:E Index, LOS Index

Learning Objectives:
- Discuss using a mortality risk calculator to improve mortality review processes organizationwide.
- Describe process efficiencies to engage physicians effectively in the mortality review process.

Overview:
Using the Vizient mortality risk model and a rapid-cycle learning approach, a multidisciplinary team designed a novel mortality review tracker tool and review process that meaningfully reduced the mortality observed-to-expected (O:E) index at an academic medical center over a six-month time frame.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P420 | Excellence in Cachexia Documentation: An Interdisciplinary Collaboration

Jon Tefft, MPH, Clinical Quality Lead, Nebraska Medicine, Omaha, Neb.
Jana Ponce, PhD, RD, LMNT, Assistant Professor, Clinical Nutrition Supervisor, Nebraska Medicine, Omaha, Neb.

Keywords: Documentation, Cachexia, Nutrition Therapy, Interdisciplinary, Mortality, LOS, CMI

Learning Objectives:
- Identify the importance of documenting cachexia and its impact on patient outcomes and hospital quality measures.
- Discuss a novel approach to leverage inpatient nutrition therapy services to document cachexia.
- Illustrate the collaborative effort among multiple hospital departments to implement a new documentation process.

Overview:
Nebraska Medicine identified an opportunity to use an interdisciplinary approach to address a gap in cachexia documentation upon admission in the adult inpatient setting at both the academic medical center and community hospitals. This novel approach incorporated cachexia documentation into the malnutrition assessment workflow and was designed collaboratively by the clinical quality, nutrition therapy, coding and analytics departments. Data from the Vizient Clinical Data Base was used to analyze documentation opportunities within various demographics and patient populations. Improvement efforts led to statistically significant increases in cachexia capture, expected mortality, expected length of stay and case mix index.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P421 | Documentation Reduction: Improving Nursing Efficiency and Job Satisfaction

Emily L. Edwards, DNP, RN, Director of Nursing Practice, North Mississippi Medical Center, Tupelo, Miss.
Kristen D. Long, DNP, RN, Associate Chief Nurse Officer, North Mississippi Medical Center, Tupelo, Miss.

Keywords: Workforce Satisfaction, Top of License, Time Studies, Efficiency

Learning Objectives:
- Identify Centers for Medicare & Medicaid Services requirements for nursing documentation.
- Discuss methodologies used to decrease nursing time spent documenting.

Overview:
Nursing documentation, the often-daunting task of recording the care that was planned and delivered to a patient during a shift, is necessary because "if it's not charted, it's not done." Completing such documentation for six patients over a 12-hour shift, however, can be overwhelming. For years, data elements have been added to nursing documentation, but there has been no thorough review to determine if some requirements could be eliminated. Incremental data additions have resulted in lengthy, repetitive, unnecessary documentation. A team led by the director of nursing practice and associate chief nurse executive was charged to reduce the time nurses spend on documentation. After reviewing required medical-surgical documentation, we identified and eliminated duplicative, redundant documentation; ensured adherence to all federal, state and regulatory requirements; and reduced the average time spent documenting by 34.5 minutes per patient.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P422 | Using Automated Text to Reduce Queries and Enhance Clinical Documentation

Jason B. Hill, MD, Associate Chief Medical Information Officer, Ochsner Health, Slidell, La.

Keywords: Denials Management, Clinical Queries, Standardized Phrases, Problem-Oriented Charting

Learning Objectives:
- Describe the steps required to implement a high level of documentation standardization.
- Identify operational barriers and levers to overcome barriers to documentation.
- Outline key performance indicators and analytics that can be used to monitor process improvement.

Overview:
Ochsner Health was able to dramatically reduce the number of clinical queries and denials for inappropriate documentation while increasing standardization of care by using structured smart text in combination with problem-oriented charting for particular conditions. We outline the process used to build the phrases with coding, compliance and quality leaders and describe implementation of the automations across our system of 42 hospitals to demonstrate how others could undertake similar initiatives in their organizations.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P423 | Mission POSSIBLE: Reducing Nurses' Documentation Burden

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Olivia Keenan, DNP, APRN, FNP-BC, CPN, CCRN-P, *Clinical Nurse Specialist, The University of Kansas Health System, Kansas City, Kan.*

Keywords: EMR, Staff Satisfaction, Burnout, Cognitive Overload

Learning Objectives:
- Discuss the impact of the nursing documentation burden on the healthcare team and patients.
- Describe a strategic approach to reducing the documentation burden.
- Identify methods to improve charting efficiency for nurses.

Overview:
"If it wasn't documented it wasn't done." In the current context of nursing shortages and burnout, it has never been more important to improve documentation efficiency and eliminate work that does not add value. The purpose of this project was to reduce documentation elements and increase efficiency. Reducing the documentation burden gives nurses more time to interact with patients as well as more time for self-care, which reduces burnout and improves job satisfaction. We summarize our hospital's Mission POSSIBLE project, which has reduced the nursing documentation burden by more than 50%.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P424 | Multimodal Prehabilitation Improves Postoperative Outcomes in Frail Surgical Oncology Patients

Atiya Dhala, MD, FACP, *Associate Professor of Clinical Medicine, Houston Methodist Hospital, Houston, Texas*
Linda Moore, PhD, *Academic Director of Research, Houston Methodist Hospital, Houston, Texas*
Ronald Galfione, MD, *Chair of Patient Quality and Safety Committee, Houston Methodist Hospital, Houston, Texas*

Keywords: Nutrition, LOS, Complex Care, Cognitive Behavioral Therapy

Learning Objectives:
- Create a comprehensive, multimodal prehabilitation program for older, frail or sarcopenic patients scheduled to undergo major abdominal surgery, with the goal of improving postoperative outcomes.
- Identify the major tests or tools to assess physical, nutritional and psychological condition to qualify a patient for major surgery.
- Differentiate the measurement and reassessment of patients after completion of a multimodal prehabilitation program using baseline and control groups.

Overview:
More than four out of 10 adults over 60 will undergo intraabdominal surgery during their lifetime; of these, 30% are expected to experience complications, including postoperative pulmonary complications (PPCs). These include pneumonia, unplanned intubations and need for a ventilator > 48 hours postoperatively).[1,2] Cancer patients undergoing complex surgeries are likely to be frail, sarcopenic and malnourished, and therefore have a high rate of PPCs. Our standardized multimodal prehabilitation program bundles physical, nutrition, cognitive behavioral and anemia management strategies to prepare patients for the rigors of complex surgery. Early identification of risk factors and multimodal prehabilitation improves patients' fitness for surgery, reducing PPCs and length of stay.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

[1] Nunoo-Mensah JW, Rosen M, Chan LS, Wasserberg N, Beart RW. Prevalence of intraabdominal surgery: what is an individual's lifetime risk? *South Med J*. 2009;102(1):25-29. doi: [10.1097/SMJ.0b013e318182575b.](#)

[2] Tevis SE, Kennedy GD. Postoperative complications and implications on patient-centered outcomes. *J Surg Res*. 2013 May 1;181(1):106-13. doi: 10.1016/j.jss.2013.01.032. Epub 2013 Feb 9.

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P426 | Addressing Telephone Verbal Violence as Part of Workplace Violence

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Stephanie Storch, MS, RN, NPD-BC, Supervisor, Professional Development, Ambulatory Clinicial Education, UCHealth University of Colorado Hospital, Aurora, Colo.

Keywords: Workplace Violence, Telephone Scripting, Staff Preparedness

Learning Objectives:
- Recognize that verbal abuse via the phone is a real issue.
- Identify appropriate stakeholders to advocate for and empower staff to professionally manage verbally violent phone events.
- Translate scripting phrases and algorithm tools for use at their organization to help address verbal violence.

Overview:
The purpose of this project was to address verbal violence (VV) over the telephone, a form of workplace violence that ambulatory staff encounters. A lack of healthcare-specific tools for managing VV calls necessitated development of deescalation scripting, decision support for terminating egregiously violent calls, and enhanced event documentation, as well as their integration into organizational processes. This comprehensive initiative was championed by an executive sponsor, the associate chief nursing officer, which helped garner approval from risk, legal, patient experience, behavioral health and staff nurse consultants. These vetted resources for managing telephone VV are applicable across many service lines.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P427 | Reducing Mechanical Restraint Use on a Child and Adolescent Psychiatric Unit

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Keywords: Pediatric, Behavioral Health, Workplace Violence

Learning Objectives:
- Identify at least two reasons why mechanical restraint events are considered a "treatment failure."
- Describe the use of Dynamic Appraisal of Situational Aggression as a tool to proactively assess a patient's level of aggression and agitation.
- Explain how the collaborative creation of a safety plan with patients is used to prevent crisis events that can lead to the need for mechanical restraints.

Overview:

Mechanical restraint events for youth in inpatient behavioral health are traumatizing and damaging to the therapeutic relationship. Using identifiers of high risk for violence in patients, an aggression screening tool bundled with a collaboratively created safety plan, can reduce the use of mechanical restraints and provide a safer therapeutic approach to care.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P428 | Reducing Unnecessary Chest X-Rays in Pediatric ICUs

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Keywords: Resource Stewardship, Overutilization, Radiation

Learning Objectives:
- Describe successful strategies that can be used to improve the use of chest X-rays in pediatric intensive care units.
- Explain how to implement quarterly improvement reports to monitor progress and drive improvement work.

Overview:

While chest radiography in intensive care units (ICUs) is necessary for many reasons, repeat X-rays required because of poor image quality can result in unnecessary patient exposure to radiation as well as additional costs. Upon review of our benchmark data in the Vizient Clinical Data Base Resource Manager, we determined that our utilization of chest X-rays in our three pediatric ICUs was higher than our similar Vizient peer hospitals. As a result, we undertook a respiratory therapy-led quality improvement project that resulted in a reduction in chest X-ray use from above to below Vizient peers' average use within one year.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P429 | Remote Patient Monitoring for Diabetes in Pregnancy Improves Outcomes

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Agata Kantorowska, MD, Maternal Fetal Medicine Fellow, NYU Langone Health, Mineola, NY

Keywords: Care Redesign, Telehealth, Mobile Health App, Remote Patient Monitoring, Diabetes in Pregnancy

Learning Objectives:
- Describe how implementation of remote patient monitoring for outpatient management of diabetes in pregnancy can improve maternal and neonatal outcomes.
- Illustrate the application of technological solutions using the electronic health record platform and mobile health apps to complement remote patient monitoring services and improve care.

Overview:
Diabetes affects 6% to 10% of all pregnancies in the U.S. and is associated with maternal and neonatal morbidities. To help mitigate these risks, we implemented the use of a remote patient monitoring (RPM) platform integrated into the electronic health record for glycemic surveillance and management of diabetes in pregnancy. RPM allows providers to monitor, report and analyze a patient's health condition outside the hospital or office setting. The implementation process involved operational and technological solutions to augment RPM services and led to improvement in both process and outcome measures, including maternal glycemic control indices and rates of maternal preeclampsia and neonatal hypoglycemia.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P430 | Reduction in Cholestasis With Introduction of Multidisciplinary Surgical Nutrition Guidelines

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Francis Lopez, BSN, NICU Assistant Unit Manager, MemorialCare Miller Children's & Women's Hospital, Long Beach, Calif.

Keywords: Pediatrics, Neonatal, Postsurgical

Learning Objectives:
- List two strategies to reduce intestinal failure-associated liver disease.
- Describe one impact of a standardized approach to nutritional management in postsurgical infants.

Overview:
Neonates who have undergone intestinal surgery are at risk for developing malnutrition and intestinal failure-associated liver disease in the postoperative period. Current neonatal literature is inconclusive about the ideal nutritional management of this patient population. Taking a quality improvement approach, one neonatal intensive care unit, through multidisciplinary collaboration and a shared mental model, created new evidence-based guidelines and processes to reduce practitioner-related variation in care. This initiative led to improved nutritional management and a reduction in postsurgical morbidities such as cholestasis.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P431 | Diagnostic Mammogram to Biopsy: A Pathway to Differentiation

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Amy Sebastian-Deutsch, DNP, APRN, CNS, AOCNS, *Director, Oncology and Infusion Services, Houston Methodist Sugar Land Hospital, Sugar Land, Texas*
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Keywords: Fast Track, Patient Retention, Patient Experience, Growth Strategy, Breast Biopsy, Compassionate Care

Learning Objectives:
- Create a comprehensive action plan to foster agility and promote accountability.
- Identify lean tools to improve flow and deliver value.
- Apply change management principles to improve daily operations and grow a differentiated growth strategy.

Overview:
Executing a growth strategy is a challenge, but it pales in comparison to learning you may have breast cancer. According to the American Cancer Society, approximately one in eight women will develop breast cancer in their lifetime. An interdisciplinary team at Houston Methodist Sugar Land Hospital successfully deployed a differentiated growth strategy called Fast Track. The process enables patients who undergo a diagnostic mammogram at the Breast Care Center to receive a biopsy, if clinically indicated, either the same day or the next business day, provided they meet certain criteria.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P432 | The Early Warning Team: A Rapid Response Team for Maternal Hemorrhages

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Roger Smith, MD, *Associate Chief Medical Information Officer – Women's Health, Associate Professor, Obstetrics & Gynecology, University of Michigan Health Von Voigtlander Women's Hospital, Ann Arbor, Mich.*
Ashley Logan-Sitko, BSE, MSE, *Lead Project Manager, Michigan Medicine, Ann Arbor, Mich.*
David Hyatt, BSE, *Continuous Improvement Specialist, Michigan Medicine, Ann Arbor, Mich.*

Keywords: Hemorrhage, Postpartum, Rapid Response

Learning Objectives:
- Outline key components of a local response team for postpartum hemorrhage.
- Identify required steps to utilize root cause analysis and design countermeasures.

Overview:

Utilizing an obstetric rapid response team for maternal emergencies such as postpartum hemorrhage (PPH) is a best practice as recommended by the California Maternal Quality Care Collaborative and other maternal care organizations. At University of Michigan Health Von Voigtlander Women's Hospital, employees had multiple ways, multiple people and differing thresholds on when to call for additional help in the PPH setting. The "Early Warning Team," an obstetric rapid response team, was designed and established. Team implementation and a standard response process contributed to a 38% reduction in blood transfusion rates.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P433 | Using Vizient CDB to Drive Performance in Value-Based Care

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Michele Hartzell, PA-C, MBA, CPHQ, Assistant Chief Quality and Patient Safety Officer, Lehigh Valley Health Network, Allentown, Pa.
Melissa Visco, PT, DPT, Clinical Quality Specialist, Lehigh Valley Health Network, Allentown, Pa.

Keywords: LOS, Mobility, Discharge Disposition

Learning Objectives:
- Explain successful methods for analyzing factors that affect value-based reimbursement.
- Discuss how to evaluate the overall utilization of PT and OT with all admitted patients to improve discharge disposition to home.
- Outline process steps that can be used to create a mobility trial.

Overview:
Our overall initiative was to analyze factors affecting value-based reimbursement. We used the Vizient Clinical Data Base (CDB) to analyze length of stay (LOS), direct costs and discharge disposition. The analysis showed that we discharged to skilled nursing facilities (SNFs) more often and discharged to home less often than our cohort average. We then used the CDB to analyze how use of physical and occupational therapy (PT and OT) related to LOS and discharge disposition to home rather than an SNF. This data, in conjunction with the Vizient Mobility Collaborative, supported our original initiative of analyzing factors affecting value-based reimbursement and focusing on mobility to decrease LOS and increase discharge disposition to home.

Credit(s) available: Nursing, Pharmacy, Pharmacy Technician, Physician, IPCE

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P434 | Mobility Technicians: Outside-the-Box Utilization of Preprofessionals in Hybrid Roles

Rebecca R. Baradell, PT, DPT, Manager, IP Therapies, St. Tammany Health System, Covington, La.
Bert Lindsey, PT, Director, IP Therapy and Patient Mobility, St. Tammany Health System, Covington, La.
Ashley DiFranco, BS, Mobility, St. Tammany Health System, Covington, La.

Keywords: Unlicensed Personnel, Fall Reduction, Employee Engagement

Learning Objectives:

- Explain how combining job duties focused on increasing patient interactions correlates to possible improvement in colleague engagement indicators.
- Identify two benefits of patient mobility rounds that have a direct effect on patient satisfaction scores while decreasing post-acute discharge expenditures.
- List sources of preprofessional recruitment to use in hybridized programs such as mobility technician.

Overview:
Decreased patient mobilization negatively influenced outcomes at St Tammany Health System (STHS), and nurses couldn't shoulder the responsibility alone. Coincidently, STHS transportation staff — adept at mobilizing patients — were experiencing high turnover, low departmental self-esteem, downtime inefficiencies and other concerns shared by acute care transportation departments nationwide. Our solution was hybridizing the transporter position, adding duties including patient mobility rounds. As a result, workload efficiency and employee satisfaction metrics at STHS markedly improved. Using career-focused college students, the program grew. Four ongoing Lean Six Sigma projects helped keep us on track for success.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P435 | Pulmonary Disease Navigator: Patient Assessment and Education Reduces Length of Stay

Ron Eickhoff, MCB, RCP, *Vice President, Respiratory Services, PIH Health, Whittier, Calif.*
Christopher Smith, MHA, MBA, RRT-RPFT, RCP, *Respiratory Care Practitioner, PIH Health, Whittier, Calif.*

Keywords: COPD, Cost Reduction, Readmissions

Learning Objectives:
- Explain analysis and prevention of readmissions.
- Outline the use of available resources and staff to optimize care for specific populations.

Overview:
Readmissions within 30 days of discharge for patients with chronic obstructive pulmonary disease were identified as a potential area for program improvement. To address this problem, the PIH Health Whittier Hospital Respiratory Department developed and implemented a pulmonary disease navigator (PDN) program that focused on patient assessment and education and multidisciplinary collaboration to reduce 30-day readmissions and length of stay. The PDN program revealed that proper diagnosis, symptom-based education and patient-centered discharge planning could result in positive outcomes for the patient and the organization.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P436 | Take It to the Vanc — Implementing AUC:MIC at a Large Health System

Ashraf Kittaneh, PharmD, *Medication Utilization Pharmacist, OhioHealth, Columbus, Ohio*

Keywords: Bayesian Pharmacokineticsm, Acute Kidney Injury, Antimicrobial Stewardship

Learning Objectives:
- Describe the characteristics of an ideal calculator to utilize for AUC:MIC monitoring of vancomycin therapy.
- List the key steps needed to implement a Bayesian AUC:MIC calculator within a large health system.

Overview:
Successfully implementing a Bayesian area under the curve over 24 hours:minimum inhibitory concentration (AUC:MIC) calculator integrated into the electronic health record (EHR) for therapeutic monitoring of vancomycin at a large, 12-hospital health system requires some heavy lifing. An initial, unsuccessful trial of a homegrown first-order equation calculator led us to an EHR-integrated Bayesian platform. Obstacles, both clinical and operational, included coordinating process changes with nursing and laboratory services, developing competencies for over 300 pharmacists, and establishing new EHR workflows with informatics.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P437 | Goal-Directed Care Delivery Model for Serious Illness and Advanced Disease

Olubusayo Daniel Famutimi, MBBS, MPH, *Senior Healthcare Analytics Consultant, University of Missouri Healthcare, Columbia, Mo.*

Keywords: COPD, Palliative Care, Advanced Care Planning, Standard of Care Model, Resource Stewardship

Learning Objectives:
- Explain the limitations of existing care delivery models for seriously ill patients.
- Discuss the methods employed to design a pathway for a goal-directed care delivery model.

Overview:
During fiscal year 2022, only about 19% of patients with serious illness who died received palliative care at the University of Missouri Health Care. In October 2022, executive leadership launched the Serious Illness and Advanced Disease project to connect seriously ill patients with palliative care earlier in their disease process. The project began as a pilot for patients with advanced chronic obstructive pulmonary disease; by February 2023, the percentage of such patients that received palliative care had increased from 49% to 74%.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P438 | Deprescribing: Reducing Therapeutic Duplications of Incretin-Based Medications in Primary Care

Joy S. Trout, PharmD, BCPS, *Clinical Pharmacist, Quality and Value-Based Medicine, Penn State Health, Hershey, Pa.*
Michelle George, MHA, PMP, *Director of Quality, Patient Safety and Value-Based Medicine, Penn State Health, Hershey, Pa.*

Keywords: Diabetes, Ambulatory Pharmacy, Cost Avoidance, Clinical Decision Support, Ambulatory Physicians

Learning Objectives:
- Explain why DPP-4 and GLP-1 medications do not have additive glucose reduction effects.
- Describe the pharmacist's role in deprescribing efforts.

Overview:
Diabetes medications account for a large proportion of medication spend. Pharmacist-driven projects can offer opportunities to reduce costs and maximize clinical benefit. Penn State Health's ambulatory quality pharmacists focused on the therapeutic duplication of glucagon-like peptide-1 (GLP-1) agonists and dipeptidyl peptidase-4 (DPP-4) inhibitor medications. Learn about the drugs' mechanisms of action and potential root causes of therapeutic duplication and how our targeted initiative enabled us to remove suboptimal therapy and often recommend alternatives for maximum clinical benefit. This easy-to-implement intervention can save money and help patients at the same time.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P439 | The Strength of Silence: Standardizing a Pharmacy Practice Model

Jessica Benjamin, PharmD, *System Clinical Director, Pharmacy Services, SSM Health, Madison, Wis.*
Ariel Thurmer, PharmD, BCPS, *System Clinical Manager, Pharmacy Services, SSM Health, Madison, Wis.*

Keywords: Dashboard, Workforce

Learning Objectives:
- Describe the alignment of standard work and EMR tools that maximize efficiency and create a framework for clinical pharmacist metrics.
- Discuss the broader impact of data that demonstrates the clinical efforts and work of inpatient pharmacists in improving patient care.

Overview:
Clinical pharmacists play an important role in adding value in the inpatient setting. However, most productivity metrics for pharmacist staffing models are based on drug distribution metrics. SSM Health aims to capture metrics for the clinical value of the pharmacist. Pharmacy leaders worked to standardize the pharmacy practice model, which included using a rule-based clinical monitoring dashboard within the electronic medical record (EMR). The group also standardized documentation to maximize workflow efficiency. The dashboard prioritizes patients based on specific clinical criteria and discretely captures pharmacist interventions via silent iVents. Lessons shared will include dashboard and process development and implementation.

Credit(s) available: Nursing, Pharmacy, Pharmacy Technician, Physician, IPCE

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P440 | How a Medication-to-Bedside Delivery Program Impacts 30-Day Readmission Rates

Marco D'Angelo, BS Pharm, BCACP, *Jacobs Medical Center Discharge Pharmacy Manager, University of California San Diego Health, La Jolla, Calif.*

Adriann Deguzman, PharmD, BCGP, *Hillcrest Medical Center Pharmacy Manager, University of California San Diego Health, San Diego, Calif.*

Keywords: Medication Administration, Patient Satisfaction, Revenue Capture

Learning Objectives:
- Explain the value of meds-to-beds and how it can help reduce 30-day readmission rates.
- Discuss how expansion of the program can also increase patient satisfaction.

Overview:
Patient populations at elevated risk of readmission do not always have the correct medications at time of discharge to continue their therapies, which can result in negative patient outcomes and lost revenue opportunities. Meds-to-beds programs deliver discharge medications to the patient's bedside, eliminating a trip to a pharmacy and ensuring that the patient has the medications needed for a successful care transition after discharge. The meds-to-beds program has led to improvements in medical center readmission rates and patient experience.

Credit(s) available: Nursing, Pharmacy, Pharmacy Technician, Physician, IPCE

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P441 | Utilizing Metrics to Improve Care for Patients With Sickle Cell Disease

Lori Liendo, MPH, CPHQ, LSSBB, *Six Sigma Black Belt, Memorial Hermann Health System, Houston, Texas*
Tala Shamsa-Gray, DO, *MHMG Integrated Hospitalist Medicine, Memorial Hermann Health System, Houston, Texas*

Keywords: Pain Management, Therapeutic Interchange

Learning Objectives:
- Describe the complexity of pain control for patients with sickle cell disease and the significance of effectively and efficiently managing pain.
- List the key processes to prevent readmissions.

Overview:
In 2020, Memorial Hermann (MH) Katy and MH Cypress began an initiative to address patients admitted for sickle cell pain crisis due to disease process and pain management challenges. They adapted best practices developed at MH Texas Medical Center: no intravenous (IV) diphenhydramine or promethazine, use of patient-controlled analgesia instead of IV narcotics, and shorter time to medication, both in the emergency department and inpatient units. It became evident that the challenges of implementing these best practices were common among MH community hospitals. In 2022, MH started distributing a monthly report with key metrics to medicine leaders across the system to highlight opportunities for improvement.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P442 | Improving Compliance With Delirium Interventions Through an APRN Consultation

Amy Heidenreich, DNP, RN, AGCNS-BC, PMHNP-BC, APNP, *Behavioral Health Advanced Practice Nurse, Froedtert Hospital, Milwaukee, Wis.*
MaryAnn Moon, MSN, ACNS-BC, APNP, *Associate Chief Nursing Officer, Froedtert Hospital, Milwaukee, Wis.*

Keywords: Behavioral Health, LOS

Learning Objectives:
- Describe the role and impact of an APRN in the treatment of delirium.
- Explain the value of an APRN care plan in eliminating barriers to delirium treatment interventions.

Overview:
Delirium affects a large percentage of hospitalized patients and leads to higher length of stay (LOS), direct costs and mortality, as well as poor patient outcomes. Our organization implemented a set of national guidelines for the treatment and prevention of delirium. Previously, uptake and compliance was suboptimal, without any improvement in metrics. A quality improvement project was initiated to introduce an advanced practice nurse (APRN) consultation for hospitalized patients with delirium. Outcomes included a significant decrease in LOS (by an average of 2.7 days per patient), a decrease in the duration of delirium, an increase in compliance with delirium interventions, and increased nursing satisfaction.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P443 | Reducing Hip Fracture Delirium Complications Utilizing Pain Blocks in the ED

Cathy Snapp, *Physical Therapist, Orthopedic Programs Administrator, Norman Regional Health System, Norman, Okla.*

Keywords: Orthopedics, Pain Management, Pain Block Team

Learning Objectives:
- Assess the causation between delirium and lower quality outcomes in the hip fracture population.
- Identify the benefits of using fascia iliaca blocks for acute hip fractures.
- Discuss methods that can be used to decrease delirium in patients with acute hip fractures.

Overview:
According to the American Academy of Orthopedic Surgeons, at least 300,000 hip fractures occur in the United States annually. The majority are in patients over 65 years of age.[1] Developing delirium after hip fracture has shown to lead to poorer outcomes and increased mortality risk in elderly patients. It is not always feasible for a hospital to have a pain block team or have anesthesia on call 24/7 to provide pain blocks in the emergency department (ED). However, ED residents and providers can utilize pain blocks to decrease systemic opioid use and reduce delirium incidence in this vulnerable population.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

[1.] Panula J, Pihlajamäki H, Mattila VM, et al. Mortality and cause of death in hip fracture patients aged 65 or older: a population-based study. *BMC Musculoskelet Disord*. 2011;12:105. Published May 20, 2011. doi: 10.1186/1471-2474-12-105.

P444 | Data Analytics in Action: Tackling the Blood Shortage Crisis

Nasir Khan, MBBS, MPH, *Regional Director, Clinical Quality Analytics, Loyola Medicine, Maywood, Ill.*
Kevin Smith, MD, MBA, *Chief Medical Officer, Loyola University Medical Center, Maywood, Ill.*
Scott Miljour, *Senior Data Scientist, Loyola Medicine, Maywood, Ill.*

Keywords: Resource Stewardship, Blood Wastage, Dashboard, Blood Utilization

Learning Objectives:
- Apply data analytics to identify clinical guidelines for blood transfusion protocols.
- Develop a data dashboard to view blood ordering and transfusion trends.
- Distinguish between surgical services and by case mix index.

Overview:
The COVID-19 pandemic caused a surge in demand for blood transfusions, which led to increased hospitalizations and more critically ill patients. At the same time, the Red Cross reported a 25% decrease in the number of blood donors compared to the prepandemic level. These factors emphasized the importance of optimizing blood utilization practices to reduce waste and improve patient outcomes. Loyola University Medical Center developed an analytics dashboard that uses the electronic medical record and data from the Vizient Clinical Data Base to analyze blood utilization practices. The use of analytics in blood management has the potential to improve patient outcomes, reduce waste and conserve blood supply.

Credit(s) available: Nursing, Pharmacy, Pharmacy Technician, Physician, IPCE

P445 | Data-Enabled Health Equity: Creating a Framework for Action

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Kevin Smith, MD, MBA, *Chief Medical Officer, Loyola University Medical Center, Maywood, Ill.*

Keywords: Cesarean, Data Visualization, Perinatal Care, PC-02

Learning Objectives:
- Describe the evolution of the use of data and visualization tools to identify and combat health disparities.
- Discuss the challenges of and lessons learned about the collection, standardization and stratification of complex demographic and socioeconomic data.
- Outline the use of analytics in identifying the root cause of disparities and helping to improve stakeholder engagement.

Overview:
The COVID-19 pandemic exacerbated existing preventable health disparities and highlighted the urgent need to eliminate them. Addressing disparities requires a multifaceted, data-driven approach that takes

demographics into account. This project used the electronic health record (EHR) and data visualization tools to identify existing health disparities among demographic groups at Loyola Medicine and measure results of the hospital-level initiatives developed based on those findings. Our project led to several major organizationwide improvement initiatives. For example, we found a significant disparity in low-risk cesarean birth rates (Joint Commission measure PC-02): White patients had a rate of 24.1%, compared with 34.3% for Hispanic or Latino patients and 36.9% for Black patients. Data-guided education and improved risk stratification methods helped reduce the gaps by approximately 8.1% over nine months. It is important to highlight that our approach to improving health equity is an ongoing process that requires continuous monitoring and adaptation.

Credit(s) available: Nursing, Pharmacy, Pharmacy Technician, Physician, IPCE

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P446 | Closing 30,334 Care Gaps: Quality Improvement Through Centralized Outreach

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BJ Lagunday, MHS, *Executive Director, Ambulatory Care and Population Health Operations, UC Davis Health, Sacramento, Calif.*
Stacey Davidson, LVN, *LVN Supervisor, UC Davis Health, Sacramento, Calif.*
Reshma Gupta, MD, MSHPM, *Chief of Population Health and Accountable Care, Associate Professor of Internal Medicine, UC Davis Health, Sacramento, Calif.*
Gabrielle Salter, BS, *Population Health Specialist IV, UC Davis Health, Sacramento, Calif.*

Keywords: Population Health, Care Gaps, Patient Engagement, Quality Improvement Medical Assistants

Learning Objectives:
- Identify ways to close care gaps through a centralized outreach model.
- Ilustrate the implications of in-reach and outreach workflows.

Overview:
Preventative care leads to healthier individuals and a longer life expectancy. National guidelines provide benchmarks that allow identification of gaps in preventative care. To close these gaps in primary care at UC Davis, quality improvement medical assistants (qiMAs) used patient registries to identify patients with such gaps. Communication through in-reach (focused within an organization) and outreach (focused outside the organization) enabled qiMAs to close 30,334 care gaps in 12 months: Five qiMAs scheduled 5,798 appointments and completed 25,697 orders for cancer screening and lab tests.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P447 | Every Risk Is Worth Taking

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Austin Blazer, BSPHE, *Lead, Health Guide, Sanford Health, Fargo, ND*

Keywords: Rising-Risk Population, SDoH, Risk Reduction, Patient Empowerment, Health Guide

Learning Objectives:

- Describe the purpose of a health guide as a nonclinical resource for care management.
- Explain how a health guide identifies patient opportunity by identifying gaps in care rather than focusing on patients' medical status.
- Recognize the benefits of increasing nonclinical staff as a frontline resource to support care coordination strategies.

Overview:
Learn how the implementation of a nonclinical role can optimize health and satisfaction for a rising-risk patient population by identifying and closing gaps in care rather than focusing on specific chronic conditions. The health guide service is a proactive strategy to provide high-touch, high-frequency support that increases trust and improves the well-being of patients by removing barriers and streamlining care, while reducing acute utilization and improving clinical outcomes. Through outreach and intervention, health guides are able to build trust in the healthcare system, empower patients to use their voices and strengthen the partnership supporting a patient's plan of care.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P448 | How to Invigorate Your Safety Culture

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Tina Cavaliere, MPH, CPPS, *Quality Specialist, ECU Health, Greenville, NC*

Keywords: High Reliability, Patient Safety, Zero Harm, Safety Event Reporting

Learning Objectives:
- Discuss strategies for invigorating your safety culture.
- Describe methods to enhance team member engagement in a comprehensive system plan.

Overview:
After years of progress on our zero harm and high-reliability journey, ECU Health experienced a backslide during the COVID-19 pandemic. A decline in patient safety event reporting and safety culture perceptions along with worsening quality performance prompted a call to action. Invigorating our safety culture became an urgent, systemwide focus with strategic tactics developed and implemented in fiscal years 2022 and 2023.

Credit(s) available: Nursing, Pharmacy, Pharmacy Technician, Physician, IPCE

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P449 | Enterprisewide Imaging Safety Net Benefits Everyone: 2.5-Year Results

Timothy E. Klatt, MD, *Senior Medical Director, Patient Safety and Patient Relations, Froedtert Health, Milwaukee, Wis.*
Stacy O'Connor, MD, MPH, MMSc, *Associate Vice Chair of Informatics and Quality, Department of Radiology, University of North Carolina at Chapel Hill, Chapel Hill, NC*

Keywords: High Reliability, Diagnostic Delay, Clinical Liaison, Radiology

Learning Objectives:
- Develop a cost-effective, self-sustaining, systemwide imaging safety net with minimal resources.
- Describe the key benefits to varied stakeholders of implementing an imaging safety net.
- Explain the importance of an imaging safety net with coverage beyond emergency department imaging.

Overview:

With an information technology budget of $3,400, we implemented a cost-effective, efficient imaging safety net that protects patients, providers and the health system by ensuring completion of follow-up on incidental findings from more than 700,000 nonmammographic imaging studies annually. Our detailed analysis demonstrates the importance of extending coverage beyond emergency department imaging. The program is self-sustaining, as the necessary medical care prompted by our imaging safety net easily covers the cost of the program. We present a detailed plan to enable others to achieve the same results.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

P450 | Leader Rounding: Creating a Safety Culture for Patients and Workers

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Kathryn Heacock, DNP, ACCNS-AG, ACNP-AG, Clinical Nurse Specialist, R. Adams Cowley Shock Trauma Center, University of Maryland Medical Center, Baltimore, Md.
Margaret Murphy, MBA, Program Manager, Division of Quality and Safety, University of Maryland Medical Center, Baltimore, Md.

Keywords: Concern Resolution, Loop Closure, Visual Management Tools, Staff Engagement, High Reliability

Learning Objectives:
- Discuss how intentional rounding embodies principles of high-reliability organizations.
- Explain how to prioritize, escalate and resolve healthcare worker concerns with loop closure using visual dashboards.
- Apply key principles of restoring joy to existing or new leader rounding programs.

Overview:

Healthcare workers want to tell you how to provide safer care. Intentional leader rounding was utilized to build relationships with interdisciplinary healthcare workers to promote a culture of physical and psychological safety for patients and the workforce. A process was created to prioritize, escalate and resolve worker-reported concerns with loop closure to individuals. Nearly half of the employee-reported concerns involved themes of patient safety. The process incorporates the high-reliability organization principles of deference to expertise, preoccupation with failure and sensitivity to operations while empowering the workforce. This approach resulted in a 26% concern resolution rate in a three-month period.

Credit(s) available: Nursing, Pharmacy, Pharmacy Technician, Physician, IPCE

P451 | Supercharge Your Performance Improvement by Transforming to a Project Economy

Shawn Blackwell, MPH, PMP, CSSBB, *Senior Director, Quality PMO and Performance Improvement, Carilion Clinic, Roanoke, Va.*
Suzanne Kraemer, MD, *Chief Quality Officer and Vice President of Quality Integration and Improvement, Carilion Clinic, Roanoke, Va.*

Keywords: Sustainment, Operations Realignment, Leadership Accountability, Change Management

Learning Objectives:
- Identify factors that impede improvement efforts at your organization.
- Explain leadership's critical role in successful change.
- Apply actionable insights to improve and sustain change outcomes.

Overview:
In early 2022, Carilion Clinic's chief quality officer sought to accelerate improvement efforts. An audit of Quality's project portfolio showed it was 75% operational, and outcomes were not keeping pace with national benchmarks. Team capacity constraints were a challenge. Embracing a project economy, including change management competencies, meant shifting from historical structures. Transformation demanded discipline and a strategic approach, including training for leaders across our organization to ensure that they understand their critical role in accelerating and sustaining change. Quality's portfolio is maturing from transactional to strategic, enabling us to deliver on the promise of value creation for our organization — and most importantly, better outcomes for our patients.

Credit(s) available: Nursing, Pharmacy, Pharmacy Technician, Physician, IPCE

P452 | Use of Contingency Staff to Provide Safe Staffing and Cost Avoidance

Kimberly Joyce Johnson, MSN, RN, *Executive Director of Workforce Operations, Wellstar Health System, Marietta, Ga.*

Keywords: Strategic Staffing, Internal Agency, Retention Strategy, Internal Float

Learning Objectives:
- Describe the effectiveness of adding an additional tier of contingency staff.
- Discuss successful outcomes attributed to a new staffing model to alleviate post-pandemic vacancies.

Overview:
As the pandemic shifts to an endemic, the utilization of workforce resources has also changed. Support from contingency staff has become essential to manage workforce complexity. We have seen that multiple staffing models are needed to address the current nursing shortage. After enduring a pandemic, employees revealed that they want a safe working environment that offers flexibility and promotes well-being. We heard from leadership that we could not maintain the current escalated agency cost to provide these resources, and the rising costs were unsustainable. The concept of developing an internal agency emerged as a way to attain,

retain and sustain an environment in which nurses want to work. In addition to core staff, float teams (full-time, part-time and as-needed), and traditional and international resources, the development of an internal agency had the potential to address some of our needs.

Credit(s) available: Nursing, Pharmacy, Pharmacy Technician, Physician, IPCE

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P453 | Virtual Acute Care Nursing: Impacting Experience With One Click

Michelle Collins, DNP, APRN, CNS, ACNS-BC, NPD-BC, NEA-BC, LSSBB, *Vice President, Nursing Excellence and Magnet Designation, ChristianaCare, Wilmington, Del.*
Maria Brown, MSN, RN, PCCN, CNL, *Nursing Excellence Manager, ChristianaCare, Wilmington, Del.*

Keywords: Nursing Practice Innovation, Care Delivery Model Redesign, Patient Experience, Caregiver Experience

Learning Objectives:
- Describe the development and implementation of an acute care virtual nursing model of care in tandem with an inpatient care team.
- Explain how implementation of the model impacts both patient and nursing outcomes.

Overview:
Discover how a nurse-led, interprofessional team implemented virtual acute care nursing (VACN) practice in a new and innovative care delivery model. This practice innovation uses an audiovisual, bidirectional communication tool (tablet) to connect virtual nurses to patients, families and clinicians with the click of a button. VACN utilization has led to improved patient outcomes and has positively impacted the nursing practice environment. Redesigning the nursing workflow to include the VACN has allowed bedside nurses to prioritize hands-on care while the VACN can complete tasks such as admissions, discharges, documentation of assessments, education and coordination of care.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P454 | Transforming a Nurse Residency Program Through Vizient

Dayna Vidal, MSN, *Vice President, Nursing Professional Development and Clinical Outcomes, Grady Health System, Atlanta, Ga.*
Erica Henderson, DNP, *Grady Health System, Atlanta, Ga.*

Keywords: Nurse Retention, Staff Engagement, Onboarding Strategy, Nurse Workforce

Learning Objectives:
- Explain the importance of a nurse residency program to hospital organizations.
- List three key steps to increase the number of new graduate nurses onboarded to the hospital.

Overview:

Grady Health System, a level-1 trauma center, has used the Vizient/AACN Nurse Residency Program™ platform since 2017. Historically, Grady onboarded nurse residents in cohorts twice annually to capture spring and fall graduates. To combat the nursing shortages, strengthen the nursing pipeline and decrease dependence on travel nurses, Grady successfully implemented a strategy focused on increasing the number of nurse residency cohorts from two to six annually, resulting in a 118% increase in nurse residents. The Nursing Professional Development department utilized the Vizient/AACN Nurse Residency Program platform to facilitate this undertaking. This presentation will provide strategies for potentially strengthening the nursing workforce.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P455 | What Is the Cost of Care?

Danielle Waugaman, MSN, RN, CMGT-BC, NE-BC, *Manager, Care Management, CDI and UR, Nash UNC Health, Rocky Mount, NC*
Janet Ragle, DNP, MSN, MBA, CPHQ, *Director Quality/Performance Improvement/Patient Safety Officer, Nash UNC Health, Rocky Mount, NC*

Keywords: Cost Index, Resource Utilization, Physician Engagement, Utilization Management

Learning Objectives:
- Discuss key implementation strategies and available metrics to support performance improvement with regard to cost of care.
- Explain the potential impacts of this type of initiative.
- Describe the outcomes of increased clinician and patient satisfaction.

Overview:
As hospitals navigate decreasing margins and increasing expenses for labor and supplies, it remains vitally important to balance quality and costs. Nash UNC Health found that by engaging physicians to review cost data, compare data with each other and review benchmarks with other system entities, we were able to successfully decrease cost of care. Other benefits of this project include improved physician partner understanding of the cost of orderable services and standardization of care practices, as well as a stronger connection between acuity and cost for key stakeholders. We also demonstrated improved clinician and patient satisfaction.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P456 | A Multidisciplinary Approach to Decreasing *Clostridioides difficile* Events

Michelle Charles, MSN, RN, *Chief Nurse Informatics Officer/Virtual Care, Parkview Health, Fort Wayne, Ind.*
Peggy Brown, *Parkview Health, Fort Wayne, Ind.*

Keywords: HAI, Patient Safety, Standardized Screening

Learning Objectives:

- Explain *C. difficile* infections and how they impact hospitals.
- Identify three process changes used to decrease *C. difficile* infections.

Overview:
Clostridioides difficile is a life-threatening disease that can lengthen and complicate a patient's hospitalization. Parkview Health, a hospital system in Northeast Indiana, is on a journey toward zero harm and high reliability. From 2017 to 2019, Parkview Health noted an increase in the number of *C. difficile* events and the standard infection ratio (SIR). In 2019, the organization convened a multidisciplinary task force to address increases in *C. difficile* events. Rapid process improvements using plan-do-study-act (PDSA) methods were deployed from 2019 to 2022. Results during this time period showed an 81% decrease in *C. difficile* events and a 76% decrease in the SIR.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P457 | Systemwide HAI Reduction: One Size Does Not Fit All

Carisa Anderson, DrPH, CIC, *Senior Infection Preventionist, UChicago Medicine Ingalls Memorial Hospital, Harvey, Ill.*
Rebecca Fischer, BSN, RN, *Patient Care Manager, Critical Care and Dialysis, UChicago Medicine Ingalls Memorial Hospital, Harvey, Ill.*
Amanda Brown, CIC, *Infection Preventionist Lead, University of Chicago Medical Center, Chicago, Ill.*

Keywords: Systemness, Academic Medical Center, Community Hospital

Learning Objectives:
- Identify the various ways in which a *Clostridioides difficile* screening process can be applied at your institution.
- List at least two processes that can be implemented to decrease central line-associated bloodstream infection rates.
- Describe the roles involved in the project that enabled success.

Overview:
Staying at the forefront of medicine, innovation and research are the key drivers of success for many academic medical centers. Lessons learned from such institutions are routinely applied to community hospitals. However, one cannot adapt the practices of medical center to a community-based center and expect similar outcomes without some adjustments. While the concepts of hospital-associated infection (HAI) prevention may be the same for all, the implementation of interventions can vary depending on the care setting. UChicago Medicine understood the needs of the community hospital in their health system when it came to HAI prevention and aligned and pivoted as necessary.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P458 | End of the Line: Pharmacist Impact on Multidisciplinary CLABSI Mitigation

Jacqueline Dempsey, PharmD, BCCCP, Critical Care Pharmacist, Trauma/Emergency General Surgery, UK HealthCare, Lexington, Ky.
Komal Pandya, PharmD, BCCCP, Critical Care Pharmacist, Cardiothoracic Surgery, UK HealthCare, Lexington, Ky.
Kathryn Ruf, PharmD, MBA, Director, Office of Pharmacy Value and Analytics, UK HealthCare, Lexington, Ky.

Keywords: HAI, Patient Safety

Learning Objectives:
- Define CLABSI metrics used to evaluate the success of a quality improvement initiative.
- Describe the potential roles of pharmacists and EMR enhancements in a multidisciplinary approach to curtailing CLABSI.
- Explain and quantify the impact a pharmacist can have on CLABSI mitigation strategies.

Overview:
In conjunction with enterprisewide efforts to reduce central line-associated bloodstream infection (CLABSI) rates, a group of pharmacists created a tool within the electronic medical record (EMR) to evaluate the need for central lines for vesicant medication administration. Since launching the tool in adult intensive care units (ICUs), pharmacists have recommended central line removal in 19% of patients reviewed. The ICU CLABSI rate, standard infection ratio and standard utilization ratio have all decreased since implementation. This tool has been well received by end users and because of its success, has been investigated for use by other disciplines and additional patient populations.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

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P459 | Beyond the Bundle

Wendy Elliott, MSN, RN, NE-BC, Critical Care Nurse Manager, Wellstar Douglas Medical Center, Douglasville, Ga.
Lori Goraczewski, BSN, RN, CIC, Manager of Infection Prevention, Wellstar Douglas Medical Center, Douglasville, Ga.

Keywords: Culture Shift, Team Collaboration, HAI, CLABSI, High-Risk Rounding, Safety Huddles, Critical Care

Learning Objectives:
- List at least three possible interventions for CLABSI prevention that reach beyond the care bundle.
- Describe at least two strategies for change management to engage bedside team members and promote buy-in.

Overview:
The COVID-19 pandemic created many challenges in critical care. One was an increase in central line-associated bloodstream infections (CLABSIs). For these patients, their high acuity level increases their risk for CLABSI beyond the point where evidence-based bundle elements can mitigate it. However, despite conducting unit-based reviews of all CLABSI events with key stakeholders, no clear care gaps or common contributors were found. This resulted in collaborative efforts between critical care and infection prevention to identify and

implement interventions that reached beyond the bundle. As a result of this effort, there have been no CLABSIs in this population for more than a year, despite a high standard utilization ratio for central lines.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

P460 | QR Equals Quick Response to Simplify OR Equipment Setup

Imelda Claudette Ellorin Revote, RN, MSN, CNOR, Performance Improvement Specialist, Houston Methodist West, Houston, Texas
Albert Tia, RN, BSN, CNOR, OR Manager, Houston Methodist West, Houston, Texas
Godfrey Ortiz, RN, MSN, ACNS-BC, NE-BC, Perioperative Services Director, Houston Methodist West, Houston, Texas

Keywords: Operating Room Supply Education, Equipment Safety, Quick Response

Learning Objectives:
- Identify methods for adapting the QR code to guide setup of less frequently used equipment in the operating room.
- Describe new educational techniques to support highly skilled staff members in the operating room.

Overview:
Quick response (QR) code technology is already used in various industries, but its use in the operating room (OR) is an innovative concept. A typical OR can include more than 100 different pieces of equipment, posing a challenge for OR nurses who must be competent in their use. A QR code-enabled education tool can make it easier for nurses to navigate this complex environment, support proficiency and reinforce skills, and promote quality care in the OR.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

P461 | Evaluation of a Discharge Clinic and 30-Day Readmission Rates

Jessica R. Sass, MSN, APRN, FNP-C, Director of Population Health, University of Kentucky HealthCare, Lexington, Ky.

Keywords: Value-Based Payment, Paramedicine, Transition of Care

Learning Objectives:
- Identify successful interventions that can be used to improve 30-day readmission rates.
- Discuss the implications for future care opportunities.

Overview:
Patients transitioning from an inpatient hospital stay to self-care are at risk for readmission within 30 days of discharge, which leads to increased costs and resource utilization as well as decreased quality of life. In addition, value-based payment programs use 30-day readmission rates as a measure of quality. Identifying

interventions that improve 30-day readmission rates is imperative to avoid penalties and improve patient outcomes. Initial results of a collaboration with a paramedicine program and a transition of care program show promise in improving outcomes and reducing costs and resource utilization.

Credit(s) available: Nursing, Pharmacy, Pharmacy Technician, Physician, IPCE

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P462 | Diagnostics Are Trending, But Are You Watching?

Nick Bennett, PharmD, BCIDP, *Manager, Antimicrobial and Diagnostic Advisement Program, Saint Luke's Health System, Kansas City, Mo.*
Sarah Boyd, MD, *Medical Director, Antimicrobial and Diagnostic Advisement Program, Saint Luke's Health System, Kansas City, Mo.*

Keywords: HAI, Diagnostic Stewardship, Care Delivery, Cost Containment

Learning Objectives:
- Outline strategies for developing functional analytic tool frameworks for diagnostic tests.
- Understand how infectious disease diagnostics is an important clinical and operational target for health care sustainability and stewardship.

Overview:
Embracing diagnostics as a core stewardship function is critical to delivering evidence-based and cost-effective care. With advanced infectious disease testing emerging over the last decade, the processes and analytics supporting such frameworks are essential for organizational sustainability. Our Antimicrobial and Diagnostic Advisement Program created an efficient operational structure to assess, advise, deploy and track diagnostics. Using and understanding internal and Vizient peer-based data to guide multidisciplinary interventions can help other health systems tactically deliver improvements and focus on often underappreciated clinical and operational diagnostic targets.

Credit(s) available: Nursing, Pharmacy, Pharmacy Technician, Physician, IPCE

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P463 | Better Flow: Right Care, Right Place, Right Time

Keely Dwyer-Matzky, MD, MSBA, *Associate Chief Medical Officer of Patient Flow and Capacity Management, University of Rochester Medical Center, Rochester, NY*

Keywords: Capacity, Throughput, Patient Safety

Learning Objectives:
- Describe the seven steps of a successful enterprise-level patient flow initiative.
- Identify five electronic health record tools that can be utilized in patient flow quality improvement initiatives.
- Use real-time data to implement patient flow improvements for capacity management.

Overview:
Better Flow is a systemwide initiative to deliver the right care in the right place at the right time. Successful implementation requires seven steps focused on improving patient flow while delivering high-quality care and ensuring patient safety. The goals of the initative are to remove system barriers and improve efficiency by leveraging electronic health record tools to create consistent workflows both at the institution level and across a 1,300-bed enterprise. This framework is successful and generalizable.

Credit(s) available: Nursing, Pharmacy, Physician, IPCE

P464 | Leaping Forward: Designing a Health Equity Data Roadmap

Kathi Dangerfield, MS, CPHQ, Director, Quality Analytics, UCHealth, Aurora, Colo.
Linda Staubli, MSN, RN, ACCNS-AG, Program Manager for Clinical Quality and Patient Safety Analysis, UCHealth, Aurora, Colo.

Keywords: Performance Improvement, Quality and Safety, REaL, Patient-Centered Care

Learning Objectives:
- List health equity data tracked by national quality organizations.
- Understand how to develop an equity data road map.
- Explain collection and analysis of hospital data for performance improvement opportunities.

Overview:
Reducing patient health inequities is a priority for all hospitals. The goal at UCHealth is to provide care that does not vary in quality because of personal characteristics such as race, gender, ethnicity, geographic location, or socioeconomic status. Data collection and analysis is the basis of all clinical effectiveness, patient safety and performance improvement efforts and is a crucial part of the health equity journey. Hospitals need to have four goals on their health equity data road map: standardization of data collection on race, ethnicity and language preferences (REaL); the ability to stratify this information; development of the skills needed to analyze key quality, safety, and experience process and outcome measures; and the ability to identify opportunities to develop patient-centered performance improvement plans.

Credit(s) available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, IPCE

P465 | Healthier Together: Integration Accelerated by a Crisis

Pamela L. Scagliarini, MBA, FACHE, Chief Operating Officer, Senior Vice President, Bridgeport Hospital/Yale New Haven Health, Bridgeport, Conn.
Karen Kipfer, Executive Program Director, Bridgeport Hospital, Bridgeport, Conn.
Joubin Bavarian, MHA, BSN, RN, Vice President of Operations and Nursing, Bridgeport Hospital, Bridgeport, Conn.

Keywords: Acquisition, Change Management, Capacity, High Reliability

Learning Objectives:

- Identify a critical pathway to the successful acquisition and integration of an acute care hospital in a steady state and in crisis.
- Discuss key clinical quality interventions needed during various phases of a hospital integration.
- Apply leadership concepts to address rapid change management while building an engaged and highly reliable culture.

Overview:
Located in a coastal community, Milford Hospital was failing financially and losing the confidence of its community, staff, and providers. Bridgeport Hospital, an affiliate of Yale New Haven Health System (YNHHS) located 8.5 miles away from Milford, was consistently challenged by capacity limitations. In 2019, YNHHS acquired Milford Hospital, which was under threat of closure, and made it a second campus of Bridgeport Hospital. Today, the Milford Campus of Bridgeport Hospital is thriving, with increased volumes, additional physician specialties, a new unit under construction and multiple clinical awards. Achieving this success required a robust accountability structure, stakeholder engagement, and significant attention to culture and communication.

Credit(s) available: CPHQ, Nursing, Pharmacy, Physician, IPCE

P466 | Addressing PSIs and HACs: We Are Stronger Together as a Team

Joseph Anthony Cristiano, MD, CCDS, FACP, CHCQM-PHYADV, *Physician Advisor and Assistant Professor of Internal Medicine, Atrium Health Wake Forest Baptist, Winston Salem, NC*
Vicki Galyean, RN, CCDS, *Atrium Health Wake Forest Baptist, Winston Salem, NC*

Keywords: Quality Indicators, Clinical Documentation, Patient Safety

Learning Objectives:
- Identify key stakeholders and subject matter experts needed to review cases for HAC, PSI or PDI quality outcomes.
- Describe effective strategies for multidisciplinary case review to accurately assign HAC, PSI and PDI quality outcomes.
- Recognize commonly encountered details that may represent an opportunity for overturning or excluding an HAC, PSI or PDI from a case.

Overview:
We describe a multidisciplinary team at Atrium Health Wake Forest Baptist that reviews possible hospital-acquired conditions (HACs) and adverse events that fall under patient safety indicators (PSIs) or pediatric quality indicators (PDIs). This committee was formed in 2014 but has matured substantially over the years. The committee, composed of C-suite champions, physicians, quality staff, inpatient coders and clinical documentation stakeholders, functions in a highly organized fashion to expeditiously review all cases with an identified possible adverse event. We describe our organizational approach, outcomes data, important lessons learned and future growth opportunities. We will emphasize strategies applicable to organizations interested in enhancing their internal processes.

Credit(s) available: CPHQ, Nursing, Pharmacy, Physician, IPCE