2023 VIZIENT CONNECTIONS SUMMIT

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SEPT. 18-21, 2023
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PH311 | STAT: Stanford's Telemedicine Low-Acuity Track for Emergency Department Visits
Thursday, 8:00-8:30 a.m.
Bandol 1

Meagan F. Moyer, MPH, RD, Manager, Digital Health Operations, Stanford Health Care, Stanford, Calif.
Sam Shen, MD, MBA, Associate Chief Quality Officer, Stanford Health Care, Stanford, Calif.
Patrice Callagy, RN, MPH, MSN, CEN, Executive Director, Emergency Services, Stanford Health Care, Stanford, Calif.

Keywords: Care Model Redesign, ED Video Visit, Virtual Fast Track

Learning Objectives:
- Describe key components of designing and implementing a virtual ED fast track program.
- Outline the benefits and patient care quality outcomes that may result from a virtual fast track program.
- Identify opportunities to leverage digital health technology to improve quality outcomes and extend physician and capacity resources.

Overview:
Stanford's Telemedicine Low-Acuity Track program shortens wait times experienced by low-acuity patients presenting to our high-volume, high-acuity emergency department (ED). We created a program in which patients who present to our ED are triaged for eligibility and managed by an emergency medicine physician via video, while also receiving needed ancillary services. Our program resulted in a 40.4% lower median wait time from presentation to disposition for virtual fast track patients compared with patients at the same acuity level seeing a physician in person. The success of this program led us to create additional virtual care modalities such as scheduled ED follow-up visits.

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

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PH312 | Enhancing Career Development of Racially And Ethnically Diverse Leaders Through Mentorship
Thursday, 8:00-8:30 a.m.
Bandol 2

Dewi V. Brown-DeVeaux, DNP, MS, ONC, Senior Director of Patient Experience and Engagement, NYU Langone Health, Brooklyn, NY
Peter Rodney, MS, RN, CNOR NEA-BC, Vice President, Nursing and Patient Care Services, NYU Langone Health, New York, NY

Keywords: Leadership, Executive Mentorship, Equity, Succession Planning, Strategic Purposefulness

Learning Objectives:
- Describe the importance of increasing diversity in leadership.
- Recognize the multiple benefits of mentorship.
- Identify the elements of an intentional mentorship program that incorporates multiple evidence-based workshops to increase diversity in leadership.

Overview:
NYU Langone Health, a top-ranked diverse healthcare system, impacts 46,000 employees and 9.4 million patients nationwide. Based on our long-standing clinical practice that is deep-rooted in addressing safety and health equity through leadership and strategic partnership, we spearheaded a successful revolutionary mentoring program. It serves as a model to amplify equity for marginalized leaders and underresourced populations. The program integrates evidence-based workshops led by world-renowned experts with 1:1 mentoring, and has resulted in 87% of fellows advancing their careers and magnifying organizational visibility through transformational leadership.

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

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PH313 | Going From Good to Great: Measuring Systemness
Thursday, 8:00-8:30 a.m.
Meursault

Lisa M. Miller, MPH, CPHQ, Director, Continuous Improvement, Cleveland Clinic, Cleveland, Ohio
Matthew Miller, DO, MBA, CPHQ, Associate Chief Quality Officer, Cleveland Clinic, Cleveland, Ohio

Keywords: Systemness Maturity Index, Patient Experience, High Reliability

Learning Objectives:
- Describe a new method for measuring variation across standards, processes and adherence related to quality measures.
- Develop criteria to measure adherence to standards.
- Explain the importance of well-defined standards in quality improvement work.

Overview:
Consistent, highly reliable care is what we expect from our 22 hospitals worldwide. But how do we know we are delivering? To deliver quality care, there must be clarity regarding the application of our standards. A Systemness Maturity Index was created to benchmark variation in standards across our organization. Surprisingly, application of the index highlighted intrasystem variability that exceeded our expectations. Even though each hospital is adhering to best practices and industry standards, the index has unlocked new capabilities to quantify and communicate opportunities. This work highlights the need to optimize adherence to standards to achieve high reliability and systemness.

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

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PH314 | Artificial Intelligence Gaps: Concurrent Coders to the Rescue — Traditional CDI, Nontraditional Methods
Thursday, 8:00-8:30 a.m.
Castillon

Sathya Vijayakumar, MS, MBA, Senior Clinical Operations Manager, Intermountain Health, Salt Lake City, Utah
Laura Ogaard, RN, MSN, CDI IPC Manager, Intermountain Health, Salt Lake City, Utah

Keywords: CDI, AI, Mortality Index, Revenue Capture

Learning Objectives:
- Describe the use of a clinical database to improve documentation of the risk of mortality and increase revenue capture.
- Use artificial intelligence to address the increased need for CDI review.

Overview:
Since joining Vizient in 2018, Intermountain Health has strived to reach the top decile of the Vizient Quality and Accountability (Q&A) rankings (which we have accomplished) and we continue working to stay there. As documentation plays a key role in all domains of the Vizient Q&A, the Clinical Documentation Integrity (CDI) team plays a crucial role in helping to accurately capture patient acuity. Given the constantly evolving nature of healthcare, we must think of novel ways to increase productivity without additional bodies. This work highlights the use of a small set of coders to review cases (based on our financial impact opportunity compared to the national benchmark from the Vizient Clinical Data Base) — before the CDI nurse team

reviews them. This enables us to accurately and efficiently identify cases with true opportunity for review by the CDI nurses.

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

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PH315 | Sustainability: Beyond the Board Goal
Thursday, 8:00-8:30 a.m.
Fleurie

Johnni Beckel, MA, *Senior Vice President and Chief Administrative Officer, OhioHealth, Columbus, Ohio*
Rob Cercek, MHA, BS, FACHE, *President, OhioHealth Riverside Methodist Hospital, Columbus, Ohio*
Roland Tokarski, MBA, BS, *Vice President, Construction and Real Estate Management, OhioHealth, Columbus, Ohio*
Terri M. Scannell, BBA: Finance, MBA and Law, *Principal Advisor, Sustainability and ESG, OhioHealth, Columbus, Ohio*

Keywords: Supply Chain, Environmental Stewardship, Operational Performance

Learning Objectives:
- Describe how to utilize sustainability leadership to gain efficiency, connect with associates, support your community and exceed patient expectations.
- Explain how sustainability can help organizations drive change, create engagement opportunities and tackle some of healthcare's challenges.

Overview:
In 2020, OhioHealth leaders established a three-year board goal to move the needle on environmental sustainability. The organization identified best practices and methodologies that allowed us to boost associate engagement around sustainability, create innovative partnerships with suppliers and reduce our energy usage while designing healthy buildings for the future of care delivery. We're far from done, but the established structures will continue to support meaningful advancements in environmental stewardship, operational performance and human health while building an engaging culture of care. Learn from OhioHealth leaders how we achieved our sustainability board goal and what comes next for decarbonization.

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

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PH316 | Quality and Cost: All That Glitters Is Not Gold
Thursday, 8:00-8:30 a.m.
Musigny

Brittany Hightower, MSN, RN, *Value Analysis Clinical Manager, Nebraska Methodist Health System, Omaha, Neb.*
Ellie Kirshenbaum, BSN, RN, CPN, *Value Analysis Clinical Manager, Nebraska Methodist Health System, Omaha, Neb.*
Brett Richmond, FACHE, *President and Chief Executive Officer, Methodist Fremont Health, Fremont, Neb.*

Keywords: Request Workflows, Performance Metrics, Value Analysis, Purchasing

Learning Objectives:
- Define the roles and responsibilities of the New Product Committee.
- Identify at least three criteria important in the evaluation of new product requests.
- Describe the value of incorporating quality metrics after implementation of new products, procedures or equipment.

Overview:
This session will highlight the key elements of a systemwide change to improve the new request workflow for products, equipment and procedures — the New Product Committee (NPC). A new request workflow, facilitated via the NPC, imposes a preestablished set of criteria for product analysis that aligns with the system's strategic goals, creates a multidisciplinary approach to new request reviews, and utilizes quality-based contract performance metrics to assess new requests following implementation. The session will cover workflow development, implementation, and health system impact, as well as how to look past the glitter that accompanies new requests.

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

PH317 | Take Back Control of Your Contract Management
Thursday, 8:00-8:30 a.m.
Hermitage

Jim Murphy, MBA, Senior Director, Supply Chain and Support Services, Quincy Medical Group, Quincy, Ill.

Keywords: Supply Chain, Pricing Structure, Warranty Provision

Learning Objectives:
- Explain the financial value of contract management.
- List the five most important steps for starting a contract management initiative.

Overview:
Contract management is a critical component in the success of any healthcare organization. Legally binding, contracts determine stakeholder relationships, pricing structures, scope of work, rights and obligations, project timelines, warranty provisions, and more. Given how critical contracts are, effective contract management can dramatically improve the performance of any healthcare organization. On the other hand, if your contract management process is unstructured, it could lead your organization down a dark hole. Our new process, led by the supply chain director review, drives a more efficient process with capital planning, budget preparations and reviewing the financial impact of a single agreement. Overall, this has saved countless staff hours and financial dollars for the organization.

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

PH321 | Rapid Deployment of a Large-Scale Virtual Nursing Program
Thursday, 8:45-9:15 a.m.
Bandol 1

Steve Klahn, MBA, BSN, CCRN-K, FACHE, *System Virtual Medicine Director, Houston Methodist, Houston, Texas*
Lindsay Randle, MBA, *System Virtual Medicine Director, Houston Methodist, Houston, Texas*
Melissa L. Gomez, MBA, *Project Specialist, vICU and TeleNursing, Houston Methodist, Houston, Texas*

Keywords: Patient Experience, Caregiver Experience, Care Model Redesign, LOS

Learning Objectives:
- Describe the benefits of FTE modeling for rapid deployment of a virtual nursing program.
- List lessons learned during large-scale rollout at an urban health system, including a variety of specialty care patient units.

Overview:
Facing challenges such as nursing shortages, bed closures and high use of contract traveler nurse labor, our executive team identified and supported exploration and rapid deployment of a virtual nursing program across four pilot units (about 130 acute care beds). With a small team of remote nurses, this program quickly expanded across six acute care hospitals — over 36 units and 985 beds — within the first eight months of service. We will share large amounts of data, including overall volumes of remote admission and discharge tasks being completed (over 46,700 as of June 25, 2023), as well as a comprehensive review of other metrics the program has positively impacted.

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

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PH322 | Fostering Leadership Development and Succession Planning With a Leader Capability Model
Thursday, 8:45-9:15 a.m.
Bandol 2

Laurie Ecoff, PhD, RN, NEA-BC, CNL, *Vice President, Terrence and Barbara Caster Institute for Nursing Excellence, Sharp HealthCare, San Diego, Calif.*
Melissa Vivas, MSN, RN, CNL, *Manager, The Sharp University — Learning Transformation, Sharp HealthCare, San Diego, Calif.*

Keywords: Leadership Domains, Organizational Development, Human Resources, Talent Management, Learning Circles, Mentoring

Learning Objectives:
- Discuss the development of a leader capability model.
- Describe how a leader capability model can be applied to interprofessional teams of leaders.
- List three outcome measures to demonstrate the impact of a leader capability model.

Overview:

An interprofessional team at a seven-hospital system developed a leader capability model to advance current and aspiring leaders' knowledge, skills and practice, in support of leadership development, mentoring, retention and succession planning. This session will describe model development, implementation and evaluation with demonstrated outcomes and impact. Attendees will learn the structure, process and outcomes required to establish or adopt a similar model, as well as strategies for developing leaders in their organization.

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

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PH323 | Why Every Health System Needs a Quality Strategy Team
Thursday, 8:45-9:15 a.m.
Meursault

Jennifer Lamprecht, MS, RN, CNL, CPHQ, Director, Quality Strategy, Sanford Health, Sioux Falls, SD
Kristi Ball, MBA, RN, System Executive Director, Quality and Patient Experience, Sanford Health, Sioux Falls, SD

Keywords: Centralized Functions, Reporting Structure, Systemness

Learning Objectives:
- Discuss how the quality strategist role efficiently centralizes quality functions in a health system.
- Describe specific strategies for success in value-based programs.

Overview:
Sanford Health developed a systemwide quality and safety team following multiple mergers. Like many systems, Sanford found that operating quality functions as an integrated system was challenging. This session will describe how the Quality Strategy Team has evolved as an efficient and innovative way to centralize both quality functions and advanced expertise. Changes in reporting structure enabled direct communication with executive leaders to both provide recommendations and gain direction on priorities. Outcomes include improved efficiency, standardization and financial incentives through value-based programs. Examples of specific strategies demonstrate how to take advantage of expertise and collaborate with multiple system departments.

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

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PH324 | Denver Health RESTORE: Sustaining Workforce Mental Well-Being and Collective Resilience
Thursday, 8:45-9:15 a.m.
Castillon

Maria Gonsalves Schimpf, MA, MT-BC, Director, Denver Health RESTORE; Denver Health, Denver, Colo.
Kathy Boyle, PhD, RN, NEA-BC, Chief Nursing Officer, Denver Health, Denver, Colo.

Keywords: Peer Support, Well-Being, Emotional Support

Learning Objectives:

- Identify the two models that have informed RESTORE's peer support program.
- Describe the scope of healthcare-based peer support.
- Identify the two primary goals of the Trauma-and Resilience-Informed Systems (TRIS) 101 Workshop.

Overview:
Resilience & Equity Through Support & Training for Organizational Resilience (RESTORE) has a mission to promote mental well-being of the health professional workforce as well as individual and organizational resilience through timely and confidential emotional support, psychological first aid (PFA) and training. Thirty-five interdisciplinary peer responders from across this integrated healthcare system take call for the institution's 24/7 peer support line and serve across additional peer support service lines. RESTORE provides training and education on cumulative stress, systemic racism in healthcare and trauma- and resilience-informed systems (TRIS). RESTORE serves as a resource for rapid action while destigmatizing mental health support.

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

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PH325 | Hypertension RPM: A Patient Portal and Population Health Hypertension Intervention
Thursday, 8:45-9:15 a.m.
Fleurie

Sean Bernstein, MD, MS, Associate Chief Medical Informatics Officer, Rush University Medical Center, Chicago, Ill.
Sachin D. Shah, MD, Chief Medical Information Officer, University of Chicago Medicine, Chicago, Ill.
Tameka Wilson, DNP, RN, AMB-BC, NE-BC, Assistant Director, Ambulatory Nursing, University of Chicago Medicine, Chicago, Ill.

Keywords: Remote Patient Monitoring (RPM), Virtual Models of Care Delivery, Health Equity, Capacity Management, Top of License

Learning Objectives:
- Describe a digital and population health-based solution to address uncontrolled hypertension.
- Describe how to design, launch and scale an equitable, high-value implementation of an RPM intervention, including the team members, EHR tools and training required.
- Describe the reporting tools built into the EHR and visualization software to identify potential patients and monitor enrolled patients.

Overview:
UChicago Medicine started a remote patient monitoring (RPM) program utilizing existing technology to help patients improve blood pressure (BP) control using Bluetooth-connected BP cuffs, smartphones, the Epic patient portal and a medication titration protocol. Digital navigators use reporting to proactively identify patients with uncontrolled hypertension in our primary care clinic, provide them with a BP cuff and sync it to their mobile devices. A team of pharmacists and population health nurses review the BP values weekly, track medication adherence and titrate medications during weekly telephone outreach encounters until control is achieved, at which point patients graduate back to their primary care physician.

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

PH326 | Starting a Supplier Diversity Program: Foundation to Fundamentals
Thursday, 8:45-9:15 a.m.
Musigny

Robert Fogarty, *Supplier Diversity Coordinator, Children's Mercy, Kansas City, Mo.*

Keywords: Procurement, Purchasing, Communication, Supply Chain, Program Development

Learning Objectives:
- Outline the key components needed to implement a supplier diversity program.
- Discuss useful techniques to prioritize initiatives for supplier diversity programs.

Overview:
Starting a supplier diversity program can be a daunting and overwhelming initiative. This session is an overview that shares the essentials of what to pursue, prioritize and piece together when starting, building and growing your program. Hear the mechanics, missteps and lessons learned on a fellow colleague's journey — including how to take many good thoughts and corral them into a solidified and directional theme; what to leave in and what to leave out; and keys to communicating to others what they need to hear, not necessarily what we want to say.

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

PH327 | Specialty Pharmacy Growth Through GLP-1 Medication Management
Thursday, 8:45-9:15 a.m.
Hermitage

Joshua Lynch, PharmD, *Specialty and Retail Pharmacy Manager, Singing River Health System, Pascagoula, Miss.*
Lisa Fratesi, RPh, MHA, *Executive Director of Pharmacy, Singing River Health System, Pascagoula, Miss.*

Keywords: Medication Adherence, Pharmacy Revenue, Pharmacy Liaison, Diabetes Management, Weight Loss

Learning Objectives:
- Describe the process for implementing specialty pharmacy services into primary care clinics for diabetes management.
- Discuss the growth potential of specialty pharmacy services through diabetes care.
- Explain the impact of a high-touch approach in specialty pharmacy on outcomes for patients and health systems.

Overview:
Diabetes accounts for an estimated $327 billion in total annual healthcare costs and billions are added to this estimate each year. Currently, over 37 million Americans have diabetes and that number is expected grow to over 60 million by 2060.[1] The prevalance of obesity in the US is 41.9% of the population and diabetes is one of

the leading obesity-related health conditions.[2] Pharmacy liaison managed care addresses the many challenges that patients with diabetes and obesity face, including adherence to and affordability of medications. We are applying the high-touch approach of specialty pharmacy care in diabetes and obesity management to lower copays, increase adherence, reduce A1C levels, lower body mass indices, increase patient and provider satisfaction, and drive additional pharmacy revenue.

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

1. By the numbers: diabetes in America. Centers for Disease Control and Prevention website. Updated October 25, 2022. Accessed June 2, 2023. https://www.cdc.gov/diabetes/health-equity/diabetes-by-the-numbers.html#:~:text=Cost%20of%20Diabetes%20The%20total%20estimated%20cost%20of,with%20diabetes%20were%20%20%249%2C601%20per%20person%20in%202017. Updated October 25, 2022. Accessed June 2, 2023.

2. Overweight and obesity: adult obesity facts. Centers for Disease Control and Prevention website. Updated May 17, 2022. Accessed June 29, 2023. https://www.cdc.gov/obesity/data/adult.html.

PH331 | A Multidisciplinary Approach to Reduce Patient Reliance on the Emergency Department
Thursday, 9:30-10:00 a.m.
Bandol 1

Kimberly Stanford, MD, MPH, *Assistant Professor, University of Chicago Medicine, Chicago, Ill.*
Thomas Spiegel, MD, MBA, *Associate Professor, Chief Quality Officer, University of Chicago Medicine, Chicago, Ill.*

Keywords: SDoH, Multivisit Patients, Readmissions

Learning Objectives:
- Describe the impact of a social medicine team model on individual patient outcomes and ED utilization.
- Explain the importance of a cohesive, interdisciplinary team model to the success of a social medicine intervention.

Overview:
Our large, urban emergency department (ED) implemented a multidisciplinary social medicine team to address the social determinants of health (SDoH) that drive frequent visits to the ED. The team initially focused on patients who most frequently utilize the ED, but over time, the social medicine team became a resource for any patient facing SDoH-related barriers to accessing care. As a result, the team undertook larger initiatives to address important SDoH, such as homelessness and mental illness. The team's efforts have had positive effects on patient returns and improved staff morale and cooperative interdisciplinary efforts across the hospital system to improve care for the most vulnerable patients.

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

PH332 | Nursing Roles Capable of Generating Untapped Revenue
Thursday, 9:30-10:00 a.m.
Bandol 2

Carolyn Clevenger, RN, DNP, GNP-BC, FAANP, FGSA, FAAN, *Clinical Director, Integrated Memory Care, Emory Healthcare, Atlanta, Ga.*
Laura Medders, LCSW, *Administrative Director, Integrated Memory Care, Emory Healthcare, Atlanta, Ga.*

Keywords: Capturing Untapped Revenue, Top of License, Billing Opportunities

Learning Objectives:
- Identify three Current Procedural Terminology codes that reimburse for the RN's time.
- Name at least two benefits, not related to finances, of capturing and billing for the RN's services.

Overview:
Registered nurses (RNs) are typically viewed as expensive support staff in an ambulatory setting. However, the value of empowered RNs can be realized through several billing opportunities that are not often captured. The Integrated Memory Care Clinic has identified strategies to leverage not only the expertise of the RN but also the revenue generation opportunities of their role in preventive care and care coordination. This presentation will discuss the ways the Integrated Memory Care team has utilized the nursing team to generate approximately one-third of the clinic's total monthly revenue.

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

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PH333 | A Digital Learning and Engagement System Improves Culture and Reliability
Thursday, 9:30-10:00 a.m.
Meursault

Dianna Motley, BSN, MHRM, RN, *Director of Critical Care, Emergency Services, The Queen's Medical Center — West Oahu, Ewa Beach, Hawaii*
Robin Kalohelani, RN, MSN/Ed, CCM, *Vice President of Operations and Associate Chief Nursing Officer, The Queen's Medical Center — West Oahu, Ewa Beach, Hawaii*

Keywords: Medication Safety, Emergency Department, High Reliability, Staff Engagement, Workforce, Manager Accountability

Learning Objectives:
- Describe a strategy to increase team engagement and patient safety and create a healthy environment in the emergency department.
- Discuss creating a culture of accountability through transparent and real-time communication and performance benchmarking using an interactive, digital team communication board.

Overview:
Transparent communication and benchmarking within a large team is challenging and a culture of trust and respect is needed. Learn how a busy emergency department leveraged an interactive digital staff communication board to share knowledge and comparative data, increase staff engagement, promote a healthy care environment, and improve patient safety outcomes through high-reliability principles.

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

PH334 | UCLA Kidney Medical Home: A Model for Specialty Value-Based Care
Thursday, 9:30-10:00 a.m.
Castillon

Sarah Meshkat, MHA, Director, Population Health, UCLA Health, Los Angeles, Calif.
Elizabeth Ann Jaureguy, RN, MSN, FNP, Director, Ambulatory Care Management, UCLA Health, Westwood, Calif.

Keywords: Population Health, Dialysis, Complex Care Management, Predictive Modeling

Learning Objectives:
- Develop population health governance and leadership engagement to manage high-cost clinical conditions such as chronic kidney disease.
- Apply a specialty medical home value-based care model to manage cost, quality and patient experience.
- Describe innovative technology, complex care management and team-based care to enhance clinical outcomes.

Overview:
The UCLA Health Kidney Medical Home applies a medical home model to specialty care to achieve the goals of value-based care. This model incorporates team-based care in which nurses, social workers and care coordinators work alongside physicians to support patients, curb unnecessary utilization, enhance quality and improve the patient experience. This whole-person model screens patients for depression; engages patients in their own care through patient activation; and offers patient education, shared decision-making and remote patient monitoring. The kidney medical home is enabled by technology, including use of artificial intelligence to identify patients at risk and electronic modules for patient engagement.

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

PH335 | LOS Reduction Through Service Line-Focused MS-DRG Intervention
Thursday, 9:30-10:00 a.m.
Fleurie

Anne Brittain, PhD RT(R)(M)(QM), CPHQ, LSSGB, System Director, Quality Improvement and Outcomes, Inova Health System, Falls Church, Va.
Rishi Garg, MD, Chief Medical Officer, Inova Fairfax Medical Campus, Falls Church, Va.

Keywords: Capacity, Throughput, Systemwide Improvement

Learning Objectives:
- Describe the use of MS-DRG data to drive change that impacts hospital operations.
- Discuss how service lines can integrate into hospital operations.
- Explain how shifting away from tradition can positively affect hospital and patient metrics.

Overview:
Our hospital used historical data tailored to each service line to improve length of stay (LOS). Service lines implemented specialty-specific improvement projects to address opportunities unique to each. Projects addressed various opportunities, including care variation, documentation integrity, care efficiency and appropriateness of care levels, while maintaining excellent patient outcomes. As a result, our risk-adjusted LOS observed-to-expected ratio decreased from 1.01 to 0.97, decreasing our excess days from around 4,200 to zero despite rising admissions and case mix index during the same period. Our story can help organizations faced with similar space, staffing and acuity challenges.

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

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PH336 | Achieving Centralized Purchasing and the Sourcing Team of the Future
Thursday, 9:30-10:00 a.m.
Musigny

Paul Blymire, *Director, Purchasing and Materials Management, Masonic Villages of the Grand Lodge of Pennsylvania, Elizabethtown, Pa.*

Keywords: Long-Term Care, Centralized Purchasing Operations, Adding Value, Strategy

Learning Objectives:
- Describe change communication and action strategies for large organizations.
- Explain how to break down processes and rebuild with a technology-first approach.

Overview:
Learn the strategies deployed by a large long-term care organization for planning, navigating and migrating to a centralized purchasing environment. Retooling a decades-old process at any organization can be a large feat, especially when there are hundreds of teammates involved across multiple geographic locations. During this session our team will share the questions we asked, the answers we found, and the tactics and strategy used to add value back into our organization by centralizing our purchasing operations.

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

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PH337 | Big Molecules and Big Data Lead to Big Savings
Thursday, 9:30-10:00 a.m.
Hermitage

Sophia Humphreys, PharmD, MHA, BCBBS, *System Pharmacy Director, Formulary Management and Clinical Programs, Sutter Health, Sacramento, Calif.*
Ryan Stice, PharmD, BCPS, *System Pharmacy Vice President, Sutter Health, Sacramento, Calif.*

Keywords: Formulary Management, Financial Impact, Biologics

Learning Objectives:
- Discuss the financial impact analysis model published by the Professional Society for Health Economics and Outcomes Research (ISPOR) task force.
- Explain how to evaluate the efficacy, safety and cost-effectiveness of subtherapeutic classes of medication with high clinical and financial impact.
- Outline how electronic health record tools guide clinical practice.

Overview:
New biologics are the primary reason for high drug spend. More innovative formulary management strategies are needed to control cost and enhance clinical outcome. Sutter Health Pharmacy developed an innovative formulary management program. A multidisciplinary team designed the program based on the principles of financial impact analysis methodology published by an ISPOR task force. The program was sponsored by the system pharmacy vice president and supported by the Vizient RxCommit team. This program achieved $12.5 million in reduced drug spend and $35 million in cost avoidance within the first year.

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

PH341 | Our Eyes Are on You After Discharge: Innovative Care Transitions
Thursday, 10:15-10:45 a.m.
Bandol 1

Heather Chung, RN, MSN, PhD, NE-BC, System Director, Psychiatric Services, Houston Methodist Hospital, Houston, Texas
Stacy Campos, MBA, Program Director, Houston Methodist Hospital, Houston, Texas
Hailey Stein, LCSW, Project Manager, Houston Methodist Hospital, Houston, Texas

Keywords: Behavioral Health, Telemedicine, Utilization of Behavioral Health Staff

Learning Objectives:
- Explain how utilizing a combination of screening tools can identify at-risk patients for proactive intervention.
- Discuss how post-discharge telemedicine home visits help reduce unnecessary readmissions.

Overview:
The hospital-to-home transition marks an abrupt shift from provider-driven care to self-managed care, which often leads to readmissions for patients uncertain how to manage their health conditions. Our program proactively addresses this gap. A behavioral health social worker provides brief interventions for hospitalized patients and enrolls them in postdischarge home visits. During the visits, an aide in the patient's home environment uses telemedicine to connect the patient to the psychiatry nurse practitioner. This program reduced 30-day index readmissions for patients receiving a home visit and 30-day index readmissions for patients receiving an inpatient intervention.

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

PH342 | Innovating the Future Through New Clinical Roles and Care Models
Thursday, 10:15-10:45 a.m.
Bandol 2

Ellen Seymour, MBA, BA, Director, Clinical Strategy, UCHealth, Aurora, Colo.
Kathy Howell, MBA, BSN, RN, NEA-BC, Chief Nurse Executive, UCHealth, Aurora, Colo.

Keywords: Care Redesign, Top of License, Engagement

Learning Objectives:
- Describe innovative support roles to ensure that nurses work at top of scope.
- Identify opportunities that leverage nursing expertise through technology to create new care delivery models.
- Describe strategies to launch novel innovations with a cost-neutral approach.

Overview:
We cannot hire our way out of the current nursing shortage using a prepandemic approach. This session showcases UCHealth's focus on planning for a very different workforce by leveraging innovative roles and care models that bring joy back to nursing. The key to success is not always having more registered nurses, but ensuring adequate support roles to complement the right number of nurses for the patient population. Examples include innovative support roles that ensure top-of-scope nursing practice and models of care that leverage nursing expertise through technology.

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

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PH343 | Microgames: Engaging Healthcare Leaders in Crisis Management
Thursday, 10:15-10:45 a.m.
Meursault

James Fenush, MS, RN, NEA-BC, Vice President, Nursing Emergency Services and Clinical Support Services, Penn State Health — Milton S. Hershey Medical Center, Hershey, Pa.

Keywords: Workplace Violence, Workplace Safety, Virtual Tabletop Sessions, Spatial Awareness

Learning Objectives:
- Create a culture of interprofessional collaboration to strengthen crisis leadership.
- Develop scenarios and outreach activities to build core incident management competencies and enhance daily operations.
- Assess and advocate for opportunities to build resilience and maintain an organizational mission.

Overview:
As healthcare organizations and our communities continue to deal with increasing numbers of natural, manmade and technological emergencies, crisis leadership is more important than ever. Advancing our leaders' emergency preparedness competencies needs to be prioritized by the C-suite. We accomplished this by introducing monthly virtual "micro games" with executives and key internal departmental leaders. These educational sessions are designed to educate and encourage leaders to enhance their emergency

preparedness skill set, promote confidence in emergency situations, and improve escalation and communications skills both in crisis events and in daily operations. Learn how your organization can incorporate this innovative educational approach to improve resilience, emergency preparedness and risk reduction within your teams.

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

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PH344 | Developing a Spanish-Language Virtual Care Model to Improve Health Equity
Thursday, 10:15-10:45 a.m.
Castillon

Kathryn (Katy) Bazylewicz, MA, Vice President, Marketing and Population Health, Cottage Health, Santa Barbara, Calif.
Amelia Reese Masterson, MPH, Population Health Evaluator, Cottage Health, Santa Barbara, Calif.
Cara Silva, MPH, Director, Population Health, Cottage Health, Santa Barbara, Calif.

Keywords: Access, Population Health, Digital Health Navigators

Learning Objectives:
- Describe the use of cross-departmental collaborations to effectively design and launch a virtual care platform.
- Outline steps for participatory, community-informed design processes to develop culturally relevant virtual care platforms.
- Discuss utilizing community health workers as digital health navigators to increase access to virtual care technology among harder-to-reach populations.

Overview:
Cottage Health's Marketing, Digital Health, and Center for Population Health teams collaborated to create a virtual care platform for Spanish speakers, with the aim of increasing health equity and access. Cottage Health engaged local Hispanic/Latino residents for input and used their feedback to build a platform that is not just a simple translation, but includes culturally relevant language and educational material guided by the community. Further, Cottage Health partnered with a local organization to train community health workers as digital health navigators to increase access to the virtual care platform among harder-to-reach populations.

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

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PH345 | Leveraging Geospatial Analytics in Capacity Management: Visualization Matters
Thursday, 10:15-10:45 a.m.
Fleurie

Paul M. Entler, DO, CPE, MMM, Senior Vice President and Chief Clinical Officer, Sparrow Health System, Lansing, Mich.

Keywords: Competitive Intelligence, Bridge Clinic, Decision Science, SDoH

Learning Objectives:
- Discuss the importance of geospatial analytics in decision science.
- Explain the use of geospatial analytic visualization to assist in more precise decision-making and decision science.

Overview:
A nearby hospital (250 beds) in the city of Lansing was relocating. Given the existing strain on our level 1 trauma center and our capacity and workforce challenges, we were interested in the impact of the move on our emergency department and hospital volumes. Leveraging geospatial analytics, we layered seven different areas, including public transportation routes, social determinants of health, public insurance, age, travel distance, ambulatory clinic locations and streets for analysis. We "moved" the hospital from its current location to the new location, looking at both current state (location) and future location. We had the ability to evaluate each layer or all the layers together in the analysis. During this presentation we will reveal the layers and demonstrate the analysis using geospatial visualization.

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

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PH346 | Responsible Sourcing: Accelerating a High-performing, Resilient and Equitable Supply Chain
Thursday, 10:15-10:45 a.m.
Musigny

Beth Eckl, BA, Advisor, Sustainable Procurement, OhioHealth, Columbus, Ohio
Michael Holland, BSME, Vice President, Supply Chain, OhioHealth, Columbus, Ohio
Mandie DeWine, BA, Supplier Diversity Manager, OhioHealth, Columbus, Ohio

Keywords: Sustainability, Equity, Environmental Impact

Learning Objectives:
- Illustrate how to leverage supplier diversity and the sustainability goals of the OhioHealth Board of Directors to drive resiliency and efficiency in procurement outcomes.
- Describe strategies and processes for balancing organizational priorities to achieve leading practice outcomes via a social and environmental lens.

Overview:
Our Responsible Sourcing program has made it clearer now more than ever that it is imperative for our supply chains to incorporate resiliency and equity as priorities while working alongside our suppliers to achieve our operational and financial goals. OhioHealth's Responsible Sourcing program impacts both social and environmental issues by aligning with our mission and values.

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

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PH347 | Pharmacy-Led Revenue Cycle Program: Optimizing Medical Drug Reimbursement Capture
Thursday, 10:15-10:45 a.m.

Hermitage

Shannon Koch, PharmD, *Pharmacy Revenue Cycle Manager, UChicago Medicine, Chicago, Ill.*
Parin Shah, PharmD, *Clinical Pharmacist – Specialty Infusions, UChicago Medicine, Chicago, Ill.*

Keywords: Payor Policies, Claim Denials, PBM Restrictions

Learning Objectives:
- Identify medical reimbursement gaps to justify dedicated pharmacy staff.
- Explain how to integrate pharmacy staff into prior authorization and claim denial workflows for buy-and-bill medications.
- Discuss how to optimize use of free drug programs in a large, multisite healthcare system.

Overview:
With payor policies getting stricter and new-to-market drug costs on the rise, hospital infusion centers need to be seeking ways to optimize medical drug reimbursement capture. In this presentation, you will learn how to justify and implement pharmacy staff dedicated to revenue cycle roles in order to reduce provider workload and claim denial write-offs. The session will cover how to utilize pharmacists for systemwide peer-to-peers, proactively manage payor-preferred products, overcome site-of-care and pharmacy benefit manager (PBM) restrictions, optimize use of free drug programs, and closely monitor claim denials.

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

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PH351 | Building Bridges: Better Transitions Lead to Improved Access and Fewer Readmissions
Thursday, 1:15-2:00 p.m.
Bandol 1

Gloria-Ann Seel, LCSW, LCADC, MAC, Corporate Director Behavioral Health, AtlantiCare Health System, Egg Harbor Township, NJ
Brian Isaacson, MD, MBA, DFAPA, Chairman of the Department of Psychiatry, Medical Director of AtlantiCare Behavioral Health, and Associate Medical Director of Undergraduate Medical Education, AtlantiCare Health System, Egg Harbor Township, NJ
Emma Misra, MD, MHA, Senior Quality Manager, SSM Health Saint Louis University Hospital, St Louis, Mo.
Zafar Jamkhana, MD, MPH, Associate Chief Medical Officer, SSM Health Saint Louis University Hospital, St Louis, Mo.
Kelly Baumer, PT, MBA, FACHE, Vice President, Clinical Operations, SSM Health Saint Louis University Hospital, Saint Louis, Mo.

Keywords: Interdisciplinary Team, Transition of Care

Learning Objectives:
- Describe two approaches to implementing transitional care clinics.
- Identify the benefits of using medication-assisted treatment within a healthcare system.
- Discuss strategies to identify patients at risk for readmission and providing transitional care to reduce readmissions.

Overview:

This panel discussion will describe how two healthcare organizations established clinics to serve identified patient populations at risk. AtlantiCare Health System implemented a bridge clinic to support its enterprisewide initiative to eradicate overdose-related deaths within its community. As an interim intervention, an interdisciplinary team provides immediate healthcare access and stabilizes individuals on life-saving medications. SSM Health Saint Louis established a transitional care clinic to treat patients identified as most at risk of readmission. This multidisciplinary team approach resulted in fewer readmissions. Join this session to learn more about the successful efforts of this panel of experts.

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

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PH352 | Enhancing the Workforce Pipeline With Academic Practice Partnerships
Thursday, 1:15-2:00 p.m.
Bandol 2

Jama Goers, PhD, RN, Director of Nursing Education, Research, and Innovation, Denver Health, Denver, Colo.
David Mulkey, DNP, RN, CPHQ, CCRN-K, CHSE, Nursing Quality Research Specialist, Denver Health, Denver, Colo.
Lisa Wright, MHA, RRT-NPS, Enterprise Director of Respiratory Services, UK HealthCare, Lexington, Ky.
Clarence W. Hatfield, BHS, RRT, Respiratory Therapy Quality and Technical Supervisor, UK HealthCare, Lexington, Ky.
Joseph Cecil, BHS, RRT, Respiratory Services Education Coordinator, UK HealthCare, Lexington, Ky.

Keywords: Workforce Pipeline, Academic Practice Partnership, Undergraduate Nursing, Respiratory Therapists

Learning Objectives:
- Outline strategies for engaging respiratory therapy and nursing students and the impact of those strategies on the pipeline.
- Discuss the benefits of a novel longitudinal clinical experience model for undergraduate nursing students using a method to measure practice readiness.
- Describe an innovative approach to a workforce challenge.

Overview:
This panel offers an insightful discussion on enhancing the workforce pipeline by focusing on academic practice partnerships. As organizations continue to navigate high vacancy rates and variable pipelines, a discussion about engaging both nursing and respiratory therapy students highlights engagement and recruitment opportunities.

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

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PH353 | There's No Place Like Home: Serving Acute Care Patients Where They Belong
Thursday, 1:15-2:00 p.m.
Meursault

Christopher Lynch, MD, *Medical Director, Safer at Home, Los Angeles General Medical Center, Los Angeles, Calif.*

Nikole Swain, RN, BSN, *Nurse Manager of Discharge Lounge, Safe Patient Handling Team, Clinical Equipment, Los Angeles General Medical Center, Los Angeles, Calif.*

Meixine Song, RN, *Nurse Manager, Call Team, Los Angeles General Medical Center, Los Angeles, Calif.*

Jenna Blind, DNP, RN, CPHQ, Alumnus CCRN, *Director of Education, Professional Development, and Quality Improvement Home Health Care and Home Hospital Program, NYU Langone Health, Mineola, NY*

Eve Dorfman, DNP, RN, NEA-BC, *Vice President, Operations, NYU Langone Health, Mineola, NY*

Faith Lynch, DNP, RN, CNN, *Senior Director, Dialysis Operations, NYU Langone Health, Mineola, NY*

Jeanmarie Moorehead, EdD, MA, RN, NEA-BC, *Senior Director, Home Health Operations and Home Hospital Program, NYU Langone Health, Mineola, NY*

Keywords: Hospital at Home, Concierge Care, Patient Experience, Healthcare Utilization, Admission Criteria, Care Utilization, Payment Reform

Learning Objectives:
- Discuss CMS home hospital requirements and reimbursement.
- Describe successful strategies to implement a home hospital model, including performance metrics to measure outcomes.

Overview:
While the idea of a hospital at home isn't new, the pandemic temporarily removed one of the key barriers to this innovation: reimbursement. Through the Acute Hospital Care at Home Waiver, the Centers for Medicare & Medicaid Services (CMS) allowed programs to be approved and reimbursed as a traditional acute care inpatient stay. In this session, you'll hear from two organizations on the success of their efforts over the last few years.

- NYU Langone addressed its >90% occupancy rate with its Home Hospital program, aimed at lower-acuity, stable patients.
- The Safer at Home program at Los Angeles General Medical Center (formerly LAC+USC Medical Center) has decreased inpatient days and saved the organization more than $3 million.

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

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PH354 | The High-Reliability Journey: Strategies to Transform Engagement and Safety Events
Thursday, 1:15-2:00 p.m.
Castillon

Mouna Ayoub Bahsoun, RN, MSHCQ, CPPS, CPHQ, *Clinical Operations Manager — Quality, Safety, Patient Experience, Intermountain Healthcare, Salt Lake City, Utah*

Dani Howard, MHA, *Clinical Operations Manager, High Reliability, Intermountain Healthcare, Salt Lake City, Utah*

Shane D. Lewis, MD, FACS, *Senior Medical Director, High Reliability, Intermountain Healthcare, Salt Lake City, Utah*

Julie May Wright, MSNEd, RN, *High Reliability Operations Director, Intermountain Healthcare, Salt Lake City, Utah*

Amanda Vicchrilli, BSN, RN, *Registered Nurse, Leadership Shared Leader, Intermountain Healthcare, Salt Lake City, Utah*

Keywords: High Reliability, Workforce, Safety Reporting, Staff Empowerment

Learning Objectives:
- Discuss leadership methods that can be used to build trust, increase psychological safety and improve workforce engagement.
- Identify key strategies to manage risk and increase patient safety and reliability.

Overview:
Workforce challenges; sicker, more vulnerable patients; and the lingering strain on systems from the pandemic have combined to make the high-reliability journey even tougher than before. In this session, Intermountain Healthcare describes two key strategies that helped them manage risks and overcome obstacles. You'll hear how they reengaged staff to speak out about their safety concerns and empowered them to take action. By building trust and transparency, Intermountain also transformed its safety event management review process to a model based on human factors, learning and caring, resulting in a 70% reduction in preventable patient harm.

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

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PH355 | Successful Approaches to Reducing Violence and Enhancing Safety in the Workplace
Thursday, 1:15-2:00 p.m.
Fleurie

Jessica Sheridan, BS, MSHA, MBA, *Vice President of Operations, Emory Healthcare, Atlanta, Ga.*
Bailey Schmitt, BSChE, MBA, *Senior Project Manager, Emory Healthcare, Atlanta, Ga.*
Letitia N. Blanche, MSN, RN, RN-BC, *Administrative Director, Magnet Program, UF Health Shands, Gainesville, Fla*
Irene Alexaitis, DNP, RN, NEA-BC, *Vice President, Nursing and Patient Services/Chief Nursing Officer; UF Health Shands, Gainesville, Fla.*

Keywords: Workforce Safety, Awareness, Communication, Teamwork

Learning Objectives:
- Describe strategies for implementing comprehensive workplace violence awareness and prevention programs.
- Identify tools and resources to recognize, prevent, mitigate and respond to violence, and provide post-event support.
- Discuss the impact of communication and teamwork on the prevention and management of workplace violence.

Overview:
Hear how two organizations have addressed increases in violent, aggressive and threatening behaviors toward healthcare workers.

- Emory Healthcare's Workplace Violence Prevention Program created a comprehensive, systemwide structure that includes interventions and resources to recognize, prevent, mitigate and respond to violence, while also providing post-event support. Results include greater awareness of workplace violence and a 287% increase in reports.
- UF Health Shands improved workplace safety for nurses through a nurse-led, interprofessional, comprehensive safety program and behavioral emergency response team, resulting in decreased nurse injury rates related to violence.

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

PH356 | Stanford's Path for Engaging Physicians on Cost
Thursday, 1:15-2:00 p.m.
Musigny

Renee L. Box, BS, Director, Strategic Initiatives, Office of the Chief Medical Officer, Stanford Health Care, Palo Alto, Calif.
Lisa Shieh, MD, PhD, Clinical Professor of Medicine, Associate Chief Quality Officer, Stanford University School of Medicine, Palo Alto, Calif.
Paul Maggio, MD, MBA, FACS, Associate Professor of Surgery, Chief Quality Officer, Stanford University School of Medicine, Palo Alto, Calif.

Keywords: Quality Improvement, Care Efficiencies, Reinvestment Program, Value Sharing

Learning Objectives:
- Create a cost-savings program with physician leadership.
- Discuss effective physician engagement strategies used in quality improvement.
- Describe the benefits of sharing a portion of the realized cost savings from physician-led improvements.

Overview:
While physicians can easily buy in to quality improvement, engaging physicians in initiatives focused on cost can be challenging. It is imperative for modern provider organizations to increase physician alignment and empower them to make the best clinical decisions while stewarding scarce resources. At Stanford Health Care and Stanford School of Medicine, we continue to increase innovative and efficient care by engaging frontline providers in quality improvement and direct cost savings through our Cost Savings Reinvestment Program.

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

PH357 | Optimizing Biosimilar Adoption Using Strategy, a Multidisciplinary Approach and Financial Analysis
Thursday, 1:15-2:00 p.m.
Hermitage

Heather Warhurst, PharmD, MHA, Director of Drug Use Policy, Indiana University Health, Indianapolis, Ind.

William Shaw, RPh, *Director, Statewide Pharmacy Purchasing and Logistics, Indiana University Health, Indianapolis, Ind.*
Carmen Gust, PharmD, BCPS, DPLA, *System Clinical Pharmacy Coordinator, ThedaCare, Appleton, Wis.*
Wendy Biese, PharmD, MHA, DPLA, *System Director, Pharmacy Services, ThedaCare, Appleton, Wis.*

Keywords: Strategy, Conversion Initiatives, Margin Optimization, Cost Management

Learning Objectives:
- Describe how a team approach can drive biosimilar adoption.
- Explain what information is required to complete a thorough financial analysis to choose the optimal preferred biosimilar for your institution.
- Describe the steps needed to effectively implement biosimilar conversions at your institution.

Overview:
This panel discussion will explore two successful provider journeys toward adoption of biosimilars. The panel will share steps your organization can take and pitfalls to avoid to effectively implement your biosimilar conversion initiatives.

- Presenters from Indiana University Health will discuss how they optimized use of biosimilars by working collaboratively with a multidisciplinary team to develop a new approach to drive adoption as more biosimilars entered the market.
- ThedaCare will share insights into implementation of a biosimilar conversion initiative that achieved impressive results: a 70%+ conversion rate and a savings of over $5 million in the first year.

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

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PH361 | Streamlining First-Case On-Time Starts in the Operating Room
Thursday, 2:15-3:00 p.m.
Bandol 1

Chelcee Howard, MSHSA, *Director, Operational Excellence, Loma Linda University Medical Center, Loma Linda, Calif.*
Ihab Dorotta, MD, *Chief of Quality and Clinical Operations, Loma Linda University Medical Center, Loma Linda, Calif.*
Kenneth Mitchell, MBA, *Director, Healthcare Operations Research, Loma Linda University Medical Center, Loma Linda, Calif.*
Andrew M. Harris, MD, *Assistant Professor, Department of Urology, University of Kentucky HealthCare, Lexington, Ky.*
Julia L. Hay, PharmD, MBA, *Clinical Facilitator, University of Kentucky HealthCare, Lexington, Ky.*
Sindhuja Hariharan, BE, *Data Research Analyst, University of Kentucky HealthCare, Lexington, Ky.*

Keywords: Care Redesign, Root Cause, Scheduling, Capacity Management

Learning Objectives:

- Describe the importance of data analytics in identifying focus areas for process improvement and garnering buy-in from stakeholders.
- Define key drivers for cultivating teamwork and communication to positively affect culture change.
- Identify root causes of late first-case starts in the operating room.

Overview:
Capacity constraints across the continuum of care continue to challenge healthcare organizations. This panel discussion will explore streamlining patient flow by focusing on operating room efficiencies. Two organizations will discuss efforts to address first-case, on-time starts by deploying multiple improvement strategies while also addressing culture and the impact of those efforts on broader operations and patient throughput.

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

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PH362 | Journey to Improving on a National Quality Scorecard
Thursday, 2:15-3:00 p.m.
Bandol 2

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Mangla S Gulati, MD, FACP, SFHM, *Chief Quality and Safety Officer, MedStar Washington Hospital Center, Washington, DC (formerly at University of Maryland Medical Center)*
Kristin Seidl, PhD, RN, *Clinical Data Scientist, University of Maryland Medical Center, Baltimore, Md.*
Jennifer Murphy, RN CCDS, *CDI Site Manager, University of Maryland Medical Center, Baltimore, Md.*
Megan Tripoli, *Senior Manager, Clinical Decision Support, University of Maryland Medical Center, Baltimore, Md.*
Shawn Tittle, MD, *Chief Medical Officer and Chief Quality Officer, Houston Methodist Baytown Hospital, Baytown, Texas*
David Bernard, MBA/MHA, FACHE, *Chief Executive Officer/Senior Vice President, Houston Methodist Baytown Hospital, Baytown, Texas*
Katia Hinds, RN, JD, BSN, CPHQ, *Director, Quality and Outcomes, Houston Methodist Baytown Hospital, Baytown, Texas*

Keywords: Quality and Accountability Study, Mortality, Palliative Care Team, HAI, Culture of Safety, Change Management, Transformational Leadership

Learning Objectives:
- Describe a targeted approach to improving performance in the Vizient Quality and Accountability Study.
- Identify how a mortality review process and strategies to improve documentation and quality can positively affect scores.

Overview: This panel session will feature Houston Methodist Baytown Hospital and the University of Maryland Medical Center describing their organizations' efforts to improve their ranking in the Vizient Quality and Accountability Study. Using the score as their true north, these organizations implemented changes to eliminate variation in care and improve outcomes. This effort led to both organizations achieving significant increases in their 2022 rankings.

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

PH363 | The Safety-Quality-Experience Nexus: Influencing and Rounding for Excellence
Thursday, 2:15-3:00 p.m.
Meursault

Baruch Fertel, MD, MPA, *Vice President, Quality and Safety, NewYork-Presbyterian Hospital, New York, NY*
Judy Wolfe, MD, *Associate Chief Experience Officer, Cleveland Clinic, Cleveland, Ohio*

Keywords: Safety, Quality, Patient Experience, Cooperative Work Flows, High Reliability

Learning Objectives:
- Illustrate the benefits of integrating SQE.
- Discuss the goals of the combined SQE and executive team rounds.
- Explain the key tactics to incorporate safety and quality in plan-of-care visits.

Overview:
Too often, safety, quality and experience (SQE) teams work in silos without a common language or operating principles. Each is often viewed as its own discipline. We sought to nurture a culture of high reliability by highlighting the overlap of safety, quality and experience with the patient at the center of the Venn diagram to amplify each other's disciplines. Our signature initiative is joint listening rounds with SQE and local leaders as a bidirectional conversation to share best practices on shared SQE tactics, learn about barriers to implementation and encourage caregivers to focus on SQE. These rounds enabled us to advance enterprise goals at local hospitals, build good will and empower local ownership with these processes.

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

PH364 | Chipping Away to Stop Sepsis
Thursday, 2:15-3:00 p.m.
Castillon

Tony Calabria, MA, CPHQ, CSSBB, *Senior Director, Hospital Quality Programs and Clinical Quality, MedStar Health, Columbia, Md.*
Miriam R. Fischer, MD, FACEP, *Attending Emergency Medicine Physician, MedStar Washington Hospital Center, Lead Physician, Sepsis, MedStar Health, Washington, DC*
Kristina M. Poole, MS, RN, CMSRN, *Clinical Specialist, Sepsis Coordinator, MedStar Washington Hospital Center, Washington, DC*
Caitlin Vander Neut, MSN, RN, CNRN, *Senior Business Intelligence Analyst, Jefferson Health, Philadelphia, Pa.*
Soonyip "Alec" Huang, PharmD, *Senior Business Intelligence Developer, Jefferson Health, Philadelphia, Pa.*
Stephanie O'Reilly, MSPT, MBA, *Manager, Enterprise Quality and Safety Data Analytics, Jefferson Health, Philadelphia, Pa.*

Keywords: HAI, Sepsis

Learning Objectives:
- Describe evaluation methods for identifying patients at higher risk of mortality.
- Discuss the use of existing communication technologies to automatically alert care providers to patients identified as possibly septic.
- Discuss clinical practice guidelines to enable advanced practice providers to work at the top of their licensure.

Overview: This session will describe how two organizations developed a multidisciplinary, multipronged approach to standardizing sepsis care. Improvement approaches included development of comprehensive clinical practice guidelines and integrating outcomes data with electronic medical record process measures to inform progress and set the bar. Results included dramatic improvement in sepsis mortality index.

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

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PH365 | We've Been Hacked — What Now?
Thursday, 2:15-3:00 p.m.
Fleurie

Cheris L. Craig, MBA FACMPE, *Chief Administrative Officer, Urology of Greater Atlanta, Stockbridge, Ga.*

Keywords: Cybersecurity, Smart Technology, Downtime Preparedness, Data Recovery

Learning Objectives:
- Discuss the importance of preparing for a network intrusion or interruption.
- Identify solutions to enhance network security.
- Describe use of a checklist as an aid when documenting within a system.

Overview:
Cyberattacks are a part of life in today's world. It's not "if" but "when" it will happen. So what happens when it is your ship that sinks? This session will present one entity's experience recovering from the inevitable. Learn how to be more prepared, how to limit the risk as much as possible and how to recover, as well as best practices and the role of the Office of the Inspector General and cyber liability insurance.

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

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PH366 | Cleaning Up Our Contracts
Thursday, 2:15-3:00 p.m.
Musigny

Sumati Kapoor, MS, CIH, PMP, *Clinical Operations Director, UK HealthCare, Lexington, Ky.*
Paul Reister, CMRP, *Associate Director, Purchasing, University of Kentucky, Lexington, Ky.*

Keywords: Master Service Agreement, Operational Review, Cost Analysis, Cost Savings, Performance Measures

Learning Objectives:
- Outline key data needed to complete the evaluation process of a purchase service agreement.
- Discuss the benefit of combining multiple services into one master service agreement.

Overview:
Following an operations review and contract audit of outsourced services, UK HealthCare completed a multiservice request for proposal for food and nutrition services, environmental services, patient transportation, and patient observation services. The resulting contract award and negotiation produced over $1 million in savings, partner investment in capital, improved contract management efficiencies, uniform contracting terms and accountable performance measures.

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

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PH367 | Unlocking Synergies: Maximizing Value Through Payer Strategy and Pharmacy Partnership
Thursday, 2:15-3:00 p.m.
Hermitage

LeeAnn Miller, PharmD, MS, Vice President, Chief Pharmacy Officer, Yale New Haven Health System, New Haven, Conn.
Deremius Williams, MPA, Senior Vice President, Chief Payer Strategy and Innovation Officer, Yale New Haven Health System, New Haven, Conn.
Marjorie Lazarre, PharmD, MBA, Associate Chief Pharmacy Officer, Yale New Haven Health System, New Haven, Conn.

Keywords: Strategy, Pharmacy, Payer

Learning Objectives:
- Describe the importance of collaboration between the payer strategy and pharmacy executives in driving value within a health system.
- Develop actionable strategies and next steps to establish successful partnerships.

Overview:
Through a blend of innovation and collaboration, presenters will describe how their strategic alliance improves patient access, affordability and overall system sustainability. Gain a deeper understanding of the strategic imperatives and opportunities that drive the partnership, enabling transformative care delivery models and ushering in a new model of patient-centricity.

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

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VPH318 | Consumer Outreach, Engagement and Education With ShareMD
Thursday, 8:00-8:30 a.m.
Lafleur

Jon Barlow, *Vice President of Consumer Innovation, Vizient, Raleigh, NC*
Adrian Lawrence, *Chief Technology Officer, ShareMD, Atlanta, Ga.*

Keywords: Consumer Innovation, Financial Sustainability, Smart Growth, Patient Activation, Patient Acquisition

Learning Objectives:
- Explain new market trends that help healthcare consumers navigate their care needs in a different way.
- Describe Vizient and ShareMD's new approach to consumer engagement and acquisition.
- Identify the intersections of consumer strategy and financial growth that will drive future success for members.

Overview:
Recent research by ShareMD shows that 81% of hospitals and health systems nationwide prioritize improving the customer experience, yet only 11% have the capability to execute.[1] To address this, members are increasingly turning to specialized marketing firms to manage new, large-scale healthcare consumer acquisitions and build brand awareness. But in today's environment, that is not enough. Health systems need to be more involved in finding and retaining long-term patients in the marketplace or risk losing them to disruptors and competitors. This requires creating a seamless consumer experience for prospective patients. Our direct-to-consumer ShareMD solution finds and proactively engages qualified, high-lifetime-value consumers who may not have considered your health system. This completely unique and novel approach is the future of healthcare consumer engagement.

1. 2019 state of consumerism in healthcare: the bar is rising. Kaufman Hall. Published 2019. Accessed June 2, 2023. https://www.kaufmanhall.com/sites/default/files/documents/2019-06/2019_state_of_consumerism_in_healthcare_kaufmanhall_0.pdf.

This session does not award accredited CE credit.

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VPH328 | From Strategy to Implementation: Three Case Studies Demonstrating Profitable Growth
Thursday, 8:45-9:15 a.m.
Lafleur

Amit Sharma, *Senior Principal, Sg2, a Vizient Company, Chicago, Ill.*
Brian Hardy, RPh, *Associate Vice President, Pharmacy, Vizient, Irving, Texas*
Jay Prystowsky, MD, *Principal, Vizient, Irving, Texas*

Keywords: Growth Strategy, Financial Improvement, Revenue

Learning Objectives:
- Describe the top-line levers available to leaders in planning for revenue growth in the next five years.
- Demonstrate insights into successful strategies as shown through case studies.

Overview:

Hospital margins are stabilizing in 2023, a positive sign for the industry. But that position is tenuous and is not invulnerable to future challenges. While pursuing a cost reduction strategy, leaders should examine and deploy profitable growth strategies to strengthen the position of their organizations. During this session, we will review growth levers and use three case studies as a lens to demonstrate how systems and hospitals are increasing revenue to grow their margins. Active audience discussion is encouraged.

This session does not award accredited CE credit.

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VPH338 | Pursuing Margin Sustainability: What It Takes to Drive Transformation
Thursday, 9:30-10:00 a.m.
Lafleur

Andrew Mancuso, *SVP/GM, Delivery Performance Management, Advisory and Analytics, Vizient, Irving, Texas*
Ryan Freel, *Managing Director, Kaufman Hall*

Keywords: Enterprise Transformation, Revenue

Learning Objectives:
- Discuss how leading healthcare organizations successfully execute enterprise transformation.
- Explain how different functions and roles influence performance improvement efforts.
- Analyze how organizations are finding success through transformation.

Overview:
Expenses are rising faster than revenue and disruption is coming from all sides. The path to success in healthcare is dusty and full of potholes. These challenges demand an executive, team-based approach to accelerate cost transformation and achieve profitable growth. The executives who are in the coach's box may not surprise you, but the plays they call may not be familiar. During this session, our speakers will discuss what it takes to transform an enterprise amidst current industry challenges and provide a high-level view of how leading executives are rising to the challenge.

This session does not award accredited CE credit.

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VPH348 | Vizient Assurance: Collaborating to Mitigate Risk and Improve Access
Thursday, 10:15-10:45 a.m.
Lafleur

Kevin Johns, *Senior Director, Supply Assurance, Vizient, Irving, Texas*
Mittal Sutaria, *Senior Vice President, Contract and Program Services, Pharmacy, Vizient, Irving, Texas*

Keywords: Supply Assurance, Price Assurance, Spend Management, Pharmacy, Suppliers, Essential Medications

Learning Objectives:

- Discuss how Vizient connects healthcare suppliers, members and other stakeholders to increase the reliability, affordability and quality of care.
- Describe how Vizient ensures access to critical supplies and essential medications.
- Explain how Vizient translates scale into realized value that prevents or mitigates the effects of price increases and supports spend visibility across the supply chain.

Overview:
Discover how Vizient combines agile partnerships, market insights and unique contracting strategies to create new ways for members and suppliers to ensure access to and resiliency and affordability of critical supplies and essential medications. Our hands-on change management support covering all areas of spend ensures access to inventory, desirable outcomes and differentiated value. Hear examples of how Vizient continues to develop innovative sourcing strategies and partners with suppliers to support pricing stewardship, spend visibility across the supply chain, and access to critical supplies and essential medications to promote high-quality patient care.

This session does not award accredited CE credit.

VPH358 | Managing Spend: What to Expect From Your GPO and Beyond
Thursday, 1:15-2:00 p.m.
Lafleur

Molly Zmuda, *Vice President, Spend Management Services & Delivery, Vizient, Charlotte, NC*
Shaleta Dunn, *Vice President, Supplier Diversity and Social Investment Impact, Vizient, Irving, Texas*
Mittal Sutaria, *Senior Vice President, Contract and Program Services, Pharmacy, Vizient, Irving, Texas*

Keywords: Supply Assurance, Price Assurance, Supplier Diversity, Spend Management, Sustainability

Learning Objectives:
- List the core tenets of Vizient spend management services.
- Describe spend management strategies to activate total value for your organization.
- Identify insights on performance improvement opportunities through deeper relationships with Vizient.

Overview:
Explore the five key value drivers that are intrinsic to our spend management strategy and services. Whether your health system needs pricing and supply assurance strategies, sustainability, partnerships with diverse suppliers, or solutions to address health equity, we can leverage insights and intelligence to create value and improve your performance. Participants will hear success stories, strategies and outcomes from members and Vizient subject matter experts that can help your supply chain organization prepare for and manage shifting market dynamics.

This session does not award accredited CE credit.

VPH368 | Enterprisewide Workforce Management: Unlocking Potential With Data-Driven Insights

Thursday, 2:15-3:00 p.m.
Lafleur

Will Bowen, CPM, LSSBB, Principal, Labor Cost Consulting, Vizient, Irving, Texas
Keith Gregory, Senior Principal, Indirect Spend Advisory Solutions, Vizient, Irving, Texas
Kerry Poole, RN, BS, MBA, Principal, Indirect Spend Management, Vizient, Irving, Texas
Bruce Leavitt, PharmD, MBA, Senior Executive Director, Pharmacy Consulting, Vizient, Irving, Texas

Keywords: Operations, Indirect Spend, Contract Labor, Analytics

Learning Objectives:
- Identify the strategic levers that members can employ to overcome workforce challenges.
- Describe how analyzing granular data can help members make informed decisions to improve performance and outcomes in workforce management.
- Discuss how benchmarking measures can enhance productivity and service quality.

Overview:
This insightful panel discussion will explore ways to address enterprisewide workforce challenges, including the strategic use of data-driven approaches to analyze trends, optimize opportunities and identify areas for improvement. Combining data-driven insights with consulting expertise can enable long-term, holistic workforce management. Our experts will share valuable insights to enhance performance and outcomes across the board — for indirect spend, purchased services, and clinical, contract and support personnel. You will gain a deeper understanding of workforce utilization, effectiveness and cost implications. The session will be interactive, enabling you to further explore these topics and enhance your workforce strategies.

This session does not award accredited CE credit.