



Vizient Connections Summit

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November 15th - 18th, 2021

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Session PH211 | Human-Centered Design Approach to COVID-19 PPE Challenges

Tuesday, 9:45-10:15 a.m.

Sarah E. Henrickson Parker, PhD, Research Associate Professor/Senior Director, Carilion Clinic, Roanoke, VA
Patrice Weiss, MD, FACOG, Executive Vice President/Chief Medical Officer, Carilion Clinic, Roanoke, VA

Keywords: Human-Centered Design, ROI, COVID-19

Learning Objectives:

- Describe a human-centered design approach in health care.
- Explain the return on investment for a health care organization using a design approach to solving complex challenges.

Overview: Throughout the COVID-19 pandemic, health care organizations have had to wrestle with unreliable supply chains for personal protective equipment (PPE) and dynamic evolution of PPE best practices. Our human factors, innovation and project management teams — along with clinical experts and engineers — were asked to develop solutions to PPE challenges for frontline caregivers. The team designed, prototyped, manufactured and implemented PPE solutions that were developed by and for our staff using a human-centered design approach. We will discuss two case studies: face shields and respiration filters.

Credit: Physician, Nurse, General CEU

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**Session PH212 | Mobile Stroke Unit Program**

**Tuesday, 9:45-10:15 a.m.**

*David Fiorella, MD, Director of the Stony Brook Cerebrovascular Center and Co-Director of the Stony Brook Cerebrovascular and Comprehensive Stroke Center, Professor of Neurosurgery and Radiology, Stony Brook Medicine, Stony Brook, NY*

**Keywords:** Stroke, Mobile Stroke Unit, Community-Based

**Learning Objectives:**

- Describe how an innovative solution can improve the overall quality of life of patients affected by stroke.
- Explain a model to replicate the success observed in saving lives and improving the post-stroke quality of life of those served by the Mobile Stroke Unit program.

**Overview:** Stony Brook University Hospital is committed to providing the highest level of care for both ischemic stroke (when a clot blocks the flow of blood to the brain) and hemorrhagic stroke (bleeding within the brain tissue). In April 2019, Stony Brook University Hospital launched Long Island’s first Mobile Stroke Unit program, designed to provide specialized, life-saving care to people within the first critical moments of stroke — before they even get to the hospital.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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Session PH213 | Merging Health Care Organizations: Success Starts in the Trenches

Tuesday, 9:45-10:15 a.m.

Grant Sinson, MD, Physician Advisor, Froedtert & Medical College of Wisconsin, Milwaukee, WI
Julie Kolinski, MD, Physician Advisor, Froedtert & Medical College of Wisconsin, Milwaukee, WI
Carrie Alme, MD, Physician Advisor, Froedtert & Medical College of Wisconsin, Milwaukee, WI

Keywords: Systemness, Physician Advisors, Hospital Administration, Health Care Systems, Clinical Care Standardization, Enterprise Management

Learning Objectives:

- Identify barriers to successfully merging administrative processes in expanding health care systems.
- Describe a roadmap for building a physician advisor program.

Overview: The consolidation of health care delivery organizations continues to increase. This strains clinical programs and clinical support processes, such as physician advisor programs. Using a physician advisor program at a large medical center as a model, we constructed a new program at partner community hospitals. Because many clinical management groups (such as utilization review) can vary considerably, it was important to team up with community hospital leadership and staff to build a successful program. Achieving local buy-in, identifying and overcoming barriers, and implementing a stepwise roadmap ensure a positive outcome that can be applied to other administrative programs in growing health care systems.

Credit: Physician, General CEU

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**Session PH214 | Staff Up: A Flexible Nurse Staffing Model**

**Tuesday, 9:45-10:15 a.m.**

**Karen G. (Davis) Keady, PhD, RN, NEA-BC**, Vice President and Chief Nursing Executive, University of Rochester, Rochester, NY

**Mary Carey, PhD, RN, FAHA, FAAN**, Director, Strong Memorial Hospital, Rochester, NY

**Keywords:** COVID-19, Surge Staffing, Labor Management, Cost Avoidance

**Learning Objectives:**

- Discuss the rapid development of nursing staffing models to adjust to hospital surges.
- Describe novel strategies to optimize current nursing resources to adjust to hospital demands during emergencies.

**Overview:** Adequate staffing is critical to safe patient care. During the COVID-19 pandemic, staffing was challenging when hospital occupancy and acuity were high. The “Staff Up” program was designed to incentivize nurses to pick up additional shifts during a defined time period to maintain safe staffing and minimize dependency on travel nurses. This innovative approach to labor management proved to be a successful mechanism to respond to staffing needs and can be activated whenever there is a critical staff shortage. By optimizing internal nursing resources, both financial targets and quality metrics can be achieved despite the challenges of the pandemic.

**Credit:** Nurse, General CEU

## Session PH215 | Strategies for Hospitals Investing in Community Health and Equity

Tuesday, 9:45-10:15 a.m.

*Karley M. King, MPH, MBA, Program Manager, Community Benefit, BJC HealthCare, St. Louis, MO*

*Robin Hacke, AB, MBA, Executive Director, Center for Community Investment, Cambridge, MA*

*Terri Scannell, BA, MBA, Law (UK), Senior Director Sustainability and Community Benefit, Vizient, Irving, Texas*

**Keywords:** Health Equity, Community Benefit, Grants, Investment Strategies, Health Disparities

### Learning Objectives:

- Explain why health care organizations should reconsider grants and utilize community investment instead to transform their communities and sustain health equity.
- List examples of how health care organizations can develop a community investment strategy to improve health and reduce health disparities in the communities they serve.

**Overview:** Decades of structural racism have resulted in concentrated poverty and health inequity. The Center for Community Investment and partners developed a tool kit designed to help hospitals look at their resources in a different light, expand their efforts to support their communities and maximize their impact on community health by harnessing the power of their investment capital. BJC HealthCare leverages the tool kit to address health equity and social determinants of health. Key topics in the tool kit include distinguishing between financial contributions and investment strategies, understanding the value of investment strategies for addressing the social determinants of health, and mobilizing investment capital to improve community health.

**Credit:** Physician, Nurse, Pharmacist, General CEU

## Session PH216 | Is There a (Supply Chain) Doctor in the House?

Tuesday, 9:45-10:15 a.m.

*Jimmy Chung, MD, MBA, FACS, FABQURP, CMRP, Associate Vice President, Perioperative Portfolio, Providence, Renton, WA*

*Stacy Brethauer, MD, MBA, FACS, Medical Director of Supply Chain, Ohio State University Wexner Medical Center, Columbus, Ohio*

**Keywords:** Perioperative, Supply Chain, Clinical Supply Integration, LISN, Physician Collaboration, Physician Leadership

### Learning Objectives:

- Explain the importance of physician leadership in supply chain at provider organizations.
- Describe how to formulate a proposal to incorporate physician leadership position(s) at organizations.
- Describe how to formulate a proposal to incorporate clinical integration (CI) of supply chain at organizations.
- Discuss the topic of physician leaders in supply chain as it develops on a national level.

**Overview:** The COVID-19 pandemic highlighted the importance of physicians in supply chain like never before. Leveraging physician leadership was critical to the survival of many provider organizations. To study this effect, Vizient® Large IDN Supply Network (LISN) supply chain physician collaborators examined the variety of PPE use during the initial surge of the pandemic and reviewed the variation of physician leadership roles in supply chain management by surveying senior executives at 24 large integrated delivery networks. Join us to review the survey results and discuss the value proposition of creating a permanent, defined physician leader position in supply chain organizations.

**Credit:** Physician, General CEU

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Session PH217 | Implementing and Optimizing Biosimilar Medication Use at Mayo Clinic
Tuesday, 9:45-10:15 a.m.

Chelsee Jensen, PharmD, RPh, Pharmaceutical Formulary Manager, Mayo Clinic, Rochester, MN
Scott A. Soefje, PharmD, MBA, BCOP, FCCP, FHOPA, Director, Pharmacy Cancer Care, Mayo Clinic, Rochester, MN

Keywords: Biosimilars, Payer Coverage, EHR, Workflow, Formularies

Learning Objectives:

- Explain why pharmacy working with a multidisciplinary team has a greater chance of success for the implementation of biosimilar use in a health system.
- Describe how pharmacists can be valuable components in implementing a simple, flexible and successful biosimilar process.

Overview: Mayo Clinic, Rochester, worked to have all major stakeholders in the drug use process involved in developing a workflow that would simplify our current process and set us up for success in implementing biosimilars. The aim of this project was to develop a workflow that improves communication between formulary decision-makers, revenue cycle and informatics, for the purpose of building out formulary decisions in a user-friendly, intuitive format. To successfully implement and optimize biosimilar use, we formed a multidisciplinary group. After reviewing established, preferred biosimilars, contracting and formulary teams listed preferred biosimilars as the default product in treatment plans and as the first ordering options within therapy plans. All nonpreferred reference or biosimilar products are accessible via an advanced order screen within treatment plans or as subsequent options. “Restricted” is noted prior to the drug name within therapy plans.

A pharmacist therapeutic interchange based on payer demands was approved and a workflow was established. Biosimilars were covered at parity for the Mayo Medical Plan and cost savings at Mayo Clinic were quantified at three-month intervals. Join our session to learn more about the success of this multidisciplinary team and the value of a simple, flexible and successful biosimilar process.

Credit: Physician, Pharmacist, Pharmacy Technician, General CEU

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## Session VPH218 | Developing a Comprehensive Sourcing Strategy That Improves Performance and Withstands Disruptions

Tuesday, 9:45-11 a.m.

**Margaret Steele**, Senior Vice President, Med/Surg, Vizient

**Chad Mitchell**, Associate Vice President, Contract and Program Services, Vizient

**Bejan Shamsy**, Senior Vice President, Procure-to-Pay Solutions, Vizient

**Keywords:** Supply Chain, Resiliency, Clinical Supply Integration, Data Management, Reduced Cost, Improve Utilization, Performance Improvement, Sourcing Strategies

### Learning Objectives

- Apply strategies that integrate supply chain solutions and leverage collaborative relationships to improve cost, quality and long-term sustainability.
- Engage clinicians to improve care delivery and financial performance.
- Build transparency and resiliency into your supply chain to protect against disruptions.

**Overview:** The pandemic's impact on health care supply chain has been significant, and it highlighted the need to rethink many operational and strategic processes in order to manage day-to-day business — as well as prepare for future uncertainties.

As supply chain leaders look to the future, there is a clear need to develop more integrated and comprehensive supply chain strategies that enhance daily operations, as well as the ability to manage the unexpected. A successful supply chain must focus on both short-term performance strategies that address ongoing business needs and challenges, as well as resiliency efforts to protect systems from future disruptions due to shortages, unexpected events or market fluctuations.

During this power huddle, our supply chain experts will share industry best practices on how to build a comprehensive supply chain with effective data management, efficient purchasing solutions, clinical integration, and long-term protection from disruptions and shortages. Our experience and relationships, along with vast data and insights, provide a unique perspective and understanding of the supply chain challenges and winning strategies necessary to build and sustain a successful, integrated and resilient supply chain.

*This session is not eligible for CE credit.*

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Session PH221 | Regional ECMO Consortium Development During COVID-19 Saved Lives

Tuesday, 10:30-11 a.m.

David Zonies, MD, MPH, MBA, Associate Chief Medical Officer, Oregon Health & Science University, Portland, OR

Keywords: Cross-Health System Collaboration, Extracorporeal Membrane Oxygenation, ECMO, COVID-19

Learning Objectives:

- Discuss the scarce allocation of critical care resources.
- Describe successful strategies in cross-health system collaboration.

Overview: By January 2020, reports of severe COVID-19 pneumonia requiring extracorporeal membrane oxygenation (ECMO) were emerging from Asia and Europe. Already a limited resource, ECMO centers were alarmed that the combination of COVID-19 and expected influenza would rapidly deplete this resource at all centers. Visibility of capacity and capability outside individual institutions was lacking. A multihospital collaborative was rapidly established to facilitate communication and patient allocation across the entire Pacific Northwest. A web-based supply tracker and continuous capacity dashboard was deployed. This initiative resulted in additional saved lives and continues to endure as a multistate collaboration.

Credit: Physician, Nurse, Pharmacist, General CEU

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## **Session PH222 | Transforming Treatment of Opioid Use Disorder in the Emergency Department** **Tuesday, 10:30-11 a.m.**

*James Chenoweth, MD, MAS, Assistant Professor, UC Davis Health, Sacramento, CA*

*Daniel Colby, MD, Assistant Professor, UC Davis Health, Sacramento, CA*

*Aimee Moulin, MD, Associate Professor, UC Davis Health, Sacramento, CA*

**Keywords:** Substance Use Disorders, SUD, Substance Use Navigators, Opioid, ED, Outpatient Treatment, Physician Training, Health Equity

### **Learning Objectives:**

- Identify barriers of patient treatment with opioid use disorder in the emergency department (ED).
- Identify interventions to increase access to opioid use disorder treatment in the acute care setting.
- Recall how increasing access to care for opioid use disorder can decrease stigma to lead to more equitable care of patients with opioid use disorder.

**Overview:** Substance use disorders (SUD) are a large burden on health care systems. Hospitals struggle to care for these patients due to a limited number of providers trained in the treatment of SUD, limited ability to prescribe medications for opioid use disorder (MOUD) and difficulties obtaining follow-up. To address these issues, our health system performed group buprenorphine x-waiver training and implemented a substance use consult service. Through these efforts, 73% of our ED faculty completed the x-waiver process and we increased the number of patients prescribed buprenorphine in our ED from 123 in 2017 to 787 in 2020.

**Credit:** Physician, Nurse, Pharmacist, Pharmacy Technician, General CEU

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Session PH223 | Don't Image Without a Safety Net: Avoiding Harmful Missed Follow-Ups **Tuesday, 10:30-11 a.m.**

Timothy E. Klatt, MD, Senior Medical Director, Patient Safety, Froedtert & Medical College of Wisconsin, Milwaukee, WI

Stacy O'Connor, MD, MPH, MMSc, CIIP, Department of Radiology, Patient Safety and Quality Officer and Medical Director of IT Operations, Froedtert & Medical College of Wisconsin, Milwaukee, WI

Keywords: Radiology Safety Net, High Reliability, ED

Learning Objectives:

- Explain how to implement an organizationwide radiology findings safety net that protects patients, providers and the organization.
- Identify clinical areas most in need of a safety net.

Overview: Three percent to 8% of imaging studies discover a potentially abnormal finding that requires follow-up.^{1,2,3} Lack of follow-up can result in delayed diagnoses, poor patient outcomes, increased health care costs, decreased health system credibility and malpractice risk.^{4,5,6,7} Even though all health systems face these risks, only a few have implemented even a limited organizational solution. We present our learnings from an Innovative Radiology Findings Safety Net: the first where the scope includes every imaging study generated within a clinical enterprise that annually serves over 425,000 patients via 1.2 million care episodes.

Credit: Physician, Nurse, General CEU

1. Siström CL, Dreyer KJ, Dang PP, et al. Recommendations for additional imaging in radiology reports: multifactorial analysis of 5.9 million examinations. *Radiology*. 2009;253(2):453-461. <https://doi.org/10.1148/radiol.2532090200>
2. Sloan CE, Chadalavada SC, Cook TS, Langlotz CP, Schnall MD, Zafar HM. Assessment of follow-up completeness and notification preferences for imaging findings of possible cancer: what happens after radiologists submit their reports? *Acad Radiol*. 2014;21(12):1579-1586. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4825815/>
3. Anthony SG, Prevedello LM, Damiano MM, et al. Impact of a 4-year quality improvement initiative to improve communication of critical imaging test results. *Radiology*. 2011;259(3):802-807. <https://doi.org/10.1148/radiol.11101396>
4. Poon EG, Gandhi TK, Sequist TD, Murff HJ, Karson AS, Bates DW. "I wish I had seen this test result earlier!" Dissatisfaction with test result management systems in primary care. *Arch Intern Med*. 2004;164(20):2223-2228. <https://doi.org/10.1001/archinte.164.20.2223>
5. Wahls TL, Cram PM. The frequency of missed test results and associated treatment delays in a highly computerized health system. *BMC Fam Pract*. 2007;8:32. <https://doi.org/10.1186/1471-2296-8-32>
6. Gandhi TK. Fumbled handoffs: one dropped ball after another. *Ann Intern Med*. 2005;142(5):352-358. doi: 10.7326/0003-4819-142-5-200503010-00010
7. Roy CL, Rothschild JM, Dighe AS, et al. An initiative to improve the management of clinically significant test results in a large health care network. *Jt Comm J Qual Patient Saf*. 2013;39(11):517-527. doi: 10.1016/s1553-7250(13)39068-0.

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**Session PH224 | Empowering, Engaging And Educating Frontline Clinic Staff in Continuous Quality Improvement**

**Tuesday, 10:30-11 a.m.**

**Saira Huggins, MS, Assistant Administrator, Johns Hopkins Health System, Baltimore, MD**

**Keywords:** Quality Improvement, Patient Safety, Patient Experience, Workforce Education, High Reliability Organization, HRO

**Learning Objectives:**

- Identify experts in each clinic/unit across the health system who are able to lead quality improvement, patient safety and patient experience projects.
- Develop an education program for frontline staff to achieve better outcomes and deliver the best care.
- Describe an organizational culture that focuses on improving outcomes, preventing harm and stimulating resiliency in the local environment.

**Overview:** One of the five characteristics of high reliability organizations (HROs) is “deference to expertise.” HROs recognize that the people closest to the work are most knowledgeable and that the individual(s) with the most knowledge may not be within the hierarchy. However, when there is a defect or adverse event, it is often put in the hands of the local leadership to resolve. Local leadership will not always defer to the experts (frontline staff) because the experts are not engaged, empowered or educated to lead such movements. Creating an education program for frontline staff (clinical/nonclinical) can lead to better outcomes, harm prevention and the best care delivery possible.

**Credit:** Nurse, General CEU

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Session PH225 | Rush’s Anchor Mission: Addressing Zip Code Impact on Life Expectancy
Tuesday, 10:30-11 a.m.

Shweta Ubhayakar, MBBS, MS-HSM, Manager, Anchor Mission, Rush University Medical Center, Chicago, IL
John Andrews, MS-HSM, Strategic Sourcing and Business Diversity Manager, Rush University Medical Center, Chicago, IL

Keywords: Sg2®, Health Equity, Social Determinants of Health, Community Engagement, Workforce

Learning Objectives:

- Explain the role of health care institutions in achieving health equity beyond the traditional community engagement work.
- Use Rush University Medical Center’s Anchor Mission Strategy as a framework to implement health equity initiatives at health systems.

Overview: Chicago’s West Side has experienced decades of disinvestment, structural racism and economic deprivation. Rush University Medical Center (RUMC) is rethinking how it supports West Side communities by launching a comprehensive, intentional, all-in Anchor Mission Strategy to reduce health disparities. RUMC has set an audacious goal in partnership with other hospitals, businesses, universities, government and faith-based institutions to reduce the gap in life expectancy by 50% by 2030. Accomplishments thus far include commitment from RUMC’s senior leadership, personal success stories, invaluable lessons learned and opportunities to make systemic policy changes.

Credit: General CEU

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**Session PH226 | Allina Health Cloud ERP and Procurement Shared Services Transformation**  
**Tuesday, 10:30-11 a.m.**

**Stephanie Derichs, MBA, Director, Shared Services, Allina Health, Minneapolis, MN**  
**Tom Lubotsky, FACHE, Vice President, Supply Chain, Allina Health, Minneapolis, MN**

**Keywords:** Clinical Supply Integration, CSI, Value Analysis, ERP

**Learning Objectives:**

- Describe how business process redesign can drive supply chain organizational architecture and enterprise resource planning (ERP) technology enablement.
- Explain how implementation of a new supply chain ERP technology process improvement program helps to achieve desired outcomes and cost savings.

**Overview:** Allina Health upgraded older legacy systems in human resources, finance and supply chain by employing cloud ERP functionality to improve the customer experience and drive efficiencies in supply chain and procurement. Best-in-class supply chain processes, including newly defined organizational architecture, were addressed to ensure technology optimization — especially among the requisitioner interface process, non-purchase order spend reduction and the increasing role of procurement. A robust strategic sourcing program was developed in concert with the ERP and shared services transformation to offset the expense of the new technical investment, surpassing a target of \$27 million in implemented cost savings.

**Credit:** General CEU

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Session PH227 | Analyzing the Effects of Penicillin Allergies on Antibiotic Ordering Patterns
Tuesday, 10:30-11 a.m.

Kush Gupta, BS Biomedical Engineering, Project Team Lead, Medical Student (MS4), Stanford University School of Medicine, Stanford, CA

Lisa Shieh, MD, PhD, Board Certified in Internal Medicine, Associate Chief Quality Officer, Clinical Professor of Medicine, Stanford Health Care, Stanford, CA

Ron Li, MD, Board Certified (Medicine/Clinical Informatics), Clinical Assistant Professor of Medicine, Medical Informatics Director, Stanford Health Care, Stanford, CA

Keywords: Antimicrobial Stewardship, Penicillin Allergies, EHR Audit

Learning Objectives:

- Describe the nature of the problem caused by electronically documented penicillin allergies.
- Discuss the advantages and disadvantages of various quality improvement strategies that aim to improve antibiotic prescribing behavior.

Overview: Penicillin is the most frequently reported drug allergy in the electronic health record (EHR).^{1,2} Although approximately 10% of the U.S. population reports an allergy to penicillin,^{2,3} literature demonstrates over 95% of patients documented to have an allergy can tolerate penicillin-class antibiotics.^{1,4} Nevertheless, decision-support software produces prolific drug allergy alerts that ultimately affect prescribing behavior. We describe an approach using EHR audit trail data to characterize how drug allergy alerts impact antibiotic orders for patients with penicillin allergies, with a focus on methicillin-susceptible *Staphylococcus aureus* (MSSA) infection. This informs an ongoing quality improvement initiative to improve antimicrobial stewardship and

reduce adverse complications Clostridium difficile and methicillin-resistant *Staphylococcus aureus* (MRSA) in penicillin-allergic patients.

Credit: Physician, Pharmacist, Pharmacy Technician, General CEU

1. Blumenthal KG, Park MA, Macy EM. Redesigning the allergy module of the electronic health record. *Ann Allergy Asthma Immunol.* 2016Aug;117(2):126-131. doi: 10.1016/j.anai.2016.05.017
2. Macy E, Ngor EW. Safely diagnosing clinically significant penicillin allergy using only penicilloyl-poly-lysine, penicillin, and oral amoxicillin. *J Allergy Clin Immunol Pract.* 2013May-Jun;1(3):258-263. doi: 10.1016/j.jaip.2013.02.002
3. Joint Task Force on Practice Parameters; American Academy of Allergy, Asthma and Immunology; American College of Allergy, Asthma and Immunology; Joint Council of Allergy, Asthma and Immunology. Drug allergy: an updated practice parameter. *Ann Allergy Asthma Immunol.* 2010Oct;105(4):259-273. doi: 10.1016/j.anai.2010.08.002
4. Blumenthal KG, Shenoy ES, Huang M, et al. The impact of reporting a prior penicillin allergy on the treatment of methicillin-sensitive staphylococcus aureus bacteremia. *PLoS One.* 2016;11(7):e0159406. doi:10.1371/journal.pone.0159406

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## Session PH231 | Electronic Provider-To-Provider Consults: Improving Access to Quality Care

Tuesday, 11:15-11:45 a.m.

**Lena Giang, MPH, Manager, Digital Health Care Integration, Stanford Health Care, Palo Alto, CA**

**Olivia Jee, MD, Clinical Assistant Professor, Stanford University School of Medicine, Stanford, CA**

**Sheena Reddy, MPH, MSc, Program Manager, Digital Health Care Integration, Stanford Health Care, Palo Alto, CA**

**Keywords:** Telehealth, Access to Care, Health Equity, Electronic Consults

### Learning Objectives:

- Describe a benefit of electronic consults to each of the four main stakeholders (patients, ordering providers, consulting specialty, health system).
- Recite an implementation and outcome metric that measures the success of an electronic consult program.
- Recognize how to identify consulting specialties that are good candidates for electronic consults.

**Overview:** Electronic consults are a powerful digital health tool that enable equitable access to timely, affordable and high-quality specialty care. Best suited for low-acuity, non-urgent concerns, electronic consults are asynchronous, provider-to-provider consults conducted over an electronic platform. In this session, we will share our experience implementing electronic consults at Stanford during the COVID-19 pandemic. Topics covered will include: 1) the value of electronic consults to stakeholders, such as patients, providers, consulting specialty and the health system; 2) how we selected success and implementation metrics; 3) tools we used for outreach and engagement in primary care; 4) implementation steps and challenges; and 5) key results and takeaways.

**Credit:** Physician, General CEU

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Session PH232 | Your Health Deserves a Partner: Navigating COVID-19 for the Latino Population

Tuesday, 11:15-11:45 a.m.

Michael Evans, MD, MPH, Medical Director, Lehigh Valley Physician Group, Hazleton, PA
Jodi Lenko, MD, Associate Medical Director, Lehigh Valley Physician Group, Hazleton, PA

Keywords: Health Equity, COVID-19, Social Determinants of Health, SDoH, Community Engagement

Learning Objectives:

- Discuss the methods for effective communication with the Latinx population.
- Discuss the methods employed to actively engage the Latinx population.

Overview: Inspired by the Lehigh Valley Health Network (LVHN) belief that “Your Health Deserves a Partner,” the physician and administrative leaders at Lehigh Valley Hospital – Hazleton led the effort to handle the spike of COVID-19 cases in their community by forming a task force. As providers began seeing an increasing number of patients testing positive for COVID-19 at LVHN outpatient assess and testing centers, they listened to their stories and realized that the disease was spreading in local workplaces, such as meat-packing plants and distribution centers, as well as throughout multigenerational housing — and realized this needed to be addressed quickly.

Credit: Physician, Nurse, Pharmacist, General CEU

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**Session PH233 | Reducing Harm During COVID-19: Advancing High Reliability Through CNO/CMO Partnerships**

**Tuesday, 11:15-11:45 a.m.**

**Jason H. Gilbert, PhD, MBA, RN, NEA-BC**, Executive Vice President & Chief Nurse Executive, Indiana University Health, Indianapolis, IN

**Michele SAYSANA, MD**, Chief Quality Officer, Indiana University Health, Indianapolis, IN

**Keywords:** High Reliability, Systemness, CNO/CMO Dyad, Harm Reduction, COVID-19

**Learning Objectives:**

- Describe how high-reliability principles can improve quality and safety performance during times of crisis.
- State strategies to redesign communication structures and knowledge exchange across system hospitals to improve quality of care.
- Describe the impact of enhancing and empowering the chief nursing officer (CNO)/chief medical officer (CMO) leadership dyad structure across a health care system.

**Overview:** As care models were rapidly shifted to care for the sudden influx of COVID-19 patients, it was apparent that traditional quality improvement methodology needed to quickly evolve. This session will focus on how one large health system employed high-reliability principles in empowering regional CNO/CMO dyads through frequent focused huddles built on trust and transparency to maintain focus on harm event reduction throughout 2020. Empowering regional CNO/CMO dyads to lead outside of their normal structures led to the system meeting its 2020 goals for harm events, with an 11% reduction despite the effects of the pandemic.

**Credit:** Physician, Nurse, General CEU

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Session PH234 | Designing an Innovative Program for the Novice Nurse Workforce

Tuesday, 11:15-11:45 a.m.

Larecia M. Gill, PhD, MSN/Ed, RN, Director, Education, Phoebe Putney Memorial Hospital, Albany, GA

Tracy W. Suber, EdD, MSN/Ed, RN, Vice President, Education, Phoebe Putney Memorial Hospital, Albany, GA

Keywords: Workforce, Nurse Resident Program, Nurse Retention, New Nurse Graduates, Transition to Practice

Learning Objectives:

- Identify the challenges experienced by new nurse graduates (NNGs) who transitioned to practice during the COVID-19 pandemic.
- Discuss interventions employers can implement to address the clinical deficiencies of NNGs caused by the COVID-19 pandemic.

Overview: NNGs are faced with many unique challenges when transitioning from nursing students to registered nurses. The COVID-19 pandemic negatively impacted the ability for nursing students enrolled during this time to experience hands-on training by forcing academic institutions to provide courses completely online, resulting in an unprepared workforce whose clinical deficiencies have been exacerbated by a lack of hands-on clinical training. In response to these challenges, a South Georgia hospital developed and implemented an innovative program that resulted in increased NNG confidence in providing safe, competent patient care and in communicating with patients and other health care providers.

Credit: Nurse, General CEU

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## Session PH235 | Moving to EXTREME ACCESS for Our Patients

Tuesday, 11:15-11:45 a.m.

*Doug Marx, DO, Chief Medical Officer and Vice President, Froedtert & Medical College of Wisconsin, Menomonee Falls, WI*

**Keywords:** Access, Advanced Practice Provider, APP, Patient Centric, CG-CAHPS, Satisfaction with Access to Care, Third Next Available Appointment, TNA

### Learning Objectives:

- Explain how to look beyond the industry standard of third next available (TNA) appointment to focus on creating access — not just reporting access retrospectively.
- Identify tactics to create access to address patient demand.
- Summarize how to promote engagement with physicians and advanced practice providers (APPs) in their roles around maintaining and creating access for patients.

**Overview:** Froedtert & the Medical College of Wisconsin launched the EXTREME ACCESS initiative to take patient access from good to great. TNA appointment: historically, we reported retrospective access: 1)

percentage of sites meeting less than seven days TNA new; and 2) Clinician and Group Consumer Assessment of Healthcare Providers and Systems Survey (CG-CAHPS) Dimension 1 around access to care. Our strategic need to grow primary/specialty care within the community practice forced us to think differently about access. We began from a position of power (90% of sites less than seven days TNA new and 89th percentile CG-CAHPS access to care). EXTREME ACCESS focuses on prospective creation of adequate appointment spots to meet demand and grow the practice. We developed tools and tactics to create access rather than just report on it. We call this pivot EXTREME ACCESS.

**Credit:** Physician, Nurse, General CEU

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Session PH236 | Thinking Outside the Mask (N95 Alternative)

Tuesday, 11:15-11:45 a.m.

Ronald E. Sherman, BS Financial Management & Executive MBA, Project Manager, Yale New Haven Health System, New Haven, CT

Kirt Tassmer, BS Industrial Engineering, Performance Improvement Coordinator, Yale New Haven Health System, New Haven, CT

Tony DePaola, Supervisor, Strategic Sourcing, Corporate Supply Chain Management, Yale New Haven Health System, New Haven, CT

Keywords: N95 Masks and Respirators, COVID-19, Respiratory Personal Protective Equipment, Respiratory PPE, Occupational Health

Learning Objectives:

- Recognize the value of multidisciplinary partnerships and diversity of thought.
- Describe the value of looking outside of medicine as a means to find an innovative industrial solution.
- Identify the value of fast implementation of a solution to preserve and boost staff morale.

Overview: As news of China's increasing number of COVID-19 cases began to grow, Yale New Haven Health identified the need to procure a sufficient supply of N95 respirators for over 16,000 frontline health care workers within our 3,000-bed health system throughout Connecticut and into Rhode Island. Traditional, single-use disposable N95 respirators were in high demand and difficult to source. Therefore, our corporate supply chain researched alternative products to support patient care teams during the pandemic and found a durable, long-term and protective solution in the elastomeric respirator.

Credit: Physician, Nurse, General CEU

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## Session PH237 | Optimizing PeriOperative Care With Pharmacy-Led Antithrombotic Plan Services

**Tuesday, 11:15-11:45 a.m.**

*EunJi Ko, PharmD, Senior Safety Program Manager, Brigham and Women's Hospital, Boston, MA*

*Catherine Ulbricht, PharmD, MBA, CPPS, Director of Clinical and Academic Programs, Brigham and Women's Hospital, Boston, MA*

**Keywords:** Perioperative, Nurse Practitioner, Antithrombotic Management, Telehealth

**Learning Objectives:**

- Demonstrate how electronic health record (EHR) technologies can be incorporated to increase patient safety and patient/staff satisfaction in perioperative care.
- Explain how to strategize effective workflow and communication to work with a multidisciplinary team.
- Recognize strategies to engage frontline providers in a quality improvement initiative to meet National Patient Safety Goals (NPSGs).

**Overview:** In accordance with the Joint Commission NPSGs of requiring medication reconciliation and antithrombotic management, Brigham and Women’s Hospital integrated telehealth and an EHR hand-off tool with pharmacy-led antithrombotic management services to optimize perioperative care. Pharmacists work with prescribers by providing guideline-based recommendations for holding a patient’s antithrombotic therapy prior to their procedure, which helps ensure safety and NPSG compliance. Since the start of this program, we have successfully increased patient access by preventing unnecessary clinic visits and surgery delays, as well as reduced the nurse practitioner workload.

**Credit:** Physician, Nurse, Pharmacist, Pharmacy Technician, General CEU

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Session VPH238 | Taking Action to Achieve Health Equity

Tuesday, 11:15-11:45 a.m.

*Shaifali Ray, MHA, Senior Networks Director, Vizient
Kopaskie, Karyl, PhD, Associate Principal, Intelligence, Sg2, a Vizient company*

Keywords: Health Equity, Social Determinants of Health, SDOH

Learning Objectives:

- Identify the magnitude of community disparities affecting your population, including examples of how health systems can contribute to health inequities.
- Define the health system commitment and organizational readiness to address disparities.
- Describe strategies to advance health equity for all.

Overview: It is well documented that health disparities exist throughout the U.S. In its latest National Healthcare Quality and Disparities Report, the Agency for Healthcare Research and Quality noted that when compared to their white counterparts, minority populations received worse care in about 40% of the 250 measures studied.¹ As key community stakeholders, health systems should identify and understand the scope of their commitment to reducing health disparities. Many factors should be considered when building the right approach. This session will provide an overview of the analytics, trends and practical processes that your organization can use to prioritize and take the next step toward achieving health equity.

This session is not eligible for CE credit.

1. 2019 National Healthcare Quality and Disparities Report. Agency for Healthcare Research and Quality. December 2020. <https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqdr/2019qdr.pdf>

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## Session PH241 | Hospital and Home Care Collaboration for Recovering Critically Ill COVID-19 Patients

Tuesday, 2:15-2:45 p.m.

*Kristi Filmore, MS, RN, ACNP-BC, Senior Performance Improvement Coach, University of Rochester Medical Center, Rochester, NY*

*Allison Panzer, MD, MPH, Assistant Professor of Medicine, University of Rochester Medical Center, Rochester, NY*

**Keywords:** Post-Intensive Care Syndrome, PICS, COVID-19, Lean Six Sigma, Home Care Services, Telehealth

### Learning Objectives:

- Describe the steps taken to pilot a care model to meet the needs of recovering critically ill COVID-19 patients at risk for post-intensive care syndrome (PICS).
- Identify opportunities in other settings for application of the transition of care model.

**Overview:** An innovative transition of care model was developed for recovering critically ill COVID-19 patients at an academic medical center in upstate New York. The model merges traditional home care services with telemedicine visits by partnering social workers, home care nurses and therapists, physicians, and pharmacists to address physical, cognitive and mental health impairments that may arise after critical illness. The program provides timely screening and collaborative interventions in the patient's home, removing logistical barriers and thereby optimizing both patient participation and social distancing during the COVID-19 pandemic. There are opportunities to adapt the model to other patient populations and conditions.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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Session PH242 | Listening in Medicine: Storytelling and the Future of the Patient Experience

Tuesday, 2:15-2:45 p.m.

Stephanie Kindt, MA, JD, Senior Consultant Organizational Development, Penn Medicine, Philadelphia, PA
Aaron Levy, PhD, Senior Lecturer, School of Arts and Sciences, University of Pennsylvania, Philadelphia, PA

Keywords: Patient-Provider Communication, Storytelling, Resilience, Mental Health, Patient Experience, Organizational Culture, Employee Experience, Medical Education, Nursing Education, Health Equity

Learning Objectives:

- Identify how storytelling drives connections with patients.
- Create skills and innovative approaches to enable active listening, empathy and perspective-taking.
- Recognize the impact of listening as a transformative resilience tool.

Overview: Created by patients, caregivers, staff, providers and University of Pennsylvania academic partners, the Penn Medicine Listening Lab celebrates listening as a form of care across 11 entities and 43,000 employees. The focus is to explore how we listen and how we are listened to — as individuals, in relationships and as communities. The project includes an immersive exhibit and an online experience that allows one to discover themselves in others through listening. This presentation will describe our collaborative journey to

create and implement the listening lab, provide immersive experiences of listening as care, and share data and future directions.

Credit: Physician, Nurse, Pharmacist, Pharmacy Technician, General CEU

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## Session PH243 | DUHS Development of CARE Hub Supports COVID-19 Response

Tuesday, 2:15-2:45 p.m.

**Mary Martin, BA, MPA, FACHE**, Chief Operating Officer, Duke University Hospital, Durham, NC

**Matthew Rougeux, MHA**, Vice President, Patient Flow, Duke University Hospital, Durham, NC

**Miranda Mathis-Harris, BSN, MBA, CNML**, Nurse Manager, Operations – Patient Flow, Duke University Hospital, Durham, NC

**Keywords:** COVID-19, Capacity, Throughput, Huddles, Analytical Support, Bed Management, Census, Staff Forecasting

### Learning Objectives:

- Describe the programmatic conditions that established the foundation for rapid and sustainable change.
- Identify the operating mechanisms that resulted from CARE Hub (Capacity Access Through Real-time Engagement) and COVID-19 planning.
- Identify the initial steps needed to stand up a similar program at your institution.

**Overview:** Duke established CARE Hub in 2019 in response to capacity pressures and the need for efficient throughput. With the dawn of COVID-19, this program, comprised of technology and process improvement strategies, became the critical success factor in managing more patients than ever before.

**Credit:** Physician, Nurse, General CEU

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Session PH244 | Face Down, Sats Up: Proning Breathes Life Into Systemwide Mobility Program

Tuesday, 2:15-2:45 p.m.

Allison Wier, DNP, RN, CMSRN, AGCNS-BC, APNP, Clinical Nurse Specialist, Froedtert Hospital, Milwaukee, WI

Erin DeJarlais, PT, DPT, Supervisor, Rehabilitation Services, Froedtert Hospital, Milwaukee, WI

MaryAnn McKenna Moon, APRN, MSN, Director of Advanced Practice Nursing, Froedtert Hospital, Milwaukee, WI

Sandy Glapa, RN, BSN, Clinical Process Improvement Specialist, Quality & Process Improvement, Froedtert Hospital, Milwaukee, WI

Keywords: Proning, COVID-19, Acute Respiratory Distress Syndrome, ARDS, Rapid Response Team, Vizient Clinical Data Base Data, CDB, Mobility, John Hopkins Highest Level of Mobility, JH-HLM, Activity Mobility Post-Acute Care, AMPAC

Learning Objectives:

- Outline the forward-thinking process for developing an interdisciplinary prone team.
- State how a prone team can improve patient outcomes through proning, early mobilization and education.
- Translate lessons learned from the prone initiative to drive a culture of activity and mobility promotion.

Overview: As the COVID-19 pandemic emerged, care models quickly needed to be transformed to address the unique respiratory demands of the COVID-19 population. Froedtert has historically utilized prone positioning for the treatment of severe acute respiratory distress syndrome. With early recognition of the benefits of proning awake, non-intensive care unit, COVID-19 hospitalized patients, care delivery was transformed by implementing interdisciplinary prone teams. Combining proactive proning with mobility expertise significantly improved patient outcomes, including reducing the number of rapid response calls, medical emergencies, intensive care unit transfers and overall mortality. By translating experience and evidence from the implementation of pandemic prone teams, Froedtert Health is transforming its culture of mobility.

Credit: Physician, Nurse, Pharmacist, General CEU

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## Session PH245 | More Bang, Less Bother: Efficiently Maximize Quality by Decreasing LOSI

Tuesday, 2:15-2:45 p.m.

**Michael Buckingham, MHA**, Associate Vice President of Women's and Children's Services, Wake Forest Baptist Health, Winston-Salem, NC

**Keywords:** Length of Stay Index, LOSI, Gynecology/Oncology Service Line, Clinical Documentation Improvement, CDI

### Learning Objectives:

- Discuss the impact of meaningful data.
- Identify opportunities to improve the length of stay index (LOSI) within specific service lines.
- Develop an efficient documentation strategy that will facilitate providers' accurate capture of the acuity of their patient population.

**Overview:** How can you maximize your service line's potential with minimal effort and without compromising quality of care? With our documentation initiative designed to enhance providers' ability to accurately capture patient acuity, you can. Utilization of a smart list embedded with top diagnosis-related groups (DRGs) and their most heavily weighted coefficients enabled us to yield a sustained decrease in the gynecologic oncology LOSI at our academic institution without additional documentation fatigue for providers. With more bang and less bother, our initiative enhanced patient acuity capture and led to more meaningful data collection and improved quality of care.

**Credit:** Physician, Nurse, General CEU

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Session PH246 | Purchased Services Be Nimble, Be Quick: From Zero to \$6.6 Million in Savings

Tuesday, 2:15-2:45 p.m.

John Andrews, BA, MS, Strategic Sourcing Manager, Rush University Medical Center, Chicago, IL
Hawanya Blakely, BS, MBA, Strategic Sourcing Analyst, Rush University Medical Center, Chicago, IL

Keywords: Strategic Sourcing, Purchased Services, Savings, Contract Management

Learning Objectives:

- Discuss methods to quickly identify cost savings opportunities.
- Illustrate why strategic sourcing should be included in all sourcing activities.

Overview: Health care organizations continue to face significant revenue challenges (e.g., declining inpatient volumes, payer mix issues and commercial insurance pressures) while experiencing increased costs and expenditures. The COVID-19 pandemic exacerbated these ongoing challenges. To address COVID-19's negative impact on its bottom line, Rush University Medical Center's supply chain leadership launched the Purchased Services Initiative (PSI) project. The purposes of the PSI are to identify purchased services expense reductions across the enterprise and realize immediate savings and cost reductions. This effort led to a \$6.6 million purchased services expense reduction in fiscal year 2021.

Credit: General CEU

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**Session PH247 | Assessing the SEP-1 Impact on Antibiotic Use and Patient Outcomes**

**Tuesday, 2:15-2:45 p.m.**

*Joy Peterson, PharmD, BCPS, BCIDP, Clinical Pharmacist, Infectious Diseases, Wellstar Health System, Marietta, GA*

*Jessica Pearson, DNP, AGACNP-BC, Sepsis Coordinator, Wellstar Health System, Marietta, GA*

*Tanea Womack, PharmD, MBA, BCIDP, Clinical Pharmacy Specialist, Infectious Disease, Wellstar Health System, Austell, GA*

**Keywords:** Antibiotics, Stewardship, SEP-1 Core Measure, Patient Outcomes, Intensive Care Unit Length of Stay, ICU LOS

**Learning Objectives:**

- Recognize the criteria for severe sepsis.
- List the requirements for SEP-1 antibiotic administration.

**Overview:** The SEP-1 Core Measure has the propensity to drive unnecessary broad spectrum antibiotic use, which we have seen throughout our health system. We sought to quantify this impact on broad spectrum antibiotic use while also evaluating patient outcomes. Results showed that patients suspected of sepsis more than doubled, as did antibiotics prescribed. However, correct identification of sepsis increased and mortality, median antibiotic days of therapy, hospital length of stay (LOS) and intensive care unit LOS all decreased. Antibiotic use and the demand on antimicrobial stewardship program resources have increased since the implementation of the SEP-1 Core Measure, but may be contributing to decreased mortality, hospital LOS and intensive care unit LOS.

**Credit:** Physician, Nurse, Pharmacist, General CEU

## Session VPH248 | Pharmacy: Non-Acute Strategies to Support Financial and Clinical Goals

Tuesday, 2-3:15 p.m.

### Panel:

**Steven Lucio, PharmD, BCPS**, Senior Principal, Center for Pharmacy Practice Excellence, Vizient

**Walter S. Geba, M.S., PharmD**, Vice President, Pharmacy, Provista

**Jered Bauer**, Vice President, Pharmacy Analytics, Vizient Pharmacy Solutions

**George Zula**, Vice President, Acentrus Specialty

**Keywords:** Pharmaceuticals, Pharmacy, Non-Acute, Specialty Pharmacy, Home Infusion, Data, Analytics

### Learning Objectives:

- Learn about the drivers and threats to the growth of specialty pharmacy and home infusion.
- Hear examples of health system pharmacies that are successfully driving clinical value in the non-acute setting while contributing the financial health of the system.
- Get the key questions and often-overlooked priorities in establishing a non-acute strategy.
- Gain knowledge on the role of analytics and key performance indicators across acute and non-acute to measure success across both settings.

**Overview:** As health systems work to recover financially from the pandemic, cost reduction simply isn't enough. As the C-suite identifies investments in new revenue streams, pharmacy is playing a more central role in the balance between cost reduction, growth and quality. In this session, learn how some health system pharmacies are taking on this challenge with a focus on non-acute care as a strategic priority that is driving both financial and clinical value. We'll also address the insights and solutions needed to manage continuity of care across both acute and non-acute settings.

*This session is not eligible for CE credit.*

## Session PH251 | Primary Care in a Digital-First World

Tuesday, 3-3:30 p.m.

**Doug Marx, DO**, Chief Medical Officer – Community Physicians, Froedtert & Medical College of Wisconsin, Menomonee Falls, WI

**Mike Anderes, FACHE**, Chief Digital Officer, Froedtert & Medical College of Wisconsin, Milwaukee, WI

**Erika Smith, PharmD, FACHE, FASHP**, Director, Enterprise Care Coordination & Redesign, Froedtert & Medical College of Wisconsin, Milwaukee, WI

**Keywords:** Managing Digital Transformation, Digital Strategy, Operations

### Learning Objectives:

- Define the key forces acting to transform primary care.
- Describe the role of digital in changing primary care operations.
- Discuss leadership strategies to manage the digital transformation.

**Overview:** The world is going digital. Health care may be late to the party, but 2020 drove more digital change in health care delivery than the previous decade. In this presentation we will cover the transformation that primary care is undergoing through our health system's lens. Virtual visits may get a lot of attention, but digital transformation has changed who we compete with, what our patients ask of us, our metrics of success, and how we organize and staff our clinical teams. We will cover key changes, successes and challenges in 2020, and what these may suggest about the future.

**Credit:** Physician, Nurse, Pharmacist, Pharmacy Technician, General CEU

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Session PH252 | Transforming Health Equity Through Data Visualization and Quality Improvement **Tuesday, 3-3:30 p.m.**

***Amy C. Lu, MD, MPH,** Associate Chief Quality Officer, Stanford Health Care, and Vice Chair, Quality, Safety and Improvement, Department of Anesthesiology, Perioperative and Pain Medicine, Stanford School of Medicine, Stanford, CA*

***Angela Graf, MS,** Senior Quality Consultant, Stanford Health Care, Stanford, CA*

Keywords: Health Equity Dashboard, Vizient Quality & Accountability (Q&A) Methodology, Human-Centered Approach, Social Determinants of Health, SDoH, Vizient Clinical Data Base, Resource Manager

Learning Objectives:

- Discuss the method employed to create clear data visualization for a health equity dashboard.
- Classify common types of health disparities seen with COVID-19 and major medical conditions.
- Identify clinical pathway and care delivery approaches to address health disparities and social determinants of health.

Overview: The COVID-19 pandemic and active social awareness movements created the burning platform to reexamine longstanding existing health disparities and structural inequities in patient care outcomes. As part of a multipronged effort, we identified health disparities in our patients by creating a health equity dashboard stratified by patient demographic characteristics, medical conditions and social determinants of health. The dashboard was co-created with a human-centered approach and multidisciplinary stakeholders, including patients, caregivers and clinicians from underrepresented and vulnerable populations. This unique dashboard has important implications for future research and care delivery initiatives. Using the dashboard, we are designing interventions to reduce health disparities.

Credit: Physician, Nurse, Pharmacist, Pharmacy Technician, General CEU

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## **Session PH253 | CDI – Can Do It: A Success Story About Improvement in ‘Expected’ Mortality** **Tuesday, 3-3:30 p.m.**

***Kearstin Jorgenson, MSM, CPC, COC,** System Director – Physician Advisory Services, Intermountain Healthcare, Salt Lake City, Utah*

**Kory T. Anderson, MD**, Medical Director, Physician Advisory Services & CDI, Intermountain Healthcare, Salt Lake City, Utah

**Sathya Vijayakumar, MS, MBA**, Clinical Operations Manager, Intermountain Healthcare, Salt Lake City, Utah

**Keywords:** Vizient Clinical Data Base, CDB, Comorbidities, Clinical Documentation Improvement, CDI, Expected Mortality

**Learning Objectives:**

- Describe the use of data from the Vizient Clinical Data Base (CDB) for creation of service line-specific training materials.
- Describe strategies to educate caregivers about the most impactful comorbidity documentation.
- Identify data that is relevant to the care that caregivers provide their patients.

**Overview:** In this session, we highlight the use of data from the Vizient Clinical Data Base to educate our frontline caregivers about the importance of documenting appropriate comorbidities. Throughout 2020, 541 providers, including physicians and advanced practice providers from over 18 different service lines, underwent a core curriculum training that went over their top 10 underdocumented comorbidities from the Vizient Clinical Data Base and risk adjustment principles. During these hourlong sessions, our physician advisory services physician educators shared unblinded, caregiver-specific scorecards with the caregivers. The result was a statistically significant increase in documentation of key risk factor variables.

**Credit:** Physician, Nurse, General CEU

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Session PH254 | Change the Hospital’s Pain Prescribing Practices...No Problem, Go Team!

Tuesday, 3-3:30 p.m.

Cathy Lammers, MD, Physician, Professor, UC Davis Health, Sacramento, CA

Christine Williams, RN, Executive Director Patient Care Services, UC Davis Health, Sacramento, CA

Myan Pham, MHA, Project Manager, Quality Initiatives and Reporting, UC Davis Health, Sacramento, CA

Keywords: Opioids, EHR, Patient Safety, Standardized Order Set

Learning Objectives:

- Identify tools needed to implement mass change in opioid prescribing.
- Demonstrate how to streamline electronic health record (EHR) workflows to drive safe, efficient delivery of pain management care.
- Discuss the methods employed to garner physicians’ support for a standardized pain order set.

Overview: How did we engage our physicians, nurses and pharmacists to embrace best opioid prescribing practices and launch a culture change surrounding pain management? In this session, we share our journey to operationalize opioid stewardship goals with agile EHR multidisciplinary builds. Opioid stewardship analyses following safety events revealed more than 160 order sets containing opioids with many different doses, range orders and variability in multimodal adjuncts/supportive medications/rescue orders. Our mission was to create a standardized, multimodal pain order set, eliminate routine range orders, align patient care standards, educate staff — and then apply it universally across UC Davis Health.

Credit: Physician, Nurse, Pharmacy Technician, Pharmacist, General CEU

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## **Session PH255 | Using Vizient Predictive Ranking to Develop an Improvement Project Portfolio**

**Tuesday, 3-3:30 p.m.**

***Bela Patel, MD, FCCP, CMQ, FCCM,** Regional Chief Medical Officer & Executive Medical Director of Critical Care Medicine, Memorial Hermann-Texas Medical Center, Houston, Texas*

***Thanh Dao, MS,** Director of Hospital Operations, Memorial Hermann-Texas Medical Center, Houston, Texas*

***John D. Calhoun, MS,** Director of Hospital Operations, Memorial Hermann-Texas Medical Center, Houston, Texas*

**Keywords:** Project Portfolio, Vizient Q&A Calculator, Predictive Rank

### **Learning Objectives:**

- Assess whether or not the use of a predictive ranking approach to project portfolio development would be beneficial to your organization.
- Identify how to determine if the associated resource requirements make implementation of the approach feasible in your organization.

**Overview:** In an effort to improve performance in all Vizient domains, the Memorial Hermann-Texas Medical Center team developed and implemented a process for identifying, monitoring and adjusting project direction in response to Vizient domain-specific and total predictive rankings. On a monthly basis, our analytics team produces service line-by domain-specific performance charts, a rollup chart and an integrated areas-of-opportunity chart for assessment by service line project representatives. These charts have proven to be very useful in focusing stakeholder attention because they provide predictive guidance on domain and total rankings and they highlight pre-identified project opportunity areas.

**Credit:** Physician, General CEU

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Session PH256 | Establishing a Clinically Integrated Supply Chain Through Vizient Procedural Analytics

Tuesday, 3-3:30 p.m.

***Alex Matov, MBA,** Senior Performance Improvement Manager, MedStar Health, Columbia, MD*

***Jason A. Stein, MD,** Shoulder and Elbow Surgeon, Vice Chairman, Department of Orthopedics, Medstar Union Memorial Hospital, Medstar, Baltimore, MD*

Keywords: Perioperative Process Improvement, Supply Cost Per Case, Physician Preference Items, PPI, Procedural Analytics, Physician Involvement

Learning Objectives:

- Describe MedStar's clinically integrated supply chain journey.
- Discuss the elements required for change readiness.
- Explain the best approach for engaging surgeon leadership in driving sustainable change.

Overview: MedStar Health is leveraging the Vizient Procedural Analytics tool on its journey to become a clinically integrated supply chain. To achieve the vision of best-in-class performance, the organization uses this tool to help create transparency in practice as an input into meaningful dialogue around the use of supplies and their value. Our goal is to improve value within surgical services, which includes the ability to make data-driven decisions that improve cost, efficiency and outcomes for identical procedures by different surgeons. The purpose of this presentation is to share the approach MedStar Health is taking to engage surgeons in making decisions that improve patient care.

Credit: General CEU

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## Session PH257 | ASPs Are the MVP: Leading the Way in Pandemic Response

Tuesday, 3-3:30 p.m.

**Amy L. Brotherton, PharmD, AAHIVP, BCIDP, Clinical Pharmacist Specialist, Infectious Diseases, Lifespan Health System, Providence, RI**

**Diane Parente, PharmD, BCIDP, Clinical Pharmacist Specialist, Infectious Diseases, Lifespan Health System, Providence, RI**

**Keywords:** Antimicrobial, Antimicrobial Stewardship Programs, ASPs, Strategy, Monoclonal Antibody Infusions, (MAb) Infusions, mAb Therapy

### Learning Objectives:

- Explain areas where the antimicrobial stewardship program (ASP) can support planning and response efforts during a global pandemic.
- Describe the impact of an ASP on lessening the burden of a global pandemic.

**Overview:** ASPs are well-equipped to support the health care system in emergency preparedness and disaster response efforts. However, data suggests ASPs were underutilized during the COVID-19 pandemic. At Lifespan Health System, leveraging the expertise of our ASP was essential to promptly navigating challenges associated with the rapidly evolving pandemic. ASPs serve as liaisons across multiple disciplines and are highly capable of developing innovative strategies to reduce inappropriate medication use. In this presentation, we highlight numerous opportunities in which incorporating ASPs into pandemic planning and response efforts can improve quality, safety and patient outcomes across the health care system.

**Credit:** Physician, Nurse, Pharmacist, Pharmacy Technician, General CEU

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Session PH261 | Communicating With COVID-19: A Transitions of Care Model

Tuesday, 3:45-4:15 p.m.

Elizabeth Anderson, RN, BSEE, Care Redesign Management Engineer, Duke University Health System, Durham, NC

David Gallagher, MD, Chief, Hospital Medicine Programs, Duke University Health System, Durham, NC

Keywords: COVID-19, Continuity of Care, Systems of Care, LOS, Readmission, Workflow

Learning Objectives:

- Describe an enhanced transitions of care model for treating actively infectious COVID-19 patients.
- Identify measurement methods used to develop and monitor a COVID-19 transitions of care model.

Overview: Duke University Hospital implemented a transitions of care model to support the complexity of COVID-19 patients. These patients present with unique postdischarge needs. Due to the novel nature of this disease, no standard protocols existed to support these patients across the care continuum. Our multidisciplinary team identified three major gaps in care: interdisciplinary communication, discharge planning and handoff from inpatient to outpatient platforms. Since implementation, COVID-19 patients have seen a 25% reduction in length of stay (LOS), a 19% improvement in follow-up appointments scheduled, and improvements in patient satisfaction scores related to discharge information, along with other key process improvements.

Credit: Physician, Nurse, Pharmacist, General CEU

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**Session PH262 | Decreasing Health Inequities at Emergency Department Triage**

**Tuesday, 3:45-4:15 p.m.**

**Nadia Huancahuari, MD**, Brigham Health Medical Director of Quality, Safety and Equity, Brigham and Women’s Hospital, Boston, MA

**Diane Miller, RN**, Professional Development Manager, Brigham and Women’s Hospital, Boston, MA

**Keywords:** Health Equity, ED Triage

**Learning Objectives:**

- Describe the steps to gather a multidisciplinary team to address health inequities.
- Describe a safe psychological space to discuss health inequity topics.
- Develop similar health inequity process improvements in clinical practices.

**Overview:** Ethnic minority patients are undertriaged and have prolonged waiting room times in emergency departments (EDs) across the U.S. Under-triaging often leads to prolonged waiting room times, which in turn leads to delays in diagnosis and ultimately, to preventable adverse outcomes. We redesigned the ED triage process by complementing the emergency severity index (ESI) score with health inequity risk factors in an effort to improve health equity.

**Credit:** Physician, Nurse, General CEU

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Session PH263 | Redesign of Quality Focused on People, Process And Patient Care

Tuesday, 3:45-4:15 p.m.

Karrie N. Moses, MSN, RN, NE-BC, Senior Director, Carilion Clinic, Roanoke, VA

Ross M. Cleveland III, MBA, Certified Project Manager, Carilion Clinic, Roanoke, VA

Keywords: Just Culture, Quality Redesign, Pediatrics, Vizient Quality and Accountability Methodology, Patient Safety, Zero Harm

Learning Objectives:

- Explain the steps required to create a quality structure focused on people, process and patient care.
- Develop a quality program built around a just culture, accountability and improved outcomes.
- Define an environment of event reporting to prevent patient harm.

Overview: After a delayed response to a sentinel event, Carilion Children’s realized it needed to restructure its approach to quality. In this session, learn how Carilion Children’s shifted from a reactive to a proactive approach to quality. In doing so, we’ve seen improved scores in medication safety, mortality, length of stay, employee engagement and sepsis. We have developed a sustainable program through support and collaboration with our clinical advancement and patient safety systemwide department. The lesson learned from this revamp was to gain provider and staff buy-in and support during the early stages of any process improvement initiative.

Credit: Physician, Nurse, Pharmacist, General CEU

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**Session PH264 | Virtual Onboarding Program Design for Physicians and APPs**

**Tuesday, 3:45-4:15 p.m.**

*Emily L. Thomas, SHRM-SCP, Program Manager of McShane Physician Leadership Academy, OSF HealthCare, Peoria, IL*

*Jennifer Hunt, MBA, Director of McShane Physician Leadership Academy, OSF HealthCare, Peoria, IL*

**Keywords:** Physician Leadership Academy, Advanced Practice Providers, APPs, Virtual Learning Management System, Virtual Onboarding Program

**Learning Objectives:**

- Discuss an impactful, consistent and strategically aligned virtual onboarding experience.
- Identify how to increase alignment and integration of new clinicians into a culture of safety, well-being and strong patient experience.

**Overview:** Amid the COVID-19 pandemic OSF HealthCare was able to launch a robust and fully inclusive virtual onboarding program for newly hired physicians and advanced practice providers (APPs). By using the Vizient Physician and Advanced Practice Provider Onboarding Program, the McShane Physician Leadership Academy at OSF HealthCare was able to restructure and deploy a specifically tailored onboarding program within a virtual learning management system. By utilizing virtual resources, learners can complete the program according to their own schedules, thereby increasing overall course participation and reducing clinician burnout.

**Credit:** Physicians, Nurse, General CEU

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Session PH265 | Team-Based Approach to Improving Mortality Index

Tuesday, 3:45-4:15 p.m.

Doreen Timm, MSN, RN, APN/PCNS-BC, Clinical Quality Director, FHN, Freeport, IL
Rebecca Pedersen, MD, CPE, FAAFP, Chief Quality Officer, FHN, Freeport, IL
Deb Kent, MBA, BSN, RN, CCDS, Clinical Data Specialist, FHN, Freeport, IL

Keywords: Mortality, Vizient Clinical Data Base, CDB, Clinical Document Improvement, CDI, Data Reliability

Learning Objectives:

- Discuss the rationale of a team-based approach to improving mortality index.
- Identify factors that impact mortality index.
- Describe strategies to sustain mortality index scores.

Overview: Decreasing expected mortalities in an organization requires a multifaceted, team-based approach. Mortality index is affected by clinical care, coding, billing and informatics. Having a comprehensive approach to deal with this complex issue is essential for reaching and sustaining improvement in mortality index.

Credit: Physician, Nurse, General CEU

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## Session PH266 | Building Critical Testing Capacity to Support COVID-19 Pandemic Response

Tuesday, 3:45-4:15 p.m.

*Andrew Maze, BSB, AS MS, AS H, AA SHB, Senior Manager, Strategic Sourcing, Providence, Renton, WA*  
*Michelle E. Bosewicht, MBA-HCM, MLS(ASCP)SBB, DLM, System Director, Laboratory Operations, Accreditation and Contracting, Providence, Renton, WA*

**Keywords:** Laboratory, System, Supply Chain

### Learning Objectives:

- Explain strategies used to drive higher supplier and distributor engagement.
- Illustrate key approaches to laboratory demand forecasting and inventory management used during a pandemic supply environment.
- Identify ways to drive key change management and data-driven approaches to operational improvement within the lab service area.

**Overview:** Providence is a large integrated delivery network (IDN) with 53 acute care facilities and 1,085 clinics operating in seven states. Historically, laboratory operations across Providence have not been organized to be able to quickly build testing capacity at scale. Each of our labs has operated as an independent unit or as a regional member but never as one system of labs supporting an enterprise. With the rise of COVID-19, our executives challenged us to reimagine laboratory operations, resulting in the development of a new lab command center that drove testing expansion, performance and integration to new levels.

**Credit:** General CEU

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Session PH267 | Using Vizient Intelligence to Compare Utilization of Antimicrobial Agents

Tuesday, 3:45-4:15 p.m.

Khadeja Kausar, MHA, Director, Business Intelligence and Value Based Management, Maimonides Medical Center, Brooklyn, NY

Monica Ghitan, MD, Associate Infectious Disease Division Director, Physician Champion for the Antimicrobial Stewardship Program, Maimonides Medical Center, Brooklyn, NY

Robert A. Press, MD, PhD, Executive Vice President, Medical Affairs, Maimonides Medical Center, Brooklyn, NY

Keywords: Antimicrobial Stewardship, Trends in Antibiotic Use, Total Cost of Care, Vizient Clinical Data Base, CDB

Learning Objectives:

- Identify the causes of variation in the use of antimicrobial agents.
- Discuss successful interventions that promote efficient use of antimicrobial agents.

Overview: Maimonides Medical Center (MMC) uses an antimicrobial stewardship program to promote appropriate use of antibiotics. The purpose of this presentation is to illustrate how MMC used the Vizient Clinical Data Base to validate internal pharmaceutical therapy changes by comparing results to similar analyses among the Vizient comparator hospitals for ceftriaxone, metronidazole and meropenem.

Credit: Physician, Nurse, Pharmacy Technician, Pharmacist, General CEU

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## Session VPH268 | Advancing Operations and Quality Discipline Across Your Health System

Tuesday, 3:30-4:45 p.m.

*Marshall Leslie, Group Senior Vice President, Operations and Quality, Vizient*

*Gena Futral, Executive Principal, Vizient*

*Eric Burch, Executive Principal, Vizient*

**Keywords:** Clinical Quality, Care Variation, Operational Efficiency, Workforce, Reliability, Safety

### Learning Objectives:

- Summarize current and emerging dynamics that impact how organizations further quality and process improvement.
- Describe one approach to an operations and quality performance improvement plan.
- Evaluate what cultural shifts are necessary to nurture organizational buy-in.

**Overview:** The current health care landscape requires an innovative and accelerated approach to operate and deliver safe, high-quality care. It's estimated that between \$102 billion and \$166 billion in cost savings opportunities exist, due to care delivery failures. Health care leaders like you are transforming your organizations in real time to find savings and improve outcomes. Effective and sustainable change requires a deep reservoir of data, evidence, process, engagement and expertise. All of this — combined with the right culture — is needed to support and sustain change. During this session, we'll discuss how the operations and quality playbook is being rewritten. Care models designed two years ago will not meet organizational or

patient needs today. In addition, we know that workforce challenges are real, resiliency is depleted and costs continue to escalate. And tackling price is no longer adequate — reducing care variation is the new priority.

*This session is not eligible for CE credit.*

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Session PH271 | Ambulatory Quality in the Time of COVID-19

Tuesday, 4:30-5 p.m.

Catherine Chang, MD, MMM, Chief Medical Officer, Prisma Health, Greenville, SC

Katie Lawrence, MHA, CMPE, Executive Director, Ambulatory Optimization, Prisma Health, Greenville, SC

Keywords: Ambulatory, Value-Based Care, Performance Transparency

Learning Objectives:

- Develop a structure and process model that catalyzes rapid cascading of quality patient care innovations to ambulatory physician practices.
- Describe how to innovate rapidly in response to challenges posed by COVID-19 to better connect patients with needed care.
- Identify additional ways to motivate physicians and clinical staff to embrace innovative solutions to the transformation required for success in value-based care.

Overview: As value-based contracts with payers continue to escalate in number and importance, we can't take our foot off the pedal of continuous ambulatory quality improvement — even with the ambulatory care challenges that COVID-19 presents. This session from a large, clinically integrated system with over 75 primary care practices will include lessons learned about how to focus on the highest level of quality performance while incorporating what we learned during the pivots we made due to COVID-19. By sharing our experience with performance transparency and effectively motivating physicians and other clinical leaders, we will learn together how to succeed in this post-COVID-19, value-based world.

Credit: Physician, Nurse, Pharmacist, General CEU

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## **Session PH272 | COVID-19 Post-Hospital Discharge Survivorship: A Health Equity Imperative**

**Tuesday, 4:30-5 p.m.**

***Nicole M. Franks, MD, Chief Quality Officer, Emory University Hospital Midtown, Atlanta, GA***

***Jasmah Hanna, MS, Research Project Coordinator Supervisor, Division of Hospital Medicine, Emory University Hospital Midtown, Atlanta, GA***

**Keywords:** Health Equity, Social Determinants of Health, SDoH

### **Learning Objectives:**

- Apply a health equity lens to chronic disease management and post-hospital discharge survival by leveraging health disparities data from your hospital or health system patient service area.

- Address identified health disparities gaps by partnering with community and civic organizations to direct resources that improve post-hospital discharged patients’ survival and ability to thrive in their community.

**Overview:** Achieving health equity begins with identifying health disparities in the context of social determinants of health (SDoH). The COVID-19 pandemic amplified health disparities in chronic disease patient populations, the long-term effects of which are not yet fully understood. Through a collaboration of five health care systems, a traditional data analysis validated by a machine learning-based prognostic model worked to produce a predictive readmission tool. This tool is based on characteristics and clinical outcome data of hospitalized and readmitted COVID-19 patients and includes zip code-level social determinants data. The goal is to better inform health care systems challenged with the dilemma of how to best transition their discharged COVID-19 patients with limited outpatient resources to their home setting and possibly decrease hospital readmissions.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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Session PH273 | Design of an Inpatient Predictive Model to Optimize Patient Experience Tuesday, 4:30-5 p.m.

Starr Watson, MSN, RN, CNL, Director of Inpatient Services, Wellstar Paulding Hospital, Hiram, GA

Nadia Prince-Williams, MSN, RN, CNL, Nurse Manager, Wellstar Paulding Hospital, Hiram, GA

Michaela Harner, MSN, RN, CNL, Nurse Manager, Wellstar Paulding Hospital, Hiram, GA

Keywords: Patient Experience, HCAHPS, Voice of the Customer, Predictive Modeling

Learning Objectives:

- Discuss the importance of using predictions to improve patient experience metrics.
- Identify problem-solving tools to decrease the risk of negative patient experiences.
- Explain a process where organizational leaders can be involved daily in improving the patient experience for hospitalized, acute care patients.

Overview: The design and standard implementation of an inpatient predictive model increased patient experience metrics by over 15% on all acute care units. This model proved the importance of standardizing and improving leaders’ predictions of the patient’s experience while they are rounding on inpatients. Through our cycle of learning, we changed several of our leader rounding standardized practices and countermeasures to improve prediction accuracy and problem-solving measures. We also used visual management huddles with bedside team members to continue improving the patient experience.

Credit: Physician, Nurse, General CEU

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## **Session PH274 | Family Connect: Supporting Families With Daily Clinical Updates During COVID-19** Tuesday, 4:30-5 p.m.

***Katherine Hochman, MD, MBA, FHM, Associate Chair, Quality, NYU Langone Health, New York, NY***

*Regina Grinblat, MEd, Senior Director, Patient Experience, NYU Langone Health, New York, NY*  
*Rachel Ramsey, MHA, Administrative Director, Sala Institute at Hassenfeld Children's Hospital, NYU Langone Health, New York, NY*

**Keywords:** Family Engagement, Workforce, Virtual Communications, Patient and Family Engagement

**Learning Objectives:**

- Describe a systematic, coordinated strategy to maintain daily communication with families during COVID-19.
- Explain how to measure the impact of a virtual communication strategy.

**Overview:** With COVID-19 admissions surging, families not allowed to visit inpatients due to a citywide stay-at-home order, and inpatient teams focused on providing clinical care at the bedside, our academic medical center recognized the need to maintain clear communication with our patients' families. In less than five days, we leveraged existing resources at no additional expense to create a systemwide approach to ensure daily, proactive communication and connection with families of every COVID-19 patient. Our strategy had an enormous impact on our patients and their families, our inpatient teams, and our community and it is portable to any medical center.

**Credit:** Physician, Nurse, General CEU

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Session PH275 | Leaping to A's: Using Medication Safety Improvement and Vizient Leapfrog Templates

Tuesday, 4:30-5 p.m.

Elizabeth McKnight, MA MS CPPS, Director of External Reporting, Intermountain Healthcare, Salt Lake City, Utah

Sathya Vijayakumar, MS, MBA, Clinical Operations Manager, Intermountain Healthcare, Salt Lake City, Utah

Harmony Schneider, PharmD, BCPS, Clinical Informatics Analyst, Intermountain Healthcare, Salt Lake City, Utah

Farukh Usmani, MD, MSHSM, Medical Director, Intermountain Healthcare, Salt Lake City, Utah

Keywords: Vizient Clinical Data Base, CDB, High Reliability, Patient Safety, Medication Errors, Adverse Drug Events, Leapfrog

Learning Objectives:

- Recall how to use Vizient Leapfrog templates for efficient submissions.
- Explain how to partner with pharmacy and medical informatics to achieve safety objectives for patients.
- Use a Lean Six Sigma Possible, Implement, Challenge and Kill (PICK) chart to analyze and prioritize mitigation efforts.

Overview: In this Power Huddle, we share how we used Vizient Leapfrog templates and innovated with our pharmacy and medical informatics teams to fine-tune our computerized physician order entry (CPOE) without introducing significant alert burden. Impact was measured by improved patient safety outcomes and movement of Leapfrog safety grades from mostly B's and C's to all A's and one B.

Credit: Physician, Pharmacist, Pharmacy Technician, General CEU

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## **Session PH276 | Documentation and Billing Accuracy For Implanted Devices: A Hyper-Rapid Performance Improvement Model**

**Tuesday, 4:30-5 p.m.**

**Thomas A. Deutsch, MD**, Professor of Ophthalmology, Senior Adviser to CEO, Rush University Medical Center, Chicago, IL

**Anisa J. Jivani, MHSA**, Interim System Director, Strategic Equity Initiatives, Rush University System for Health, Chicago, IL

**Paul E. Casey, MD, MBA**, Chief Medical Officer and Senior Vice President, Rush University Medical Center, Chicago, IL

**Keywords:** Rapid Process Improvement, Implanted Devices, Charge Capture

### **Learning Objectives:**

- Discuss the process to uncover a smooth documentation and billing process for surgical implants to ensure optimal billing/reimbursement.
- Explain the benefits and learnings from a new hyper-rapid improvement event model.

**Overview:** Rush University Medical Center tested a hyper-rapid improvement approach to address issues of open codes in the perioperative billing department. These codes are typically used by nurses to manually document the implant/supply log when implants are not already in the institution's item master (also referred to as "on the fly" implants). Open codes must then be reviewed by the billing team on the back end to ensure the implant is under contract and that the appropriate charge and charge code are assigned to the item before posting the surgical log for billing. A multidisciplinary team was assembled and participated in two rapid improvement events aimed at finding and implementing solutions with immediate results in a short time frame (less than three months). Join this session to learn more about successful improvement of documentation and billing accuracy using a hyper-rapid performance improvement model to integrate people, process and technology.

**Credit:** Nurse, General CEU

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Session PH277 | Pharmacy Professional Development Practitioner: The Focus on Six = The Future of Pharmacy

Tuesday, 4:30-5 p.m.

Lisa Purdy, PharmD, Pharmacy Professional Development Practitioner, IU Health – Riley Hospital for Children, Indianapolis, IN

Keywords: Pharmacy Professional Development, ROI, Pharmacy Leadership, Education

Learning Objectives:

- List examples of the six key focus areas for a pharmacy professional development practitioner (PPDP).
- Demonstrate how the PPDP can create a departmental informal leadership program consisting of a mentoring program, onboarding educators and point trainers for orientation of pharmacists and technicians.
- Explain role development pathways designed to support every pharmacy staff member.

Overview: Every health care organization seeks to achieve higher employee engagement scores. We believe we have found the answer every pharmacy needs to achieve these results; the PPDP. Modeled after the nursing professional development practitioner, the PPDP is uniquely suited to focus on six key areas proven to increase employee satisfaction: 1) role development; 2) collaborative partnership; 3) research/quality improvement/evidence-based practice; 4) orientation/onboarding; 5) competency management; and 6) education. By creating this PPDP position, we have seen a statistically significant increase in our employee satisfaction scores — 10.4% overall, an increase in personal and professional development (70% of the department on role development pathways) and a decrease in turnover (50%) that we’ve maintained for one year. New programs have emerged, including those in pharmacy shared governance, succession training, informal leadership and mentorship. Although this program was started within a pharmacy department, the concepts can be applied in any health care department.

Credit: Pharmacist, Pharmacy Technician, General CEU

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## Session PH311 | Adapting Telehealth Workflows for People Living With Dementia

Wednesday, 8-8:30 a.m.

*Laura Medders, LCSW, Administrative Manager, Clinical Social Worker, Emory Healthcare, Atlanta, GA*  
*Carolyn K. Clevenger, RN, DNP, AGPCNP-BC, GNP-BC, FAANP, FGSA, FAAN, Clinical Director, Emory Integrated Memory Care Clinic, Atlanta, GA*

**Keywords:** Telehealth, Dementia, COVID-19, Care Partner

### Learning Objectives:

- Identify strategies to improve data collection ahead of a telehealth appointment.
- Describe two strategies to adapt cognitive assessments in telehealth for people living with dementia.

**Overview:** Managing a shift from in-person to telehealth appointments for families living with dementia presented unique challenges during the COVID-19 pandemic. Emory Integrated Memory Care Clinic providers and patients adapted to telehealth at a similar rate as other specialty practices across the Emory Brain Health Center, despite serving a population many assume would have telehealth barriers. Practical tips for improving clinical telehealth workflows, specifically for cognitive assessment visits, will be shared to better accommodate patients living with dementia and their caregivers. Additionally, we will discuss how these adaptations resulted in increased utilization and revenue.

**Credit:** Physician, Nurse, General CEU

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Session PH312 | Take Flight: Modeling Reliable Physician and APP Critical Care Staffing

Wednesday, 8-8:30 a.m.

Sarah Vanderlinden, PA-C, DFAAPA, Advanced Practice Associate Director, Froedtert & Medical College of Wisconsin, Milwaukee, WI

Julie W. Raaum, FNP-BC, AAHIVS, Advanced Practice Director, Assistant Professor Department of Medicine, Division Infectious Disease, Medical College of Wisconsin, Milwaukee, WI

Keywords: Workforce, Advanced Practice Provider, APP, Critical Care Staffing, Staffing Model

Learning Objectives:

- Explain the process to assess the workforce and workload for critical care team members.
- Describe the application of the staffing model formula to predict workforce planning and inform operations.
- Discuss the opportunities of modeling critical care provider staffing to impact future growth and respond to emerging trends.

Overview: This large academic organization embarked on a journey to understand the workforce and workload in five intensive care units staffed and operated by four departments and five services. Each unit had “home-grown” staffing models, including patient-to-physician ratio, patient-to-advanced practice provider (APP) ratio and variable coverage models. The goal was to create a staffing model to assess workforce planning needs for physicians and APPs across all critical care services. Achieving consensus on the core components of critical care — regardless of service — was the foundation for creating the staffing model definitions.

Credit: Physician, Nurse, General CEU

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**Session PH313 | Hardwiring Our Path to High Reliability!**

**Wednesday, 8-8:30 a.m.**

**Janet A. Ragle, DNP, MSN, MBA, CPHQ, Director Quality and Performance Improvement, Nash UNC Health Care, Wilson, NC**

**Keywords:** PSI 90, Leapfrog, Mortality, High Reliability Organization, HRO, Clinical Documentation, Community

**Learning Objectives:**

- Discuss key strategies for hardwiring improvement in inpatient quality measures.
- Explain the importance of focus, leadership support and accountability in sustaining improved outcomes.

**Overview:** Nash UNC Health Care’s robust leadership is focused on becoming a highly reliable organization — leading to significant improvements in key inpatient quality measures. Nash’s Vizient mortality index improved from the bottom quartile in calendar year (CY) 2019 (1.13 mortality index) to better than the median in CY 2020 (0.84 mortality index). We reduced the number of reportable infections from 56 in CY 2016 to 21 in CY 2020. And the PSI 90 rate at Nash improved from the bottom quartile in CY 2019 at 0.91 to the top quartile in CY 2020 at 0.62. Additionally, Nash improved its Leapfrog safety score from a D grade in spring 2017 to an A in fall 2020.

**Credit:** General CEU

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Session PH314 | The Pursuing Excellence Initiative: Getting Patients Better Faster

Wednesday, 8-8:30 a.m.

Stephanie Northwood, MPH, Process Improvement Coach, Medical Director's Office, University of Rochester Medical Center, Rochester, NY

Keywords: Culture, Leadership, Interprofessional Teams

Learning Objectives:

- Describe the framework for an interdisciplinary quality improvement program.
- Recite why University of Rochester (UR) Pursuing Excellence was started, how it was done and how it is sustaining improvements.
- Recognize the importance of quality improvement education as a vehicle for delivering better patient care.

Overview: UR Pursuing Excellence is a University of Rochester Medical Center (URMC) initiative aimed at building better teams — highly motivated, interprofessional teams that continuously implement quality and safety best practices — to deliver better care. While quality improvement has always been a key part of our organization, UR Pursuing Excellence takes these efforts forward, promoting an intensive level of interdisciplinary collaboration and education in a measurable and sustainable way. The initiative focuses on moving the needle of our top priorities for providing better care: reducing hospital readmissions and length of stay (LOS) and improving transitions of care.

Credit: Physician, Nurse, Pharmacist, Pharmacy Technician, General CEU

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## **Session PH315 | Improving Sepsis Mortality With Dedicated Nurse Practitioners**

**Wednesday, 8-8:30 a.m.**

**Deborah Miller, DNP, FNP-C, Sepsis & Infectious Diseases Nurse Practitioner, UC Davis Medical Center, Sacramento, CA**

**Myisha Parker, MS, FNP-BC, NP-C, Nurse Practitioner, Infectious Diseases and Sepsis, UC Davis Medical Center, Sacramento, CA**

**Voltaire Sinigayan, MD, FACP, Vice Chief, Division of Hospital Medicine, UC Davis Medical Center, Sacramento, CA**

**Keywords:** Sepsis, Nurse Practitioner, NP, Mortality, Advanced Practice Provider

### **Learning Objectives:**

- Describe how to operationalize an advanced practice provider role to facilitate timely delivery of care for patients with severe sepsis or septic shock.
- Identify bundle element measures related to sepsis that advanced practice providers can directly impact.

**Overview:** A new nurse practitioner (NP) role, dedicated to early identification and treatment of sepsis in adult patients, was implemented at UC Davis Medical Center. These NPs identified patients on acute care units who were at risk of severe sepsis and septic shock based on vital signs, lab values and predictive model scores and facilitated timely, evidence-based treatment. During the first year of the sepsis NP role, we observed decreased mortality and increased compliance with evidence-based treatment recommendations in patients developing severe sepsis and septic shock on acute care units.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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Session PH316 | Sustainability Leadership Across the Supply Chain Enterprise

Wednesday, 8-8:30 a.m.

Aparna Dial, MS, MBA, LEED AP, Senior Director, Sustainability and Strategic Services, The Ohio State University Wexner Medical Center, Columbus, Ohio

Kai Peters, CPSM, Senior Commodity Manager, Supplier Diversity and Social Responsibility, The Ohio State University Wexner Medical Center, Columbus, Ohio

Keywords: Supply Chain, Sustainability, Vizient Data, Environmentally Preferred Products, EPP, Buying Green, Environmental, Impacts From COVID-19, Environmentally Preferred Sourcing

Learning Objectives:

- Identify methods used to track data related to sustainability.
- Use data to illustrate success around integrating sustainability into supply chain and hospital operations.
- Use case study examples to drive sustainability work at hospitals/health systems.

Overview: The Ohio State University Wexner Medical Center (OSUWMC) leveraged data from Vizient and internal dashboards to grow support for its sustainability strategy and help leaders understand the connection between purchasing and community impacts. This session will review how OSUWMC accelerated its sustainable procurement strategy in just a few years, including increasing Vizient spend with environmentally preferable purchasing (EPP) attributes from 2% to 75%, developing a sustainable procurement guideline and incorporating sustainability into the request for proposal scorecard matrix for all purchases across the medical center. All of this was accomplished by leveraging data and champions throughout the health system — even during a challenging year of COVID-19 that required its own unique and innovative solutions.

Credit: General CEU

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## **Session PH317 | Using Lean to Improve Oral Chemotherapy Safety and Increase Revenue**

**Wednesday, 8-8:30 a.m.**

***Marc S. Hoffmann, MD, Medical Director, Lean and Quality Improvement, University of Kansas Cancer Center, Westwood, KS***

**Debbie Fernandez, LMLP, MHSA, CPHQ, Director of Quality, Oncology Service Line, University of Kansas Cancer Center, Westwood, KS**

**Keywords:** Oral Chemotherapy, EHR, Lean, Patient Safety, Nursing Education, Oncology, Revenue

**Learning Objectives:**

- Discuss how to develop and track meaningful metrics for patient safety projects.
- Explain how an interdisciplinary coordination of strategic priorities, leadership support and operational improvements leads to successful patient outcomes.
- Describe how to monitor revenue implications of patient safety interventions to make the financial case for patient safety.

**Overview:** The expansion of oral chemotherapy agents since 1998 has transformed the treatment landscape.<sup>1</sup> More than 25% of antineoplastic agents in the pipeline are estimated to be administered orally.<sup>1</sup> Despite the rapid growth of these therapies, opportunities exist to ensure appropriate safety measures are in place for oral agents to match the stringent policies surrounding safe administration of parenteral chemotherapy. Parenteral chemotherapy occurs in a controlled environment with defined monitoring parameters and staff readily available. Despite the conveniences that it offers, oral chemotherapy also presents many unique challenges, such as medication accessibility, patient adherence, reduced health care personnel contact and increased financial burden. Additionally, there are logistical concerns with oral chemotherapy, including insurance preference for specialty pharmacies, medication delivery and general communication gaps that further complicate oral antineoplastic administration.

**Credit:** Physician, Nurse, Pharmacist, Pharmacy Technician, General CEU

1. Weingart SN, Brown E, Bach PB, et al. NCCN task force report: oral chemotherapy. *J Natl Compr Canc Netw.* 2008;6(Suppl 3:S1-14). <https://pubmed.ncbi.nlm.nih.gov/18377852/>

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Session VPH318 | The Future of Sourcing Strategies for Essential Medications and Critical Supply
Wednesday, 8-9:15 a.m.

Rachel Martin, Associate Vice President, Supply Chain Resiliency, Vizient

David Peck, Vice President of Supply Chain, Houston Methodist Health System, Houston, Texas

Keywords: Pharmaceuticals, Drug Shortages, Critical Drugs, Novaplus®, Supply Chain, Resiliency, Transparency, Critical Supply Inventory Management, Group Purchasing Organization, GPO

Learning Objectives:

- Explain how Vizient is working with suppliers to create access to additional inventory of essential medications and critical supply.
- Describe the role of partnerships across the supply chain and the importance of data transparency in driving avoidance of supply disruption.
- Discuss recommendations on the role of collaboration in developing innovative strategies to support improved quality and security, as well as predictive modeling, to anticipate disruption.

Overview: Health care members experienced significant challenges in 2020 as a result of COVID-19, from unprecedented spikes in demand to production challenges that threatened the delivery of high-quality care. As the industry has begun to stabilize, the continued focus on mitigating future shortages and improving access to essential medications and critical supply has led to new strategies and partnerships across the supply chain among suppliers, distributors, providers and group purchasing organizations. This panel session will provide a unique combination of insights into areas of collaboration and new sourcing strategies that are challenging the norm, improving transparency and increasing access to inventory.

This session is not eligible for CE credit.

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## **Session PH321 | Bridging the Gap: Improving Postdischarge Care Transitions Telemedicine**

**Wednesday, 8:45-9:15 a.m.**

**Kevin P. Eaton, MD**, Medical Director, Tisch 14E, NYU Langone Health, New York, NY

**John Amory, MPH**, Hospital Operations Project Manager, NYU Langone Health, New York, NY

**Anjana Sreedhar, MPH**, Administrative Fellow, NYU Langone Health, New York, NY

**Keywords:** Care Coordination, Patient Satisfaction, Telemedicine, Continuation of Care, EHR, Integrated Video Visit, CMS Transitional Care Management Guidelines

### **Learning Objectives:**

- Discuss NYU Langone Health (NYULH) discharge call workflow to support care transitions through provider continuity.
- Explain a multidisciplinary strategy to effectively leverage technology to escalate postdischarge care issues.

**Overview:** The purpose of NYULH's postdischarge telemedicine initiative is to ensure a clinically effective transition from the inpatient to the outpatient setting by leveraging the organization's telemedicine platform. In an industry that is becoming increasingly outpatient, this program seeks to provide continuity of care between the patient and the hospitalist/resident that was in charge of the patient's care through an electronic health record-integrated video visit after discharge. Additionally, it allows for a warm handoff to an individual's outpatient provider to promote smoother and safer longitudinal care. The program also has built-in simulation training designed to help hospitalists and house staff develop effective telemedicine competencies.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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Session PH322 | Improving and Transforming End-of-Life Care by Implementing a Hospice Primary Team Pathway

Wednesday, 8:45-9:15 a.m.

Balaji Narayanan, MS IE, Six Sigma Black Belt, Senior Engineer- Continuous Improvement, Froedtert & the Medical College of Wisconsin

Paul Stellmacher, MD, Assistant Professor of Medicine, Department of Medicine, Division of Geriatrics and Palliative Medicine and Division of General Internal Medicine – Section of Hospital Medicine, Medical College of Wisconsin, Milwaukee, WI

Keywords: End-of-Life Care, Patient Access, Virtual Hospice, Pathway, Vizient Clinical Data Base, CDB

Learning Objectives:

- Describe patient and family preferences for end-of-life care as the driving factor toward increasing access to hospice care.
- Assess whether or not the use of clinical support tools and a virtual hospice program increase palliative care and hospice referrals over time.
- Identify the impact of a primary team hospice model on expanding access to end-of-life care.

Overview: Froedtert & the Medical College of Wisconsin is southeast Wisconsin’s only academic medical center and adult Level 1 trauma center. To deliver exceptional care for those patients with serious illness at the end of life, Froedtert Hospital embarked on a five-year journey to implement a virtual (come to patient) hospice program, bringing expert end-of-life care to the patient bedside and expanding access to palliative and hospice services to all patients hospitalized with serious illness. We later created primary team hospice pathways to engage and empower clinicians to provide this benefit to eligible patients and families. As a result, we saw a 39% increase in utilization of the hospice benefit, serving over 300 patients (fiscal years 2019-2020) who may not have survived to receive this benefit outside the hospital.

Credit: Nurse, Pharmacist, General CEU

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**Session PH323 | Frontline Nurse Leader Development Program: Keys To Success**

**Wednesday, 8:45-9:15 a.m.**

**Juan M. Hernandez, RN, MSN**, Senior Nursing Director, University of Utah Health, Salt Lake City, Utah

**Michael D. Danielson, MBA**, Senior OD Consultant, University of Utah Health, Salt Lake City, Utah

**Keywords:** Nursing Leadership, Retention, Employee Satisfaction

**Learning Objectives:**

- Describe a new model for effectively guiding nursing frontline leadership development in the workplace.
- Describe two teaching approaches for engaging frontline nursing leaders.
- Explain one approach for implementing a systematic nursing leadership program.

**Overview:** Nurse managers provide vital leadership and oversight for health care systems; however, these leaders are often burdened by the volume and weight of their responsibilities. The Nursing Leadership Principles Program (NLP) addressed this challenge by empowering charge nurses, nurse coordinators and nurse educators to take on additional leadership responsibilities, contributing to positive outcomes for these leaders while lightening the burdens of nurse managers. Program participants (n = 523) had a significantly increased understanding of nursing leadership principles while reporting increased ability to perform leadership functions.

**Credit:** Nurse, General CEU

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Session PH324 | Keep Your Friends Close But Your Enemies Closer With Benchmarking

Wednesday, 8:45-9:15 a.m.

Jennifer McCasland, MHA, LSSBB, CPHQ, Performance Improvement Specialist 3, Tampa General Hospital, Tampa, FL

Laura Haubner, MD, Senior Vice President & Chief Quality Officer, Tampa General Hospital, Tampa, FL

Keywords: Vizient Q&A Scorecard, Vizient Clinical Data Base, CDB, Strategic Planning

Learning Objectives:

- Summarize the importance of a leader-driven, transparent, organizational infrastructure to identify and promote ongoing improvement.
- Explain the importance of utilizing data to identify and implement best practices.
- Discuss the importance of benchmarking to identify process gaps and opportunities to improve quality outcomes.

Overview: It's no secret that we all want to be number one, especially when it comes to the Vizient Quality and Accountability (Q&A) scoring and ranking system for comprehensive academic medical centers. Learn how Tampa General Hospital (TGH) developed a governance structure to provide oversight and establish accountability for the six Vizient Q&A quality domains. By providing a link between quality and leadership, TGH created an organizational infrastructure that identified opportunities and promoted ongoing improvement. Within one year, TGH improved its overall Vizient Q&A percentile rank from the 43rd to the 18th percentile.

Credit: General CEU

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## **Session PH325 | We Don't Miss a Beat: Reducing Care Variation in Acute Myocardial Infarction Patients**

**Wednesday, 8:45-9:15 a.m.**

*Melissa Dowler, RN, MSN, CV-BC, Clinical Manager, MU Health Care, Columbia, MO*

*Douglas Obogo, MPH, MSc Data Science & Analytics, Performance Improvement Professional, MU Healthcare, Columbia, MO*

*Holly M. S. Daily, BHS, RRT, RRT-ACCS, Performance Improvement Coordinator, MU Health Care, Columbia, MO*

**Keywords:** Acute Myocardial Infarction, AMI, Care Variation, Process Improvement, Readmission Calculator, Documentation, Coding, Vizient Q&A Study

### **Learning Objectives:**

- Identify the four leading causes of care variation in the acute myocardial infarction (AMI) patient population.

- Discuss the methods employed to standardize care for the AMI patient population.

**Overview:** In spring 2019, MU Health Care launched an initiative to reduce unwarranted variation in care for AMI patients. After one year, we achieved a 57% reduction in observed versus expected mortality, a 63% reduction in readmission rate and a 19% reduction in length of stay. We moved from the bottom decile in mortality and readmissions in the Vizient Quality and Accountability (Q&A) Study to being a top-decile performer in just one year.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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Session PH326 | Price Transparency of Health Care

Wednesday, 8:45-9:15 a.m.

Dan Scrivner, BS in Healthcare Management, Clinical Integration Consultant, Allina Health, Minneapolis, MN

Keywords: Clinical Supply Integration, Value Analysis, Physician Preference Item, PPI, Price Transparency, A3 Initiative, Operating Room, O.R.

Learning Objectives:

- Define how to leverage the relationship between the vendor, surgeon and supply chain to ensure the most economical option to improve clinical outcomes.
- Explain the impact new products have on revenue cycle and operating income.

Overview: We have started to establish better mechanisms to ensure clinicians are aware of the cost of products they use on a daily basis. With the rising cost of new medical devices, it is more important than ever to ensure our end users understand their product selection and the impact it has on the economics of health care.

Credit: General CEU

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## Session PH327 | Conquer Pharmacy Technician Recruitment Challenges: Establish an Innovative, Subsidized Workforce Pipeline

Wednesday, 8:45-9:15 a.m.

**Karen Nolan, RPh, Pharmacy Manager, Lifespan – Rhode Island Hospital, Providence, RI**

**Keywords:** Pharmacy Technician, Workforce Development, Employee Retention

### Learning Objectives:

- Describe how to establish an innovative, subsidized, workforce pipeline to solve recruitment challenges.
- Explain how a subsidized workforce pipeline can enhance team engagement, increase employee retention and broaden the diversity of the team.

**Overview:** Extinguish technician recruitment challenges by cultivating a pharmacy technician workforce pipeline in the absence of financial expenditure. Amplify team engagement and retention while simultaneously growing leaders on your team by empowering them to mentor future pharmacy technician generations. Capitalize on the program's unique, transparent, extended view to gain more insight into potential viable pharmacy technician candidates without commitment. Broaden the diversity of your team by tapping into the unemployed/underemployed populations' diminishing potential cultural, racial and ethnic disparities between health care workers and the patient populations served.

**Credit:** Pharmacist, Pharmacy Technician, General CEU

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Session PH331 | Pathway-Driven Care in an APP-Led Oncology Acute Care Clinic

Wednesday, 9:30-10 a.m.

John W. Sweetenham, MD, FRCP, FACP, FASCO, Professor of Medicine, Associate Director of Clinical Affairs, UT Southwestern Simmons Comprehensive Cancer Center, Dallas, Texas

Angela Bazzell, DNP, APRN, FNP-BC, AOCNP, Assistant Director Advanced Practice Providers, UT Southwestern Simmons Comprehensive Cancer Center, Dallas, Texas

Sadaf Charania, MPAS, PA-C, Physician Assistant, UT Southwestern Simmons Comprehensive Cancer Center, Dallas, Texas

Keywords: Advanced Practice Provider, APP, Workforce, ED Utilization Reduction, Oncology Acute Care Clinic, Clinical Pathways, Quality

Learning Objectives:

- Discuss a multidisciplinary approach to opening a successful outpatient oncology acute care clinic.
- Recognize the impact of evidence-based clinical pathways on delivering high-quality patient care.

Overview: UT Southwestern Simmons Comprehensive Cancer Center patients utilize the emergency department (ED) in greater numbers than other cancer centers nationwide. ED care fails to meet the complex management of oncology patients, particularly during treatment. Historically, the ED was the only solution for patients needing same-day evaluation. A multidisciplinary team looked at solutions to decrease preventable ED visits for our oncology patients and improve the quality and satisfaction of care. Here is our success story of careful planning, clinical pathway development, process improvements and communication that kept us motivated and on track.

Credit: Physician, Nurse, Pharmacist, General CEU

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## Session PH332 | Preventing COVID-19 Hospitalizations by Implementing a Home Monitoring Program

Wednesday, 9:30-10 a.m.

*David Milbrandt, MD, FACEP, Vice President, Emergency Medicine Domain, M Health Fairview, Minneapolis, MN*

*Tracy Telander, RN, BSN, PHN, CCM, MBA, System Director, Connected Care, M Health Fairview, Minneapolis, MN*

**Keywords:** Predictive Analytics, Risk Stratification, Remote Patient Monitoring, ED Admissions Avoidance

**Learning Objectives:**

- Identify appropriate patients utilizing risk stratification.
- Describe the process of home monitoring and how it can be utilized for patients with COVID-19 and other respiratory illnesses.
- Apply concepts of the home monitoring program to patients to prevent admissions.

**Overview:** During the height of the COVID-19 pandemic, our hospitals were at capacity and had long periods of boarding in the emergency departments. We identified and risk-stratified a population of COVID-19-positive patients that would typically be considered for admission. Afterwards, we created a home monitoring process to manage patient care at home and provide timely interventions for those patients needing to return to the hospital. This effectively decreased the number of hospital admissions and freed up badly needed beds.

**Credit:** Physician, Nurse, General CEU

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Session PH333 | Saving Lives and Resources With a Sepsis Predictive Model

Wednesday, 9:30-10 a.m.

Eric Gross, MD, MMM, FACEP, Professor, Emergency Medicine, UC Davis Medical Center, Sacramento, CA
Georgia McGlynn, RN, MSN-CNL, CPHQ, Administrative Manager, Population Health and Accountable Care, UC Davis Medical Center, Sacramento, CA

Taufa Lee, RN, Nurse Co-Lead, Sepsis Improvement Collaborative, UC Davis Medical Center, Sacramento, CA

Keywords: Sepsis, Predictive Modeling, SEP-1, Systemic Inflammatory Response Syndrome, SIRS

Learning Objectives:

- Compare the performance of an electronic health record (EHR)-based predictive model with systemic inflammatory response syndrome (SIRS) as a screening tool for sepsis.
- Describe how a tiered approach to sepsis identification can be used to get resources to the bedside for the highest-risk patients.

Overview: How do you accomplish better sepsis outcomes with fewer alerts? Come see how we did it at UC Davis Medical Center! Following internal validation of an EHR-based sepsis predictive model on 50,000 encounters over six months, a tiered workflow based on the predictive model score was developed. This screening process was optimized during a five-month pilot on two acute care units before being rolled out hospitalwide. The workflow includes standardized screening by the bedside nurse plus provider evaluation of patients in higher risk categories. In the first five months of hospitalwide implementation, our team observed lower mortality, fewer unnecessary alerts and improved compliance with the SEP-1 evidence-based treatment bundle.

Credit: Physician, Nurse, Pharmacist, General CEU

Session PH334 | Collaboration: Together We Can

Wednesday, 9:30-10 a.m.

Wanda Lanz, RN BSN, Improvement Advisor, Sanford Health, Bismarck, ND

Heidi Allbee, RN BSN, Improvement Advisor, Sanford Health, Bismarck, ND

Keywords: Vizient Q&A Study, Collaboration, Mortality, Effectiveness, Safety

Learning Objectives:

- Explain how to use the Vizient Quality and Accountability (Q&A) Study to determine a hospital's greatest opportunities for improvement.
- Describe how implementing a culture of collaboration can bring about a sense of teamwork, as well as a shared sense of purpose to improve a hospital's ranking in the Vizient Q&A Study.

Overview: Collaboration in health care is defined as health care professionals assuming complementary roles and cooperatively working together, sharing responsibility for problem-solving and decision-making¹. At Sanford Bismarck, we discovered that working together with interdisciplinary teams can greatly impact the quality of care we provide for our patients. Everyone knows that teamwork is the key to success, but silos in the workplace continue to exist. These silos lead to wasted time and cost, as well as missed opportunities. We were able to overcome these silos by building teams based on trust and shared goals.

Credit: Physician, Nurse, Pharmacist, General CEU

1. O'Daniel M. & Rosenstein AH. Professional communication and team collaboration. In: *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. 2008: 2-271. <http://www.ncbi.nlm.nih.gov/books/NBK2637/pdf/ch33.pdf>

Session PH335 | Virtual Urgent Care Victories

Wednesday, 9:30-10 a.m.

Meeta Shah, MD, Associate Chief Medical Informatics Officer, Emergency Physician, Rush University Medical Center, Chicago, IL

Keywords: On-Demand Virtual Visit, ED, Urgent Care, COVID-19, Patient Safety

Learning Objectives:

- Discuss operational dashboards and metrics to successfully scale a telehealth program.
- Outline how to create best practices for providers utilizing telehealth for patient care.
- Explain how to optimize the patient experience for virtual care.

Overview: While the telemedicine program has been at Rush since August 2019, our institution significantly expanded this program in March 2020 to accommodate the increasing number of potential COVID-19 patients that could present to the ED. Upon stabilization of the surge, the entire program was brought under the umbrella of the department of emergency medicine, where dedicated staffing, scheduling and project

management have produced a platform that effectively recruits new patients and also results in subsequent visits to our health system.

Credit: Physicians, Nurse, General CEU

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## **Session PH336 | How Not to Strike a Nerve: Engaging Spine Surgeons in Vendor Reduction**

**Wednesday, 9:30-10 a.m.**

*David Wente, RN, MS, Director, Value Analysis Services, Northwestern Medicine, Chicago, IL*  
*Alpesh A. Patel, MD, MBA, Co-Director, Northwestern Center for Spine Health, Co-Chair of Neurosurgery and Spine Value Analysis Committee, Northwestern Medicine, Chicago, IL*

**Keywords:** Cost Reduction, Value Analysis, Vendor Reduction, Vendor Management

### **Learning Objectives:**

- Illustrate three ways to engage surgeons in vendor reduction strategies.
- Discuss short- and long-term actions to build trust between surgeons and supply chain.

**Overview:** Two years ago, Northwestern Memorial (NM) ambitiously reduced vendors within the spine instrumentation portfolio from 26 to four. Post-conversion, our surgeons have aligned their practices to support this strategy and continue to achieve full compliance. This presentation will provide a retrospective look at our approach for portfolio assessment and how partnerships with surgeons and Vizient tools helped NM supply chain lead to successful compliance.

**Credit:** Physicians, General CEU

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Session PH337 | Pathway to Success: Optimizing Employee Prescription Benefits for Sustainable Pharmacy Growth

Wednesday, 9:30-10 a.m.

Bree Meinzer, PharmD, BCACP, Managed Care Manager, University of Toledo Medical Center, Toledo, Ohio
Holly Smith, RPh, MBA, Director of Pharmacy, Ambulatory Care, The University of Toledo Medical Center, Toledo, Ohio

Keywords: Pharmacy Prescription Benefit, Specialty Pharmacy, 340B Program, Cost Savings

Learning Objectives:

- Describe how an employee-sponsored prescription benefit service can launch the expansion of pharmacy service lines.
- Explain the different types of plan optimization tools as cost savings drivers in managing an employee-sponsored prescription benefit.

Overview: Despite being the only publicly owned, single-entity hospital/health system in Toledo, the University of Toledo Medical Center's pharmacy enterprise has become a major player, providing key service

lines in the northwest Ohio region. At the heart of this success has been the University of Toledo (UT)-sponsored employee prescription benefit that has laid the foundation for success and expansion of pharmacy services. Currently the prescription benefit steers to three on-site UT pharmacies, leveraging the on-site specialty pharmacy, the 340B program and cost savings as a pass-through model – providing millions in savings and revenue. With this model, the outpatient and ambulatory pharmacy enterprise at the University of Toledo Medical Center has experienced unprecedented growth in both service and numbers.

Credit: Pharmacist, Pharmacy Technician, General CEU

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## **Session VPH338 | Anticipating Future Growth: System of Care and Service Line Opportunities** **Wednesday, 9:30-10:45 a.m.**

*Jeff Moser, Principal, Sg2 Intelligence*

**Keywords:** Forecast, Site-of-Care Shift, Ambulatory Care, Growth

### **Learning Objectives:**

- Identify drivers for growth in health care demand across the system of care.
- Understand the site-of-care impacts as demand shifts to the ambulatory setting.
- Prioritize strategies and tactics to align with growth opportunities across service lines and sites of care.
- Understand growth opportunities at the service line, disease and procedure level.

**Overview:** After a year of sharp declines in volume and pronounced shifts in sites of care, post-pandemic recovery is taking hold — but it is not distributed equally across all sites or service lines. This session will provide insights from the 2021 Sg2 “Impact of Change® Forecast,” focusing on the implications of future shifts in demand, including rising acuity in the inpatient setting and increasing demand for ambulatory procedures across various sites of care, as well as service line-specific insights and impacts. This visibility and clarity as to where demand is headed in the short- and long-term will allow organizations to more effectively align strategy and operations to create a competitive market advantage.

*This session is not eligible for CE credit.*

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Session PH341 | It’s the Journey That Matters: A Robust, End-of-Life Care Process to Improve ‘Observed’ Mortality **Wednesday, 10:15-10:45 a.m.**

Kearstin Jorgenson, MSM, CPC, COC, System Director – Physician Advisory Services, Intermountain Healthcare, Salt Lake City, Utah

Sathya Vijayakumar, MS, MBA, Clinical Operations Manager, Intermountain Healthcare, Salt Lake City, Utah

Kory T. Anderson, MD, Medical Director, Physician Advisory Services & CDI, Intermountain Healthcare, Salt Lake City, Utah

Keywords: End-of-Life Care, Hospice Care, Vizient Clinical Data Base, CDB, Observed/Expected Mortality

Learning Objectives:

- Describe the use of data from the Vizient Clinical Data Base (CDB) for identification of observed versus expected opportunity.
- Illustrate a process to capture cases of high likelihood of mortality upstream.
- Describe how to incorporate the best care process for the patient.

Overview: In this session, we highlight the use of data from the Vizient Clinical Data Base to identify opportunities for observed mortality improvement. We explain how to identify these cases upstream and set up a process to make sure these patients follow the right care process model, regardless of their point of entry into the health care system. We delineate the various teams that come into play to set up a foolproof process for these moribund (rapidly approaching end of life) patients to receive the right level of care and ultimately impact our observed mortality.

Credit: Physician, Nurse, Pharmacist, General CEU

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**Session PH342 | Hungry for Change in Malnutrition Documentation Practices**

**Wednesday, 10:15-10:45 a.m.**

***Jolyn S. Taylor, MD, MPH,** Assistant Professor of Gynecologic Oncology, MD Anderson Cancer Center, Houston, Texas*

***Robert E. Murphy, MD,** Associate Professor and Associate Dean, Applied Informatics, University of Texas Health Science Center at Houston, Houston, Texas*

***Ankita Podichetty, BS, MS,** Graduate Research Assistant, UT-Health Intelligence Platform, University of Texas Health Science Center, Houston, Houston, Texas*

**Keywords:** Data Scientist, Vizient Clinical Data Base, CDB, Malnutrition

**Learning Objectives:**

- Use the Vizient risk model to make fair comparisons between hospitals to identify opportunities for improvement in malnutrition documentation.
- Describe how to collaborate with physicians, surgeons, advanced practice providers and nutritionists to improve identification, coding and documentation of malnutrition.
- Assess improvements in malnutrition outcomes using data reports from the Vizient Clinical Data Base (CDB).

**Overview:** An analysis by the University of Texas – Health Intelligence Platform (UT-HIP) of Vizient statistical risk model variables highlighted the importance of malnutrition as the leading variable for mortality, length of stay and cost. Subsequently, a deep dive analysis highlighted that malnutrition ICD-10 codes were being documented at a significantly lower rate at UT MD Anderson Cancer Center (MDA) compared to other dedicated cancer centers. Through education and partnership with nutritionists, MDA increased the number of patients identified to have malnutrition before surgery and was able to intervene pre- and post-surgery to improve overall malnutrition screening and documentation.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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Session PH343 | Comprehensive Care Teams Provide Communication Innovation During COVID-19

Wednesday, 10:15-10:45 a.m.

Janice Finder, MSN, RN, Executive Director, askMDAnderson, The University of Texas MD Anderson Cancer Center, Houston, Texas

Ashlyn Proske, BS, Administrative Director, The University of Texas MD Anderson Cancer Center, Houston, Texas

Keywords: Patient Experience, COVID-19, Communication Innovation, Call Center

Learning Objectives:

- Identify how to improve patient experience by 2% and decrease unnecessary readmissions by 3% by creating a full-service call center operating through the night and on weekends.
- Utilize the optimum skillset to handle patient and family concerns during a pandemic.

Overview: Cancer does not rest. When the COVID-19 pandemic hit, The University of Texas MD Anderson Cancer Center, a National Cancer Institute-designated comprehensive cancer center, responded to cancer patients' inquiries through its comprehensive call center, askMDAnderson (askMDA). The call center became the dependable, go-to information source for all patient needs and a source of hope to potential new patients who had just been diagnosed with cancer and were anxious to schedule their first appointments.

Credit: Physician, Nurse, Pharmacist, General CEU

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## Session PH344 | The Evolution of Frontline Problem-Solving

Wednesday, 10:15-10:45 a.m.

*Jake Mickelsen, MBA, MBB, Improvement Professional, Stanford Health Care, Stanford, CA*

*Amelia Sattler, MD, Quality Improvement Lead, Primary Care, Stanford Family Medicine – Hoover, Palo Alto, CA*

**Keywords:** Frontline Accountability, Performance Improvement, Waste Reduction, Patient Safety, Cost Reduction, Ambulatory, Inpatient/Outpatient Department

### Learning Objectives:

- Create frontline improvement structures that support the drivers of accountability, problem triage, education, resourcing and recognition.
- Use helpful tools and resources to empower the front line to effectively think through complex health care issues.
- Discuss project impact over a variety of different problems, including quality and safety, patient experience, engagement and wellness, and financial strength.

**Overview:** The wave of frontline improvement spreads across the country, leaving a variety of trainings, workshops and approaches in its wake. What actually works in supporting the front line? Need we evolve? Over the past seven-plus years, Stanford has tested, revamped and tested again simple, yet strategic developments to increase the effectiveness and self-driven accountability of frontline problem-solving. New

structures have now been sustained for more than three years, yielding significant impact on cost, quality, patient experience, and of course, workforce engagement. We will discuss these learnings, including new frontline approaches that go far beyond huddles, visibility boards, idea cards and other traditional mechanisms.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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Session PH345 | Using Teletriage in Emergency Medicine to Improve Patient Care and Provider Coverage

Wednesday, 10:15-10:45 a.m.

Jeffrey S. Kuo, MD, FACEP, FAAEM, Emergency Medicine Telehealth Medical Director, Ochsner Health, New Orleans, LA

Stephanie Anderson, MSN-HCSM, RN, Director, Nursing Emergency Medicine Service Line, Ochsner Health, New Orleans, LA

Lauren Defrates, MS, Vice President, Emergency Medicine Service Line, Ochsner Health, New Orleans, LA

Keywords: Teletriage, ED, EHR, Efficiency, Advanced Practice Provider, APP, Telehealth, COVID-19

Learning Objectives:

- Describe leveraging technology to increase provider productivity and decrease cost.
- Describe how to align priorities to successfully integrate a virtual provider-in-triage program.
- Explain the platforms and technology solutions that make the Ochsner teletriage program successful.

Overview: The emergency department teletriage program at Ochsner Health initiates necessary patient workups sooner in the patient journey by implementing a provider-in-triage model via a remote provider. The teletriage provider, normally a physician assistant or nurse practitioner, evaluates patients in triage and orders necessary labs and imaging studies from a remote bunker. The program has decreased door-to-provider times and left-without-being-seen rates and provided cost savings for Ochsner Health through consolidated resource utilization, throughput improvement and cumulative capacity improvements.

Credit: Physician, Nurse, General CEU

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## Session PH346 | Don't Burn the Supplies! Baking Burn Rate Calculators From Scratch

**Wednesday, 10:15-10:45 a.m.**

*Amanda Puls, BSN, RN, CVAHP, Clinical Value Analytics Manager, Froedtert Health, Milwaukee, WI*

*Jack Koczela, MBA, Director of Supply Chain Services, Froedtert Health, Milwaukee, WI*

**Keywords:** Product Burn Rate, Value Analysis, COVID-19, Personal Protective Equipment, PPE, Supply Utilization

### Learning Objectives:

- Explain the data points required for a successful burn rate calculator.

- Describe categories and subcategories of critical supplies for easily monitoring utilization, stock on hand and substitutions.
- Discuss visualizations that provide directional data to support clinical daily operations.

**Overview:** During the COVID-19 pandemic, massive spikes in demand and the global scramble to obtain personal protective equipment led to significant uncertainty in inventory planning. Froedtert & the Medical College of Wisconsin needed one place monitor supply utilization, inventory status and clinical demand. Senior leaders running around incident command desired a predictive model to prepare us for potential surges. Our supply chain clinical value analytics and informatics team used integrated clinical and business data to create a predictive data model to support the organization throughout the pandemic and beyond.

**Credit:** General CEU

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Session PH347 | One and Done: Utilizing Dalbavancin to Create Value and Capacity

Wednesday, 10:15-10:45 a.m.

Abby Bailey, PharmD, Emergency Medicine Clinical Pharmacy Coordinator, University of Kentucky HealthCare, Lexington, KY

Jeffrey Reynolds, MBA, Business Partner Director – Pharmacy, University of Kentucky HealthCare, Lexington, KY

Daniel Moore, MD, FACEP, Senior Inpatient Medical Director, Department of Emergency Medicine, University of Kentucky HealthCare, Lexington, KY

Keywords: Cost Savings, Formulary, ED, LOS, IV Antibiotics

Learning Objectives:

- Discuss the paradigm shift toward a value-based delivery system in the era of overcrowded hospitals.
- Explain the steps required to create value by increasing use of dalbavancin in the emergency department (ED).

Overview: Delays in the ED may be due to beds being occupied by patients awaiting admission. Severe skin infections have historically required admission. However, dalbavancin challenges the perception that value and quality care require admission. A financial analysis found increasing use of dalbavancin benefited all stakeholders. Patients benefited in time saved out of the hospital. Payors benefited from an average reduced cost of \$5,800/case. The institution benefited from capacity creation by freeing up 4.24 patient days/patient, a direct cost savings of \$1,525/case, the possibility of \$981,967 in incremental margin and the backfill of an additional 174 new transfers to the system annually.

Credit: Physician, Nurse, Pharmacist, General CEU

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## Session PH351 | Expanding Primary Care Access to Behavioral Health: A Redesigned Psychiatric Chronic Care Management Model

Wednesday, 1:15-1:45 p.m.

**Neha V. Gupta, MD**, Division Chief of Integrated Behavioral Health, Medical Director, Collaborative Care Program, Assistant Professor of Psychiatry and Internal Medicine, Rush University Medical Center, Chicago, IL  
**Michael Hanak, MD, FAAFP**, Associate Chief Medical Officer, Population Health, Associate Professor of Family Medicine, Rush University Medical Center, Chicago, IL  
**Aatif Hashmi, MS**, Clinical Data Analyst, Rush University Medical Center, Chicago, IL

**Keywords:** Behavioral Health, Reimbursement, Chronic Care Management

**Learning Objectives:**

- Describe how a collaborative care model can improve behavioral health access to primary care providers.
- Discuss the role of behavioral health care managers in delivering effective mental health services using a team-based care model.
- Describe reimbursement opportunities for providing mental health services in the primary care setting.

**Overview:** The Rush Collaborative Care Program expands patient access to mental health services through a team-based approach to depression screening and intervention. This cost-effective model assists primary care teams with management of behavioral health diagnoses while leveraging reimbursement opportunities to support an escalation pathway when specialty care is needed. This outcome-driven and scalable approach substantially increases systemwide behavioral health offerings, despite longstanding challenges around access to counseling and specialty services.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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Session PH352 | Suicide Reduction is a Health System Obligation

Wednesday, 1:15-1:45 p.m.

Marilouise Venditti, MD, Senior Vice President, Chief Medical Officer, AtlantiCare, Egg Harbor Township, NJ

Keywords: Zero Suicide Framework, System Approach, Safe Culture, Suicide Prevention, Behavioral Health, Safety-Oriented Culture

Learning Objectives:

- Identify the positive impact of approaching suicide as a system issue.
- Discuss the components of the Zero Suicide Program.

Overview: There is hope. There is help. AtlantiCare is an integrated health system committed to advancing a suicide safer culture. In response to an increase in suicide-related occurrences, leadership is obligated to reduce suicide within our health system and community. In 2014, an interprofessional team was seated to impact lives — not only as a behavioral health concern but as an issue pertinent to the health system. Aligned with the Zero Suicide Framework and seven elements of suicide care, the initiative worked to identify evidence-based practices, develop care protocols, educate staff and improve outcomes for individuals who receive care.

Credit: Physician, Nurse, General CEU

Session PH353 | Leading Efforts on Equity-Informed High Reliability

Wednesday, 1:15-1:45 p.m.

Karen Fiumara, PharmD, BCPS, CPPS, Executive Director of Patient Safety, Brigham and Women's Hospital, Boston, MA

Andrew S. Resnick, MD, MBA, Chief Quality Officer & Senior Vice President, Brigham and Women's Hospital, Boston, MA

Keywords: High Reliability Organization, HRO, Resiliency, Collaborative Case Reviews, Root Cause Analysis

Learning Objectives:

- Discuss reliability management system principles.
- Summarize how to implement strategies to become a high reliability organization.

Overview: In this session, we will describe strategies to become a transformational, high reliability organization promoting patient and staff safety, equity and diversity, transparency, and patient experience. To pursue zero harm, we must have a culture of continuous improvement and accountability. High reliability achievement relies on all employees being engaged in efforts to see and understand risks and vulnerabilities in their day-to-day work. All managers, supervisors and leaders need to take responsibility to analyze quality and safety events and implement system-based, resilient process improvement strategies. This session will provide learning management system tools to utilize at your organization to support your equity-informed, high reliability journey.

Credit: Physician, Nurse, Pharmacist, Pharmacy Technician, General CEU

Session PH354 | Microadjustments: Michigan Medicine's Patient-Centered Approach to Balancing COVID-19 and Non-COVID-19 Care

Wednesday, 1:15-1:45 p.m.

Vikas Parekh, MD, Associate Chief Medical Officer, University of Michigan Health – Michigan Medicine, Ann Arbor, MI

Jennifer Pardo, MHSA, IT Project Manager, University of Michigan Health – Michigan Medicine, Ann Arbor, MI

Max Garifullin, MS, Staff Specialist, University of Michigan Health – Michigan Medicine, Ann Arbor, MI

Keywords: Inpatient Capacity, Operational Effectiveness, Elective Surgical Volumes, Smart Scheduling, Predictive Modeling Tools, COVID-19

Learning Objectives:

- Describe methods employed to manage emergency reduction in available inpatient capacity while maintaining operational effectiveness.
- Explain the use of elective volume management via predictive tools.

Overview: The ability to rapidly ramp down inpatient census is critical in times of emergency. Doing so while maintaining operational effectiveness and patient-centeredness can be a challenge. The second wave of

COVID-19 cases at Michigan Medicine provided the scene for testing a management system that allowed access to inpatient care for COVID-19 patients while also prioritizing access to care for non-COVID-19 patients. This session describes the management system that allowed us to operate at high levels of occupancy while tolerating rapidly rising COVID-19 patient census, maintaining high operating room utilization and avoiding elective surgery cancellations due to lack of beds.

Credit: Physician, Nurse, General CEU

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## Session PH356 | Transforming Ambulatory Supply Chain

Wednesday, 1:15-1:45 p.m.

**Robert Martin, MBA**, Director, Supply Chain and Logistics, University of Chicago Medical Center, Chicago, IL  
**Gabe Toledo**, Manager, Ambulatory Supply Chain Operations, University of Chicago Medical Center, Chicago, IL

**Keywords:** Ambulatory Care, Supply Chain, Ambulatory Value Analysis Team

### Learning Objectives:

- Explain the importance and value of delivering a high-performing supply chain to ambulatory sites.
- Describe examples of how to begin an ambulatory transformation, what success looks like and what pitfalls to avoid.

**Overview:** The University of Chicago Medical Center (UCMC) has been on a three-year journey to transform supply chain within the ambulatory environment. UCMC has grown significantly, from three locations managed by clinical staff to 45 locations now primarily supported by supply chain. This rapid growth has challenged the hospital to quickly scale up operational support to serve many locations while still being an efficient, lean operation. Through rigorous formulary management, creative staffing solutions, lean transformation, analytics-driven optimization and partnering with clinicians, we have created a robust supply chain support network that allows for continued expansion while reducing costs.

**Credit:** General CEU

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Session PH357 | Innovative Pharmacy Strategies to Increase Financial Sustainability Amidst the COVID-19 Pandemic

Wednesday, 1:15-1:45 p.m.

Sophia Humphreys, PharmD, MHA, Director, System Pharmacy Clinical Services, Providence, Renton, WA
Elie Bahou, PharmD, MBA, Chief Pharmacy Officer, Providence, Renton, WA

Keywords: Systemness, Biosimilar

Learning Objectives:

- Describe pharmacy service structures to reduce drug costs and increase health system sustainability in the face of COVID-19-related challenges.

- Discuss resources to improve an integrated delivery network service model and create innovative strategies to maximize contract opportunities and negotiation power.

Overview: COVID-19 devastated the health care industry financially. The American Hospital Association estimated \$323 billion in losses for 2020.¹ Rising drug costs are a key contributor to the health care financial crisis. Thus, strategies to reduce drug costs will increase health system sustainability. Providence is the third-largest nonprofit health system in the country, with an annual medication spend in excess of \$1 billion. The pharmacy division at Providence implemented an innovative, multidisciplinary medication utilization program to help reduce drug costs. This program achieved over \$40 million in savings in 2020, thereby improving financial sustainability despite the COVID-19 pandemic.

Credit: Pharmacist, Pharmacy Technician, General CEU

1. New AHA report: losses deepen for hospitals & health systems — catastrophic financial impact of COVID-19 expected to top \$323 billion in 2020. American Hospital Association. June 30, 2020. Accessed May 23, 2021. <https://www.aha.org/press-releases/2020-06-30-new-aha-report-losses-deepen-hospitals-health-systems>

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## Session VPH358 | Navigating Changes Within Quality Reporting and Management

Wednesday, 1:15-1:45 p.m.

*Dr. Zahid Butt, FACG, Medisolv Chief Executive Officer*

**Keywords:** Clinical Quality, Quality Measures, Electronic Measures, Quality Reporting, Medisolv, Electronic Clinical Quality Measures, eCQMs, Merit-Based Incentive Payment System, MIPS, CMS, Joint Commission

### Learning Objectives:

- Discuss the challenges and solutions in electronic clinical quality measures (eCQMs) reporting.
- Explain how the hybrid, risk-adjusted measures may address challenges of case mix severity in comparative performance of claims-based outcome measures.
- Construct a plan to implement a comprehensive quality reporting program at your hospital.

**Overview:** If there was ever a time to accurately and seamlessly implement a comprehensive quality improvement and reporting program, now is that time. How can technology help you achieve this? And what types of partnerships are needed to help you prepare for upcoming regulatory and CMS proposed rule changes so that you can best be positioned to implement and monitor the right quality measures for your organization? In this session we will review the Centers for Medicare & Medicaid Services (CMS) rule changes and modifications to quality measures and discuss how comprehensive management of the right metrics can help your organization improve quality of care, benefit from performance-linked payment incentives and enhance its public reporting profile.

*This session is not eligible for CE credit.*