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Tuesday, September 20

Session: VPH211 | Drive Global Impact on Care Equity and Access – Leveraging Big Data
Tuesday, 2:45-3:45 p.m.
Bandol 1

Heather Blonsky, Lead Data Scientist, Vizient
Jonathan Gleason, MD, Executive Vice President and Chief Clinical Officer, Prisma Health
Wendy Ross, MD, Director, Jefferson Center for Autism and Neurodiversity Associate Professor

Keywords:

Learning Objectives
- Describe the evolution of the utilization of data to build capacity, consensus and improve community health for high-risk patients.

- Identify the types of data used to detect independent risk factors of the community of interest, the challenges and opportunities that currently exist in the healthcare system and the impact data messaging and visualizations can have on healthcare equity overall.
- Define the potential impact an organization can have using data mining to the greater healthcare landscape.

Overview: Research published in 2021 in NEJM Catalyst about the devastating impact of Covid on people with intellectual disabilities has not only led to policy change within the United States but also practice changes across the world. A team from Jefferson Health partnered with Vizient to perform an analysis of 64 million U.S. patients to determine what the impact of intellectual disability was on the odds of having a Covid diagnosis or dying from Covid. In this interactive session, Drs. Jonathan Gleason and Wendy Ross from Jefferson Health and Heather Blonsky, Vizient Data Scientist will discuss this research and the experience to date in catalyzing change for people with intellectual and developmental disabilities, as well as the gaps in care they still face and how health care systems should move forward in addressing health disparities for this population and others using data to drive change.

This session does not award accredited CE credit.

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Session: VPH213 | Service Line Strategy: A Cross Service Line Perspective
Tuesday, 2:45-3:45 p.m.
Meursault

Chad Giese, *Principal, Intelligence, Sg2*
Rebecca Limestall, MBA, MHSA, *Principal, Intelligence, Sg2*

Overview: Sg2 provides insight into how organizations are finding and capturing growth within and among service lines. Utilization forecasts for cardiovascular, cancer, neurosciences, orthopedics and behavioral health will be shared.

Credit(s) available: ACHE

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Session: VPH214 | Managing a Medication Access Meltdown in 340B Degrees
Tuesday, 2:45-3:45 p.m.
Fleurie

Greg Medley PharmD, MBA, 340B ACE, FASCP, *Senior Director, 340B Drug Pricing Program Services, Vizient*
Chris Hatwig, MS, RPh, FASHP, *President, Apexus LLC*
Jenna Stern, JD, *Senior Regulatory Affairs & Public Policy Director, Vizient*
Charlton Park, *Chief Financial Officer, University of Utah Health*

Sara Bamford, *340B Pharmacy Manager, University of Utah Health*

Keywords: 340B, Drug Pricing

Learning objectives:
- Describe 340B Program history.
- Assess the current situation and develop potential strategies to mitigate the impact of manufacturers' restrictions.
- Describe Vizient position and activity.
- Discuss impact on healthcare organizations.

Overview: Created in 1992, the 340B Drug Discount program provides discounts on outpatient drugs purchased by "safety net" providers for eligible patients. The program's intent: to provide financial relief to facilities that provide care to medically underserved populations. Fast forward to October 2020 and manufacturers banned covered outpatient drugs for discounted 340B prices at Retail Contract Pharmacies that partner with covered entities; significantly disrupting financial margins and operations for many organizations. Join us for this informational session where we will discuss the impact of uncovered drugs and assist Vizient members experiencing ongoing issues that impact the 340B Program.

This session does not award accredited CE credit.

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Session: VPH215 | Patient Care Utilization Trends and The Impact On Spend Projection
Tuesday, 2:45-3:45 p.m.
Castillon

Jeff Moser, Principal, Sg2 – Session Facilitator
Maddie McDowell, MD, Sr. Principal, Intelligence, Sg2

Keywords: Collaboration, Outcomes, Relationships, Processes, Growth, Enhanced Patient Care, Differentiated Connectivity, Sustainable Partnerships, Optimize Performance, Insights, Thought Leadership

Learning Objectives
- Outline care utilization trends by service line across the inpatient and outpatient environment
- Explain how utilization changes impact spending strategy
- Compare and contrast utilization projections to supply chain spend budget

Overview: Patient care demand continues to grow in the outpatient market and the inpatient environment continues as shift to more complexity. Growth and care complexity impacts supply spend. In this session, you'll hear directly from Vizient members and suppliers on how are they changing the way they anticipate supply spend budgeting. Additionally, you'll better understand how more sophisticated budgeting creates opportunities for provider/supplier collaboration.

This session does not award accredited CE credit.

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Session: VPH216 | Strategic Solutions for Reimagining Your Workforce
Tuesday, 2:45-3:45 p.m.
Musigny

Jackie Herd, DNP, RN, NEA-BC, FACHE, *Principal, Operations and Workforce, Vizient*
Evy Olson, MSN, MBA, BSN, RN, *Vice President, Nursing Programs, Vizient*
William Bowen, *Principal, Workforce Solutions, Vizient*

Keywords: Operational Efficiency, Workforce, Healthcare Burnout, Workforce Consulting, Workforce Recruitment, Workforce Retention, Workforce Solutions, Practicing at the Top of your License, Workforce Engagement, Workforce Optimization, Workforce Transformation

Learning Objectives
- Review the macroeconomic factors leading to short and long-term health care workforce issues.
- Discuss interventions to address current and future workforce shortages.
- Appraise the effectiveness of various solutions/interventions in response to workforce challenges.

Overview: As hospitals and providers settle into an evolving new normal, solutions are beginning to emerge for how providers are reimagining care delivery. From recruitment, onboarding and retention strategies to analytics and new technologies, to mental health and self-care, many of our Vizient members are discovering and implementing new best practices. Join Jackie Herd, recently of Grady Health System, and our Vizient team of experts for a panel discussion on what they are seeing and learning in the area of workforce. We will then open the floor for questions and discussion around the challenges and opportunities you're seeing in your health care organizations.

This session does not award accredited CE credit.

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Session: VPH221 | March Madness in September
Tuesday, 4:00-4:45 p.m.
Bandol 1

Tom Robertson, *Executive Director, Research Institute, Vizient*

Keywords: National Health Systems, Private Vs. Public Health System Models

Learning Objectives:
- Compare features including funding, access, outcomes and costs of different national health systems

- Identify aspects of a preferred health system model for the future

Overview: Borrowing the concept of seeded tournament brackets from athletics, this interactive session will involve audience choices between pairs of existing national health systems to serve as the foundation of a new health delivery system for a fictional country with no-pre-established mechanisms for funding or delivering care.

Credit(s) available: ACHE

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Session: VPH222 | Leveraging Vizient to Support Your Health Equity Needs
Tuesday, 4:00-4:45 p.m.
Bandol 2

Eric Lam, *Associate Principal Intelligence, Vizient*
Heather Blonsky, *Lead Data Scientist, Vizient*
Shaleta Dunn, AVP, *Member Diversity & Community Initiatives, Vizient*
Nicole Spatafora, *Associate Vice President, PI Programs, Vizient*

Keywords: Health Equity, Vizient Vulnerability Index, Equity, Social Determinants of Health

Learning Objectives:
- Outline successful strategies that can be used to advance community Health Equity.
- Discuss best practices for health equity initiatives.

Overview: A forum to learn how members can use Vizient tools and leading practices to identify vulnerable populations, increase access and improve outcomes.

This session does not award accredited CE credit.

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Session: VPH223 | New Energy, New Urgency: Health Care Hits Reset
Tuesday, 4:00-4:45 p.m.
Meursault

Mike Strilesky
Rebecca Limestall, MBA, MHSA, *Principal, Intelligence, Sg2*

Overview: Sg2 identifies the trends and resets for health care strategy in 2022 and beyond. Topics of particular interest include workforce, new growth engine, virtual health and increased patient acuity.

Credit(s) available: ACHE

Session: VPH224 | Navigating Healthcare Cybersecurity – What's Now, What's Next, What We Need
Tuesday, 4:00-4:45 p.m.
Fleurie

Steve Carpenter, *Vice President, Member Networks, Vizient*
Michael Ash, MD, FACP, *Executive Vice President – Chief Transformation Officer, Nebraska Medicine & Vice Chancellor of Information & Technology at the University of Nebraska Medical Center*
Lynn Sessions, *Partner, BakerHostetler*
Josh Sudbury, *Managing Principal, Lodestone*

Keywords: Cybersecurity, Risk Assessment, Security Strategies, High Reliability

Learning Objectives:
- Outline best practices to minimize cyber-attacks.
- Explain how to detect existing and potential vulnerabilities in organizational systems and protocols.
- Describe security and risk management strategies for incident response to cyberbreaches.

Overview: Join us for a panel discussion focused on key insights and lessons learned related to how healthcare executives can prepare and execute effective strategies to help minimize the negative impact of a cyber-attack on operations, organizational reputation, and brand.

Experts in cybersecurity, healthcare privacy, and compliance will outline best practices and strategies for risk assessment, risk management and incident response.

And Vizient member executives will share their experiences preparing for, discovering, and responding to system-wide cyberbreaches with focus on strategic communications to patients, staff, and the community.

This session does not award accredited CE credit.

Session: VPH226 | Medical University of South Carolina Patient Collections
Tuesday, 4:00-4:45 p.m.
Musigny

Franco Cardillo, *Director of Patient Financial Services, Medical University of South Carolina*
Leslie Vairo, *Consulting Director Revenue Cycle, Vizient*

Keywords: Revenue Cycle, Increased Revenue, Performance Improvement, and Reduced Cost

Learning Objectives

- Identify strategies to optimize vendor performance and increase revenue.
- Outline steps to build successful organziational partnerships.

Overview: Medical University of South Carolina (MUSC) is based in Charleston, South Carolina. MUSC provides care for patients at 14 hospitals with approximately 2,500 beds and 5 additional hospital locations in development and nearly 750 care locations. During this power huddle, we will discuss MUSC's significant growth that led to outsourcing their patient collections. We will go in depth to describe the patient collections project and talk about the challenges, success, revenue impact and the partnership between MUSC and Vizient.

This session does not award accredited CE credit.

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Wednesday, September 21

Session: PH311 | Telemedicine's Impact on Rural Hospitals and Vulnerable Patient Populations
Wednesday, 8:00-8:45 a.m.
Bandol 1

Kathleen Fear, PhD, *Director of Data Analytics, Health Lab, University of Rochester Medical Center, Rochester, NY*
Carly Hochreiter, *Sr. Analyst/Programmer, Health Lab, University of Rochester Medical Center, Rochester, NY*
Michael Hasselberg, PhD, RN, PMHNP-BC, *Chief Digital Health Officer, University of Rochester Medical Center, Rochester, NY*
John Williams, RN, MBA, *Clinical Operation Director, Specialty Based Care, Intermountain Healthcare, Salt Lake City, UT*
Nathan Starr, DO, *Lead, Tele-Hospitalist Program and Medical Director, Castell Home Services, Intermountain Healthcare, Murray, UT*
Heidi Parker, RN, BSN, *Lead Hospitalist Coordinator, TeleHospitalist, Intermountain Healthcare, Salt Lake City, UT*

Keywords: Telehealth, Transitions of Care, Access, Readmissions, Medication Management, Ambulatory Care, Population Health, SDoH

Learning Objectives:
- Describe successful strategies to establish telemedicine as an option for vulnerable populations in rural settings.
- Outline services that can be utilized within a telehospitalist program.
- Describe how utilization of nonelectronic health record data can provide broader context as to how patients make care decisions.

Overview: Join us for a panel discussion and learn how two health care organizations established innovative approaches to deliver telemedicine in their communities to address health disparities and inequities. Intermountain Health, which started its telehospitalist program to address needs in its rural communities, will describe its growth from a nocturnist program at two hospitals to one that now delivers more than 1,700 unique patient interactions annually across three states.

University of Rochester will explain how its most vulnerable patients benefited from telemedicine during the COVID-19 pandemic, with 17.9% of the University of Rochester Medical Center Medicaid patient population accounting for 25.2% of patients who used telemedicine most extensively. These and other findings provide evidence as to the importance of telemedicine in delivering equitable care.

Credit(s) available: IPCE, Nurse, Pharmacist, Physician, General CE

Session: PH312 | Supporting Our Staff: Promoting Resiliency and Well-Being
Wednesday, 8:00-8:45 a.m.
Bandol 2

Tara Rynders, RN, MFA, BSN, BA, Clinical Nurse Educator, Denver Health, Denver, CO
Caroline Bartlett, RN, Surgical RN, Denver Health, Denver, CO
Natalie Tybor, BSN, RN, Surgical RN, Denver Health, Denver, CO
Scott W. Cowan, MD, FACS, Associate Professor of Surgery, Medical Director for Enterprise Risk, Thomas Jefferson University Hospitals, Philadelphia, PA
John T. Olsen, MDiv, BCC, Chaplain, RISE Team Manager, Jefferson Health Abington Hospital, Abington, PA

Keywords: Staff Empowerment, Staff Resiliency, Second Victim, Proactive Outreach, Workplace Violence

Learning Objectives:
- Describe a team-based and cost-effective implementation model for psychological first aid used at a large health care system.
- Develop a personal definition of resiliency.

Overview: This session features a panel of healthcare leaders sharing insights and experiences with successful programs to support well-being and resilience among staff.

Panel discussion will focus on two interventions to support staff resiliency, followed by a moderated discussion on promoting and supporting staff well-being. Interventions include the systemwide implementation of a psychological first aid program, as well as a safe space and protected time for staff to collectively share and care for themselves and each other, focusing on resiliency through the arts and play.

Credit(s) available: IPCE, Nurse Physician, General CE

Session: PH313 | Reimagining in the Inbox: A Tale of Two Hospitals
Wednesday, 8:00-8:45 a.m.
Meursault

Jeffrey Quach, PharmD, BCACP, LSSGB, Clinical Pharmacy Manager, Ochsner Health, New Orleans, LA
Matthew Malachowski, PharmD, MHA, BCPS, System Director, Ochsner Health, New Orleans, LA
Julian Z. Genkins, MD, Hospitalist, Clinical Informatics Fellow, Stanford Medicine, Palo Alto, CA
Hurley Smith, MHA, MBB, Director, Improvement Team, Stanford Medicine, Palo Alto, CA

Keywords: Workforce, Physician Burnout, Patient Messaging, Telehealth Management

Learning Objectives:
- Describe the relationship between patient messages and care team wellness.
- Discuss new processes proven to alleviate some of the patient messaging burden on clinic teams.

Overview: Ochsner Health and Stanford Medicine will share their experiences in reimagining care delivery with providers and patients in mind, optimizing contributions made by each member of the care team. This session will highlight interventions that include reducing the burden of electronic messaging on providers, as well as an innovative approach to centralizing refill requests.

Credit(s) available: IPCE, Nurse, Pharmacist, Physician, General CE

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Session: PH314 | Investing in Our Future: Nurse Leadership Development and Succession Planning
Wednesday, 8:00-8:45 a.m.
Castillon

Patricia Soltero Sanchez, RN, DNP, MAOM, BSN, Clinical Nursing Director II, Los Angeles County Department of Health Services-Rancho Los Amigos National Rehabilitation Center, Montebello, CA
Alice Nash, PhD, RN, NEA-BC, NPD-BC, System Senior Director Nursing Professional Development & Clinical Outcomes, NYU Langone Health, New York, NY
Kathryn Lang, DNP, RN, NE-BC, Senior Director Nursing, NYU Langone Hospital-Long Island, Mineola, NY

Keywords: Workforce, Retention, Professional Development, Career Ladder, Nurse Leaders

Learning Objectives:
- Identify the steps needed to develop a nurse leadership program for charge nurses.
- Discuss strategies to plan and implement a program for nurse leadership succession planning.

Overview: This session features a panel of nurse leaders sharing insights to successfully develop strong and resilient nurse leaders for the future.

Rancho Los Amigos National Rehabilitation Center created a nurse leadership development program that provides charge nurses with the additional leadership education, support, and experience needed to transition into the anticipated future leadership vacancies within the organization. The outcome of this evidence-based approach is to grow nurses into competent and confident leaders.

At NYU Langone Medical Center, succession planning is a critical component in nurse leadership development; ensuring that key roles remain filled with competent leaders in alignment with the mission, vision and values of the organization. One strategy, the Nursing Leadership Bench Strength Project, is specifically designed to create and develop a pipeline of future nurse leaders. This succession strategy was developed collaboratively through a DNP and PhD partnership at an academic medical center within an integrated health system.

Join us to learn how the panelists are developing and securing a robust pipeline of future nurse leaders.

Credit(s) available: ACHE, Nurse, General CE

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Session: PH315 | Clinical Navigators: Facilitating Transitions of Care
Wednesday, 8:00-8:45 a.m.
Fleurie

Kathryn Allen, CRNP, AGACNP, Acute Leukemia Transitions Coordinator, The Hospital of the University of Pennsylvania, Philadelphia, PA
Erin Lightheart, MBA, CSSBB, PMP, Master Improvement Advisor, Penn Medicine, Philadelphia, PA
Colleen Kucharczuk, DNP, CRNP, Manager of Oncology Advanced Practice Providers, Penn Medicine, Philadelphia, PA
Hae Mi Choe, PharmD, Associate Chief Clinical Officer for Quality and Care Innovations, Michigan Medicine, Ann Arbor, MI
Michelle Neeley, Project Manager, Michigan Medicine, Ann Arbor, MI
Vikas Parekh, MD, Associate Chief Medical Officer and Professor of Internal Medicine, Michigan Medicine, Ann Arbor, MI

Keywords: Transitions of Care, Readmissions, Predictive Analytics, Clinical Navigator, Medication Reconciliation

Learning Objectives:
- Describe a team-based approach to reduce admissions through a centralized, bundled, transitions-of-care program.
- Discuss how to identify and address team-based gaps in transitions of care from inpatient to post-acute and outpatient settings.
- Identify how to incorporate clinical navigator roles to smooth transitions of care between teams.

Overview: Join us for a panel discussion about how two health care organizations incorporated navigator roles to smooth transitions of care from inpatient to post-acute and outpatient settings. Michigan Medicine implemented a comprehensive transitions-of-care program that contributed to reduced readmissions. The program includes a bundled approach with centralized nurse and pharmacist contact before primary care appointments, as well as follow-up post-inpatient discharge to address clinical and medication-related questions. Results to date demonstrate decreased readmission rates for program participants versus nonparticipants.

Penn Medicine will share the evolution of its new transitions provider role that addresses identified gaps in care transitions for acute leukemia patients. An inpatient-based nurse practitioner serves as an expert consultant to the primary care team and patient while advancing care planning and facilitating a smooth transition out of the hospital. Results to date demonstrate reduced readmissions for this patient population. This quality improvement (QI) intervention creates a system that better supports patients' care needs across the continuum and prevents essential elements from being overlooked.

Join the panelists to learn more about their successful transitions of care.

Credit(s) available: IPCE, Nurse, Pharmacist, Physician, General CE

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Session: PH316 | Establishing a Medication Value Analysis Committee With Site-of-Care Considerations
Wednesday, 8:15-8:45 a.m.
Musigny

Candy Tsourounis, PharmD, *Pharmacoeconomics and Drug Use Management Supervisor, UCSF Health, San Francisco, CA*
Jessica Galens, PharmD, MBA, *Assistant Chief Pharmacy Officer, Business Services, UCSF Health, San Francisco, CA*

Keywords: High-Cost Medications, P&T Committee, Site-of-care

Learning Objectives:
- Identify the essential components of a comprehensive medication review for inpatient site-of-care appropriateness.
- Examine ways that your organization might adopt a similar strategy to ensure value-based care.

Overview: UCSF Health underwent a comprehensive assessment to identify ways to manage the use of high-cost medications. The assessment incorporated strategies in the published literature and external best practices to develop a new model for site-of-care considerations during inpatient hospital stays. This effort resulted in the formation of an interdisciplinary subcommittee of the Pharmacy & Therapeutics committee called the Medication Value Analysis Committee, as well as the creation of a site-of-care appropriateness questionnaire called the Outpatient Medication Used Inpatient.

Credit(s) available: ACHE, CPHQ**,** Nurse, Pharmacist, Physician, General CE

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Session: PH317 | Advancing Antimicrobial Stewardship for the Future
Wednesday, 8:00-8:45 a.m.
Hermitage

Joseph Reilly, PharmD, Pharmacist, AtlantiCare Regional Medical Center, Pomona, NJ
Nick Bennett, PharmD, BCIDP, Manager, Antimicrobial & Diagnostic Advisement Program, Saint Luke's Health System, Kansas City, MO
Sarah Boyd, MD, Medical Director, Antimicrobial & Diagnostic Advisement Program, Saint Luke's Health System, Kansas City, MO
Cindy (Mei Xian) Hsieh, PharmD, BCPS, BCIDP, Clinical Pharmacy Specialist-Infectious Diseases, Alta Hospitals System, Los Angeles, CA
Sehjan Bhura, PharmD, Chief Pharmacy Officer, Prospect Medical Holdings, Los Angeles, CA

Keywords: Antimicrobial Stewardship, Antibiotic Stewardship, HAI, Antibiotic Protocol, Orthopedics, Resource Utilization, Diagnostic Testing, Hybrid Work Model, Infectious Disease, Diagnostic Stewardship, Community Hospitals

Learning Objectives:
- Identify the major pathogens associated with postoperative orthopedic surgeries.
- Discuss the methods employed to ensure proper antibiotics are utilized for surgical prophylaxis in orthopedic procedures.
- Outline strategies to engage multidisciplinary and leadership teams in the redeployment of a diagnostic testing application – leveraging the skills and knowledge of the antimicrobial stewardship program and microbiology department.
- Identify the implementation, engagement, and savings of a multi-facility centralized antibiotic stewardship program in a community health system.

Overview: This session features a panel of health care leaders sharing their experiences surrounding the benefits and importance of advanced antimicrobial stewardship programs.

After observing a surgical site infection (SSI) increase in certain orthopedic procedures, AtlantiCare Regional Medical Center's Antimicrobial Stewardship Program modified its existing surgical prophylaxis protocol by adding gentamicin in an attempt to reduce the postoperative infection rate — successfully reducing the rate of SSI occurrence.

The centralized Antimicrobial and Diagnostic Advisement Program at St. Luke's Health System leads diagnostic stewardship efforts. The organization successfully navigated diagnostic challenges by hosting a diagnostic stewardship summit, informing other health systems how embracing diagnostics optimizes long-term fiscal and clinical gains.

Alta Hospitals established a multihospital, centralized antibiotic stewardship program (ASP) among five acute care and three subacute care community facilities. Within two years of its inception, this centralized ASP transformed the hospital facilities from having minimal ASP oversight to achieving the California Department of Public Health Antimicrobial Stewardship Program Honor Roll.
Join this session to hear great insights to help advance antimicrobial stewardship at your organization.

Credit(s) available: IPCE, Pharmacy, Physician, General CE

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Session: PH321 | Vertical and Horizontal Alignment Drive HRO Success
Wednesday, 9:00-9:30 a.m.
Bandol 1

Ilseung Cho, MD, MSc, *Chief Quality Officer and Associate Professor of Medicine, NYU Langone Health, New York, NY*
Julia Gardner, MBA, RN, *Director of Clinical Operations and Resourcing, NYU Langone Health, New York, NY*

Keywords: Unit-Based Scorecard, Staff Engagement, Shared Accountability, High- Reliability Organization

Learning Objectives:
- Describe how vertical alignment of goals and initiatives from the unit level drives organizational improvement.
- Explain how to engage senior leadership in unit-level performance to enhance staff engagement and performance improvement.

Overview: Maintaining alignment of unit-based improvement activities with organizational goals is a challenge in a rapidly expanding and complex academic medical center environment. Transparently monitoring data at the unit level, ensuring that targeted interventions aligned with our areas of greatest opportunity, and engaging frontline staff in developing and implementing improvement activities were paramount to achieving success in two areas: our high-reliability organization journey and our domain goals of quality, safety, patient experience and efficiency. We will describe how we maintain alignment of the initiatives undertaken by the units with our organizational goals, while also supporting areas struggling to meet their goals.

Credit(s) available: CPHQ, IPCE, Nurse, Physician, General CE

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Session: PH322 | Lactate and INR Dashboarding to Action
Wednesday, 9:00-9:30 a.m.
Bandol 2

Jeffrey Chen, MD, Hospitalist, Memorial Hermann-Texas Medical Center; UT Health McGovern Medical School, Houston, TX

Michelle Narat, MS, Six Sigma Master Black Belt, Memorial Hermann TMC; UT Health McGovern Medical School, Houston, TX

Bela Patel, MD, CMQ, FCCP, Regional Chief Medical Officer/Executive Medical Director of Critical Care Medicine, Memorial Hermann-Texas Medical Center; UT Health McGovern Medical School, Houston, TX

Keywords: Sepsis Bundle, Real-Time Learning, Patient-Level Dashboard, International Normalized Ratio

Learning Objectives:
- Interpret a sample patient-level dashboard for warfarin INR and sepsis lactate.
- Discuss a multidisciplinary approach to dealing with warfarin INR and sepsis lactate fallouts.

Overview: At Memorial Hermann-Texas Medical Center, we recognized that patients on warfarin with an international normalized ratio (INR) greater than five and sepsis patients with no lactate drawn within the first 12 hours led to increased mortality and length of stay. We developed patient-level dashboards that visualize the timeline surrounding each identified fallout. A new case appearing on the dashboard activates multidisciplinary teams to review and provide feedback to all involved parties for each event. This real-time, continuous learning model for each fallout has improved both our warfarin INR and sepsis lactate metric values.

Credit(s) available: CPHQ, Nurse, Pharmacist, Physician, General CE

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Session: PH323 | One Health: Building A New Ecosystem of Care for the Uninsured
Wednesday, 9:00-9:30 a.m.
Meursault

Susan Cooper, MSN, RN, FAAN, Chief Integration Officer, Senior Vice President, Regional One Health, Memphis, TN

Megan Williams, MSN, RN, CNL, Director, Complex Care, Regional One Health, Memphis, TN

Keywords: Health Equity, Continuum of Care, Community Partnership, SDoH, Social Determinants of Health, Safety Net Provider

Learning Objectives:
- Identify two benefits of team-based screening of patients for social risk factors.
- Describe how to utilize social risk data to engage community partners in community care planning.

Overview: The current health care system is not adequately structured to serve people with complex health and social needs. Individuals experiencing poverty, lack of insurance, homelessness, hunger and violence often use the emergency department (ED) as their main or only source of care. One Health was designed to improve the health of our uninsured and medically and socially complex frequent utilizers and to bend the financial

cost curve. By addressing identified social risk factors and engaging with community partners in new ways, the program has demonstrated sustainable health improvements, a significant decrease in inappropriate ED utilization, and a positive and significant impact on the organization's financial performance.

Credit(s) available: Nurse, Physician, General CE

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Session: PH324 | Improving Patient Flow: A Roadmap to Health System Synchronization
Wednesday, 9:00-9:30 a.m.
Castillon

Naeem Ali, MD, Medical Director, The Ohio State University Wexner Medical Center, Columbus, OH
Franklin Owusu, MBA, MPA, FACHE, Administrator, Hospital Operations, The Ohio State University Wexner Medical Center, Columbus, OH

Keywords: Capacity Management, Operational Efficiency, Governance, Key Performance Indicators, Dashboard

Learning Objectives:
- Describe a systems-based patient flow strategy that aligns teams across the care continuum, including development of a robust improvement portfolio and key performance indicator dashboard.
- Outline a clear delineation of shared and separate roles and responsibilities of health system leaders related to patient flow, including key performance indicators and operational alignment.

Overview: The Ohio State Wexner Medical Center historically structured patient flow-related functions in a siloed environment. Key departments reported through different administrators and hospitals, including environmental services (EVS), patient transport, transfer center, bed placement and University Hospital's emergency department (ED). To improve alignment and accountability, we underwent an administrative restructuring, recruiting a single leader for systemwide patient flow oversight. This role oversees EVS, patient transport, transfer center, bed placement and ED operations. Next, we redesigned the patient flow governance model, creating a health system oversight committee structure covering areas from telehealth, outreach, ambulatory services, ED and acute care hospitals through post-acute operations.

Credit(s) available: CPHQ, Nurse, Physician, General CE

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Session: PH325 | Multi-Faceted Management of Behavioral Concerns in a Non-Psychiatric ED and General Hospital
Wednesday, 9:00-9:30 a.m.
Fleurie

Erin Howard, PhD, Assistant Professor, Department of Psychiatry and Behavioral Sciences, Duke School of Medicine, Duke Raleigh Hospital, Raleigh, NC

Elizabeth Larson, MSN, RN, Service Line Director, Neurosciences and Behavioral Health, Duke Raleigh Hospital, Raleigh, NC

Katia S. Ferguson, MSN, RN, CEN, NEA-BC, Clinical Operations Director, Duke Raleigh Hospital, Raleigh, NC

Keywords: Behavioral Health, Workflow, Mental Health Evaluations

Learning Objectives:
- Discuss the central principle of the delayed admission workflow for behavioral health patients in the ED.
- Identify four of the eight variables that were tracked within the dataset that reflected a decrease in LOS and rate of admission.
- Describe four core initiatives the behavioral health team promoted in addition to traditional face-to-face patient care.
- Identify two safety outcomes associated with behavioral health-driven initiatives.

Overview: In this 200-bed medical-surgical hospital without a dedicated inpatient psychiatric unit or psychiatric emergency department (ED), new patient arrivals needing mental health evaluations were admitted to the medical-surgical unit and seen by the Consult-Liaison Psychiatry (CLP) service. Hospital leadership recognized the significant demand for liaison work around staff responses to patient behavior (e.g., agitation and uncooperativeness), as well as an opportunity to streamline care and decrease non-medically necessary transfers between care areas. Following the trial of a 24-hour delay between the psychiatric evaluation and hospital admission, this new workflow was associated with a 60% decrease in nonmedical hospital admissions and a 50% decrease in length of stay for all patients visiting the ED for behavioral health concerns, independent of discharge destination. In addition, from 2019 to 2021 the CLP service evolved in depth and breadth. Specific initiatives included: (1) use of behavioral health rounding nurses; (2) needs-driven interdisciplinary behavioral rounding; (3) protocolized behavioral emergency responding; and (4) complex management planning for patients at demonstrated risk of disruptive behavior. Preliminary analyses show progressively decreasing restraint utilization alongside decreased overhead calls for behavioral emergencies.

Credit(s) available: CPHQ, Nurse, General CE

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Session: PH326 | Equipment Found! Using an RTLS to Track Moveable Medical Equipment
Wednesday, 9:00-9:30 a.m.
Musigny

Adam Worland, CPM, Sourcing Director, Novant Health, NC

Cody Absher, Manager Supply Chain Inventory Planning, Novant Health, NC

Keywords: Supply Chain, Logistics, Tracking System, Real-Time Location Service, Equipment Replacement

Learning Objectives:

- Discuss which equipment categories commonly incur loss and what actually causes these losses.
- Define what an RTLS is and how it works.
- Identify the multiple benefits of an RTLS.

Overview: Novant Health deployed a real-time location service (RTLS) to track the location of moveable equipment within the organization. Since deployment more than two years ago, we have greatly reduced loss of IV and sequential compression device pumps, telemetry boxes, and more. The savings from avoiding replacement of lost equipment is substantially greater than the annual fee of the Bluetooth-enabled RTLS system. Additionally, clinicians are reclaiming valuable time at the bedside by not having to search for equipment. Our next phase is to right size our equipment fleet to maximize efficiency using the capabilities and data from RTLS tracking.

Credit(s) available: ACHE, Nurse, Physician, General CE

Session: PH327 | Opioid Stewardship: Where the Rubber Meets the Road
Wednesday, 9:00-9:30 a.m.
Hermitage

Elise Dasinger, PharmD, MHA, Opioid Stewardship Pharmacist, UAB Hospital, Birmingham, AL
Juhan Paiste, MD, MBA, CPE, Professor and Executive Vice Chair, Operations & Integrations – Department of Anesthesiology & Perioperative Medicine; Opioid Stewardship Chair, UAB, Birmingham, AL
Laura Leal, MSN, RN, CNL, Opioid Stewardship Manager, UAB Hospital, Birmingham, AL

Keywords: Medication Stewardship, Pain Management, Service Line Leadership, Opioid Stewardship Program

Learning Objectives:

- Discuss three benefits of opioid stewardship programs and service line partnerships.
- Explain how data is instrumental in driving quality improvement of pain practices.

Overview: This presentation demonstrates the importance of close relationships between opioid stewardship programs (OSP) and clinical service lines in addressing the opioid crisis through standardized data analysis, resource sharing, and understanding the unique pain needs of various patient populations. Through collaboration with subject matter experts in an OSP, clinicians are empowered to design solutions tailored to specific patient populations. This presentation will illustrate positive qualitative and quantitative outcomes achieved through clinical partnerships and it will also validate that best practice processes can be standardized at the organizational and microsystem levels while meeting individualized patient needs.

Credit(s) available: CPHQ, IPCE, Nurse, Pharmacist, Pharmacy Technician, Physician, General CE

Session: PH331 | Assessing and Implementing AI and Machine Learning to Optimize Care
Wednesday, 9:45-10:45 a.m.
Bandol 1

Kory Anderson, MD, CHCQM-PHYADV, FACP, Medical Director, Physician Advisor Services, CDI & Quality, Intermountain Healthcare, Salt Lake City, UT
Sathya Vijayakumar, MS, MBA, Sr. Clinical Operations Manager, Intermountain Healthcare, Salt Lake City, UT
Kearstin Jorgenson, MSM, CPC, COC, Operations Director, Intermountain Physician Advisor Service and CDI, Intermountain Healthcare, Salt Lake City, UT
Olubusayo Daniel Famutimi, MBBS, MPH, Sr. Healthcare Analytics Consultant, University of Missouri Healthcare, Columbia, MO
Amelia Sattler, MD, Physician and Associate Medical Director of Stanford Healthcare AI Applied Research Team, Stanford Family Medicine-Hoover, Palo Alto, CA
Margaret Smith, MBA, Director of Operations, Stanford Healthcare AI Applied Research Team, Stanford School of Medicine, Redwood City, CA

Keywords: AI Mortality Improvement, Observed and Expected Mortality

Learning Objectives:
- Discuss the use of AI-based tools to sustain expected mortality and patient safety indicator improvement efforts.
- Compare and contrast approaches using traditional research versus quality improvement methodology for the co-development and translation of AI/ML technologies in health care.
- Identify how AI can be leveraged for risk stratification of hospitalized COVID-19 patients.

Overview: This moderated session features panelists with different perspectives on assessment and implementation of artificial intelligence (AI) technology. Panelists will discuss the assessment, development and translation of artificial intelligence/machine learning (AI/ML) into health care, coupled with perspectives from three organizations that will shed light on experiences leveraging AI to improve care in the inpatient and outpatient setting.

Credit(s) available: ACHE, Physician, General CE

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Session: PH332 | Technology and Changing Culture Intensify Focus On Hospital-Acquired Conditions
Wednesday, 9:45-10:45 a.m.
Bandol 2

Justin F. Smyer, MBA, MPH, MLS(ASCP)CM, CIC, FAPIC, Director, Clinical Epidemiology, The Ohio State University Wexner Medical Center, Columbus, OH
Lillian Ayana, MLT, BS, Resource Planning Analyst, The Ohio State University Wexner Medical Center, Columbus, OH

Emily Hazelton, RN, MSN, Administrative Director of Nursing Operations, SSM Health Saint Louis University Hospital, Saint Louis, MO

Lindsay Werth, MSN, RN, CMSRN, CPPS, Patient Safety Program Manager, Northwestern Medicine Lake Forest Hospital, Lake Forest, IL

Mechelle Krause, MSN, APRN, AGCNS-BC, WCC, OMS, Clinical Practice Specialist Wound/Ostomy, Northwestern Medicine Lake Forest Hospital, Lake Forest, IL

David Chilicki, MSN, APRN, AGCNS-BC, Manager - Professional Practice and Development, Northwestern Medicine Lake Forest Hospital, Lake Forest, IL

Keywords: Compliance, HAI, CAUTI, Culture Change, Wound Management

Learning Objectives:
- Discuss how to create a culture of ownership where patient harm is unacceptable.
- Identify three benefits and three challenges of implementing an electronic hand hygiene monitoring system.
- Describe how to develop a thermal imaging protocol in your organization.

Overview: This session features a panel of healthcare leaders sharing their experiences and discussing the importance and the impact of reinvesting in basic patient safety and patient care measures.

The Ohio State University Wexner Medical Center will share its successful implementation of an electronic hand hygiene system at a large academic medical center including lessons learned and key strategies for successful adoption. Initial results demonstrated a 10% to 30% increase in hand hygiene compliance.

While over the past few years, the pandemic has exacerbated rates of hospital-acquired conditions (HACs), the need to go back to basics and once again reduce hospital-acquired conditions is paramount. This session showcases two successful organizations that are on this journey and highlights how creating a culture of ownership and the use of technology have shown results in reducing HACs.

An uptrend with deep tissue injuries (DTIs); more than doubling year over year had Northwestern Medicine Lake Forest Hospital (LFH) laser focused on reducing hospital acquired pressure injuries (HAPIs). Leveraging thermal imaging technology – identifying 43 cases that would have been deemed deep tissue injuries – the DTI rate has decreased by 88% year over year.

SSM Health Saint Louis University Hospital identified an opportunity to reduce its Catheter Associated Urinary Tract Infections (CAUTI). Transitioning leaders to a culture of "ownership" of adverse events and treating each CAUTI event like a "plane crash", requiring urgent attention to prevent future harm helped reduce CAUTIs overall.

Join us for this exciting panel discussion – stories of success in reducing hospital acquired infections.

Credit(s) available: CPHQ, Nurse, General CE

Session: PH333 | Addressing SDoH to Advance Health Equity Goals
Wednesday, 9:45-10:45 a.m.
Meursault

Keri Robertson, DO, Physician Quality Advisor, Swedish Hospital, Chicago, IL
Shameem Abbasy, MD/MPH, VP, Quality and Clinical Transformation, Swedish Hospital, part of NorthShore, Chicago, IL
Kristin O'Neal, BSN, RN, ACM-RN, CCM, Administrator - Post Acute Transitions & Community Engagement, Norman Regional Health System, Norman, OK
Wendy Fiebrich, MBA, Executive Director of Volunteer Services, Norman Regional Health System, Norman, OK
Barry D. Mann, MD, FACS, System Medical Director for Health Equity, Main Line Health, Radnor, PA
Eileen E. Jaskuta, MHA, BSN RN, System VP Quality and Patient Safety, Main Line Health, Radnor, PA
Shonalie Roberts, MHA, ARM, LSSGB, System Director, Health Equity, Main Line Health
Joseph Macdonald, MBA, LSSBB, Process Improvement Engineer, Main Line Health, Radnor, PA

Keywords: Health Equity, Social Determinants of Health, Food Insecurity, Readmissions

Learning Objectives:
- Describe how to translate an organizational strategic imperative into measurable opportunities and actionable interventions to address disparities in care.
- Apply process engineering and operational excellence tools to systematically address complex social determinants of health (SDoH) issues to advance health equity.
- Identify team-based strategies related to food insecurity efforts, depending on the different levels of care for patients being screened and the food distributed.

Overview: This session will address health care disparities through multiple tactics that highlight community partnerships. Strategies around establishing a leadership structure and use of data analytics will also be featured to address disparities like food and housing insecurity that will ultimately help reduce readmissions and improve care coordination efforts.

Credit(s) available: IPCE, Nurse, Physician, General CE

Session: PH334 | Clinical Documentation Integrity: Improving Capture of Risk Variables
Wednesday, 9:45-10:45 a.m.
Castillon

Nissa Perry, MA, LSSBB, Senior Improvement Advisor, M Fairview Health, St. Paul, MN
Melissa Haala, RHIA, CCS, Manager, Inpatient Coding, M Fairview Health, Minneapolis, MN
Bradley Burns, DO, MBA, FACOEP, Director of Physician Informatics for Emergency Medicine, M Health Fairview, MN

Katherine A. Hochman, MD, Director, Division of Hospital Medicine and Associate Chair for Quality (Medicine), NYU Langone Health, New York, NY

Adam J. Goodman, MD, Director of Quality, Medicine, NYU Langone Brooklyn, Brooklyn, NY

Ulka Kothari, MD, Pediatric Physician Informaticist and Director for Ambulatory Quality, Children's Services, NYU Hospital Long Island, NYU Langone Hospital, New York, NY

Keywords: Coding, Mortality, AI, CDI

Learning Objectives:
- Identify opportunities for improvement in documentation and coding, specific to mortality.
- Identify a collaborative and highly reliable solution to improve capture of conditions present on admission.
- Describe five key components of quality in medical documentation.
- Discuss the power of machine learning in driving change around improved clinical documentation.

Overview: Join us for a panel discussion and hear how two health care organizations leveraged technology to accurately capture conditions present on admission and integrate them into the electronic medical record (EMR). M Fairview Health built an information technology solution that leverages discrete EMR data to identify and fully automate documentation of conditions present on admission in provider history and physical and progress notes. The organization will share how this favorably impacted both capture and mortality rates.

NYU Langone leaders will explain how they created a powerful template to streamline documentation and a tableau dashboard to track utilization and drive feedback. They will also share how they employ an artificial intelligence learning tool and a 5C's rubric they created to grade medical documentation: complete, concise, contingency planning, correct, clinical assessment.

Credit(s) available: CPHQ, Nurse, Physician, General CE

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Session: PH335 | Reducing Readmissions Using AI, Predictive Analytics and Interdisciplinary Teams
Wednesday, 9:45-10:45 a.m.
Fleurie

Tricia L. Baird, MD FAAFP MBA, Vice President Care Coordination, Spectrum Health, Grand Rapids, MI

Lindsey L. Eastman, RN, MSN, Director, Inpatient Care Management and Utilization Management, Spectrum Health, Grand Rapids, MI

Erica Auger, MSW, Director, Ambulatory Care Management and Transitions, Spectrum Health, Grand Rapids, MI

Julie Merz, BSE, Clinical Quality Manager, Rush University Medical Center, Chicago, IL

Tisha Suboc, MD, Advanced Heart Failure Physician, Rush University Medical Center, Chicago, IL

Zachary Menn, MD, MHA, MBA, Director, Value Based Care, Houston Methodist Coordinated Care, Houston, TX

Varun Kumar, MD, Medical Director, Inpatient Services, Houston Methodist Coordinated Care, Houston, TX

Keywords: Transitions of Care, ACO, Heart Failure Readmissions

Learning Objectives:
- Describe how to identify readmission risk using robust predictive analytics.
- Review a balanced risk communication method for real-time handoff of complex acute patients to transition support.
- Discuss the importance of interdisciplinary team care plans to successful outcomes in readmission reduction programs.
- Describe a structured format for patient case review and tracking of program outcomes that can be used to develop data-driven strategic improvements.

Overview: Join us for a panel discussion to hear how three health care organizations reduced readmissions. Spectrum Health used artificial intelligence (AI), clinical judgement and predictive analytics to create a method of communication that streamlined real-time hand-offs of complex patients to transition support. This program resulted in reduced overall readmissions, as well as reduced readmissions for the orthopedics and pulmonary service lines.

Houston Methodist collaborated with its accountable care organization to develop a patient-centered, physician-led interdisciplinary approach to reduce heart failure readmissions. Weekly analysis of current data, combined with proactive root cause analyses, contributed to reduced readmissions, as well as improvements in patient care, literacy and health equity.

Rush University Medical Center also focused on heart failure readmissions, developing a heart failure risk score that provides real-time calculated scores for all hospitalized patients. High-risk patient care is coordinated through the Readmission Engagement and Care Transition program, resulting in a steady decrease in readmissions.

Credit(s) available: CPHQ, IPCE, Nurse, Physician, General CE

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Session: PH336 | Supply Chain Process Improvement: From Problems to Opportunities
Wednesday, 9:45-10:45 a.m.
Musigny

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
Hussam Bachour, MBA, MSc, Manager Supply Chain Systems, The University of Chicago Medicine, Chicago, IL
Cara Eason, Strategic Sourcing Manager, University of Chicago Medical Center, Chicago, IL

Keywords: Operational Improvement, Case Usage Data, Contract Compliance, Price Validation

Learning Objectives:

- Describe how to implement a solution to streamline the bill-only requisitioning process.
- Discuss the outcomes and challenges from the pilot project.
- Explain data points required for a successful service line utilization dashboard.
- Create visualizations that provide directional clinically integrated supply chain data to support daily operations.

Overview: This session features a panel of health care leaders sharing their experiences and discussing successful improvements to high-impact supply chain processes. At the University of Chicago Medical Center (UCMC), bill-only manual requisitions were resulting in the use of noncontracted products, and much of the process was inefficiently tracked through email — leading to pricing inconsistencies and inaccuracies that resulted in longer payment cycles and invoice holds. The supply chain team streamlined the bill-only process using a cloud-based solution, coupled with process and data standardization, to automate the requisitioning and purchase order creation process. Leaders will share this streamlined process, as well as the project's pilot challenges and outcomes.

Froedtert Health's established goal is to drive a more clinically integrated supply chain with a robust data and analytics platform. Its supply chain clinical value analytics team created dashboards that demonstrate physician utilization of supplies and implants in correlation with clinical data, such as procedure times, patient age groupings, revision rates and more. These dashboards have been transformative in maintaining contract compliance, identifying gaps, decreasing clinical variance and developing transparency. Join this session to learn about exciting new process improvements in supply chain and value analysis.

Credit(s) available: ACHE, Nurse, Physician, General CE

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Session: PH337 | The Importance, Implementation and Optimization of Biosimilars: Proven Strategies
Wednesday, 9:45-10:45 a.m.
Hermitage

Alexander Quesenberry, PharmD, BCOP, *Director of Pharmacy, Baptist Memorial Health Care Corp/Baptist Cancer Center, Memphis, TN*
Susan Sachs, PharmD, *Manager of Pharmacy Finance and Regulatory Compliance, Sharp HealthCare, San Diego, CA*
Nilay Pradhan, PharmD, BCACP, *Senior Specialist, Pharmacy Contracts, Sharp HealthCare, San Diego, CA*
Adam Biggs, PharmD, *Pharmacist, Center for Medication Utilization, Froedtert Health, Milwaukee, WI*
Shannon Werner, PharmD, *Coordinator, Center for Medication Utilization, Froedtert Health, Milwaukee, WI*

Keywords: Spend Management, Expense Management, Cost Avoidance, Conversion Process, Utilization, Medication Management, Reimbursement

Learning Objectives:
- Design a process for biosimilar implementation and utilization across the health-system.

- Describe the barriers to and challenges of implementing a biosimilar conversion process within an integrated health care system.
- List various metrics needed to maintain and monitor success of the biosimilar conversion process.

Overview: This session features a panel of health care leaders sharing their experiences and insights into the implementation, use and management of biosimilars. The pharmacy team at Baptist Cancer Center (BCC) has been successful in optimizing biosimilar use across 17 outpatient oncology offices. In fiscal year 2021, the BCC pharmacy surpassed its goal by increasing overall biosimilar utilization from 58% to 79% — saving $9 million in drug purchase expense. BCC also successfully converted first-to-market biosimilars to newer, lower priced products.

Biologics are one of the highest expenses at Sharp HealthCare, representing over 40% of pharmaceutical spend. With few opportunities to optimize savings in the treatment of chronic diseases and cancers, the Infusion Center and Pharmacy Workgroup formed to expand the use of biosimilars. The group was successful due to multidisciplinary collaboration; provider education; and standardized, efficient processes. Biosimilar use is above 90%, resulting in a $6 million cost savings in 2 years.

Froedtert & the Medical College of Wisconsin has successfully addressed challenges around the use of biosimilars, such as prescriber and patient misperceptions, variability in insurance coverage, and revenue cycle complexities — all of which have made biosimilar adoption more difficult to achieve. Leaders will describe a novel strategy to address these challenges by expediting formulary inclusion of biosimilars and maximizing their value for the patient and health system. Interdisciplinary collaboration, leadership support and pharmacy revenue assessment are important for initiative success.

Join this session to learn how to optimize the use of biosimilars at your organization.

Credit(s) available: Nurse, Pharmacy, General CE

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Session: PH341 | Prediction Software Helps Reduce Hypotension and Improve Outcomes
Wednesday, 1:30-2:00 p.m.
Bandol 1

Kamal Maheshwari, MD MPH, Director, Center for Perioperative Intelligence, Associate Professor of Anesthesiology, Cleveland Clinic, Cleveland, OH

Keywords: Hemodynamic Management, Intraoperative Management

Learning Objectives:
- Articulate the relationship between hypotension and postoperative outcomes and increased costs for surgical patients.

- Explain the role of hypotension prediction index software in reducing hypotension in the surgical patient, thus improving patient outcomes and decreasing costs.

Overview: During surgery, blood pressure management varies among clinicians across various health care settings. This variation is not benign because hypotension is common and can lead to severe complications, such as myocardial and kidney injury, delirium, and even mortality. Also, hypotension increases hospital costs. Hypotension prediction index software alerts clinicians to a future hypotensive event, while a standardized treatment algorithm guides the therapeutic intervention. In a large multicenter clinical trial, use of this proactive, data-driven system reduced hypotension. Such innovative technology can reduce care variation and improve surgical patient outcomes.

Credit(s) available: Nurse, Pharmacist, Physician, General CE

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Session: PH342 | Changing the Narrative in Our Region During the Pandemic
Wednesday, 1:30-2:00 p.m.
Bandol 2

Steven Stites, MD, *Chief Medical Officer, The University of Kansas Health System, Kansas City, KS*
Jill Chadwick, MA, *Director of Media Relations, The University of Kansas Health System, Kansas City, KS*
Marcia Francis, PR, *Assistant Director of Marketing – Digital Media and Strategy, The University of Kansas Health System, Kansas City, KS*

Keywords: Media Relations, Crisis Communications, Social Media

Learning Objectives:
- Identify three important components with distinct value-added metrics to ensure success in crisis communications management.
- Explain five essential methods to adapt unique crisis communications to your health messaging.

Overview: Unlike many other hospitals in March 2020, images of patients on gurneys lining hospital corridors and reports of drug, personal protective equipment and ventilator shortages were *not* our story. Yes, the pandemic was headed our way, but we had knowledge that could potentially prevent our health system and the region from being overwhelmed by COVID-19. Local media, however, were making incorrect comparisons and asking all the wrong questions. News reports of anxiety and stress swirling around us ultimately impacted patient care and outcomes. Our academic medical center leadership made a time-critical decision to resolve the threat posed by the distribution of incorrect information by launching urgent, strategic and evidence-based daily communication in a bold new way. There was no time for more traditional platforms or messaging. Historical competition was ignored. Opposing hospitals and media were brought together for a daily interactive news conference. Two years into the pandemic, awareness, loyalty, and preference scores at our academic medical center are up 4.8 points (Net Promoter Score (NPS) measured by NRC, comparing March 2020 to January 2022).

Credit(s) available: Nurse, Physician, General CE

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Session: PH343 | Operationalizing Clinical Governance and Continuous Improvement in a Health System
Wednesday, 1:30-2:00 p.m.
Meursault

Matt Thompson, MBA, *Director, Clinical Strategy, UCHealth, Aurora, CO*
Nathan Evans, MD, *Chief Quality Officer, Southern Region, UCHealth, Colorado Springs, CO*

Keywords: Governance Model, Evidence-based Care, Care Standardization

Learning Objectives:
- Discuss the value of system clinical governance in a performance excellence journey.
- Outline strategies to operationalize continuous improvement and systemwide engagement around quality goals.

Overview: In early 2021, UCHealth saw a need to create a governance model for a systemwide approach to care across our 12-hospital system. As a result, we created clinical outcomes governance groups (COGGs). These are groups of clinical and operational leaders that direct our approach to care for defined patient populations in an appropriately standardized, evidence-based manner across the UCHealth system. The COGGs include key regional leaders who are accountable for clinical outcomes, patient and provider experience, operations, and value for their patient populations. COGGs partner with clinical quality, information technology, performance improvement, supply chain and others to achieve their aims.

Credit(s) available: ACHE, Nurse, Physician, General CE

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Session: PH344 | Shifting from Crisis to Control: Strategies for Life with COVID-19
Wednesday, 1:30-2:00 p.m.
Castillon

Christopher Longhurst, MD, MS, *Chief Medical Officer and Chief Digital Officer, UC San Diego Health, San Diego, CA*
Matt Jirsa, MHSA, *Administrative Fellow, UC San Diego Health, San Diego, CA*

Keywords: Predictive Analytics, Wastewater Testing, Viral Outbreaks, Public Health

Learning Objectives:
- Predict future COVID-19 outbreaks using proactive, data-driven thresholds and analytic public health modeling.

- Create a strategic framework that specifies clear operational guidelines to maintain care excellence and resiliency during respiratory viral outbreaks.

Overview: After two years of living with the challenges of COVID-19, health systems must adopt proactive, data-driven strategies to life with COVID-19. UC San Diego Health established a strategic approach to our new normal that uses rapid, risk-based data on wastewater viral loads, county cases and ED percentage of influenza-like-Illness to outline tier thresholds. These thresholds proactively trigger systemwide responses for the safety of our patients, workforce, university students and community. These evidence-based guidelines drive the strategic plan that shifted our organization to a proactive, comprehensive and controlled response position to COVID-19 and other respiratory viral outbreaks.

Credit(s) available: Nurse, Physician, General CE

Session: PH345 | How a Safety Net Hospital Reduced LOS Index by 13%
Wednesday, 1:30-2:00 p.m.
Fleurie

Mara Prandi-Abrams, Project Management Professional, Operations Manager of Patient Flow, Denver Health, Denver, CO
Joseph Walker Keach, MD, Medical Director of Patient Flow and Hospital Care Management, Denver Health, Denver, CO

Keywords: Patient Flow, Capacity Management, Safety Net Population, Length of Stay Index

Learning Objectives:
- Discuss how to develop a methodology and metrics to monitor improvements in hospital LOS index.
- Apply Lean principals and data analytics to determine the highest impact diagnosis-related groups and interventions that will reduce your organization's LOS index.
- Utilize your existing internal resources to manage patient flow and LOS index.

Overview: Denver Health Medical Center had a chronically high length of stay index (LOSI). Patients were kept 10% to 15% longer than their expected length of stay, increasing hospital costs and limiting the number of patients served. After multiple, unsuccessful, broad-based interventions to decrease LOSI, in 2019 we pivoted to a Lean-driven, diagnosis-related group-focused approach. LOSI decreased by 13% within three months. We've maintained this decrease for 30 months — despite significant internal and external stressors. We've discharged patients sooner and increased the number of patients served while maintaining excellent quality of care and stable readmissions.

Credit(s) available: Nurse, Physician, General CE

Session: PH346 | Optimizing the SPD: Error Capture and Data-Driven Decision-Making
Wednesday, 9:45-10:45 a.m.
Musigny

Kimberly Jones, BA, CRCST, GBLSS, *Director Central Sterile Supply, OSU Wexner Medical Center, Columbus, OH*
James Marchisio, *OSU Wexner Medical Center, Columbus, OH*

Keywords: Sterile Processing, Operating Room, Dashboard, Data Repository, Analytics, Process Improvement

Learning Objectives:
- Describe how development and implementation of a real-time feedback application allows for both end-to-end analysis and creation of an operational health dashboard.
- List two ways the initiative fostered collaboration between SPD and the OR

Overview: The sterile processing department (SPD) at The Ohio State University Wexner Medical Center developed and implemented an application that provided real-time feedback between the SPD and the operating room (O.R.). This application allowed for end-to-end data analysis and creation of an operational health dashboard — fostering collaboration between the SPD and O.R. by increasing communication and creating a centralized data repository. The SPD worked with the enterprise's data analytics and process improvement teams to deploy the application by using Structured Query Language databases and leveraging process improvement's change leadership methodology.

Credit(s) available: ACHE, Nurse, Physician, General CE

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Session: PH347 | Transitional Care Pharmacists Bridge Hospital-to-Home Gaps for Geriatric Patients
Wednesday, 1:30-2:00 p.m.
Hermitage

Jennifer Shieh, PharmD, *Ambulatory Care Clinical Pharmacist, Stanford Health Care, Palo Alto, CA*

Keywords: Medication Reconciliation, Medicare, Care Continuum, Readmission Rates, Geriatric Care, Transitional Care

Learning Objectives:
- Describe the impact of post discharge pharmacist transitional care services on geriatric patients.
- Discuss the methods employed to launch post discharge pharmacist transitional care services.
- Calculate the potential return-on-investment for this type of pharmacist transitional care program.

Overview: An integral component of the health care team, pharmacists are key to improving patient outcomes during transitional care periods. Given the rise in preventable hospital readmissions related to medication-related adverse events, we piloted a pharmacist transitional care program to evaluate the impact of pharmacist involvement on medication reconciliation, education and post discharge follow-up for geriatric

patients at a large academic medical center. We found that 30-day hospital readmission rates were lower among patients enrolled in this program — translating to improved patient outcomes, enhanced provider satisfaction and reduced hospital costs. Investing in transitional care pharmacists plays a vital role in ensuring safe post discharge care.

Credit(s) available: Pharmacist, Pharmacy Technician, General CE

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Session: PH351 | AI and Collaborative Workflows Predict and Prevent Clinical Deterioration
Wednesday, 2:15-2:45 p.m.
Bandol 1

Lisa Shieh, MD, PhD, Associate Chief Quality Officer, Stanford, Palo Alto, CA
Margaret Smith, MBA, Director of Operations, Stanford School of Medicine, Redwood City, CA
Jerri Westphal, MSN, RN, RN-BC, Manager Nursing Informatics, Epic Optimization and Reporting, Stanford Health Care, Palo Alto, CA

Keywords: Early Recognition, Predictive Modeling, Artificial Intelligence, Teamwork, Multidiciplinary, Mortality, Proactice Care, patient Safety, Safety Culture, Clinical Deterioration

Learning Objectives:
- Discuss how machine learning can drive workflows in hospital settings.
- Apply design principles for electronic health record applications and multidisciplinary workflows to enable key drivers for an improvement project.
- Learn a collaborative approach leveraging artificial intelligence to improve patient outcomes and safety culture.

Overview: While artificial intelligence (AI) has demonstrated accuracy in predicting inpatient clinical deterioration, there are few examples of successful implementations in real-world settings that improve outcomes. We implemented a multidisciplinary, AI-enabled system at an academic medical center comprised of three components: (1) a machine learning model that predicts clinical deterioration; (2) a physician and bedside nurse alert system, driven by model predictions, that is sent to both the electronic health record and a mobile communication app; and (3) a multidisciplinary workflow that includes a physician and nursing teams huddle, guided by a standard checklist for aligning the plan of care.

Credit(s) available: Nurse, Physician, General CE

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Session: PH352 | Developing a Physical Rehabilitation Program for Long COVID-19 Patients
Wednesday, 2:15-2:45 p.m.
Bandol 2

Steven Kelley, FACHE, *President & CEO, Ellenville Regional Hospital, Ellenville, NY*
Ashima Butler, CPHQ, *VP & COO, Ellenville Regional Hospital, Ellenville, NY*
Theresa Aversano, MSPT, *Director of Rehabilitation Services, Ellenville Regional Hospital, Ellenville, NY*

Keywords: Readmissions, Critical Access, Chronic Care, Post-COVID-19, Rural Healthcare

Learning Objectives:
- Determine which patients are at risk for long COVID-19 by assessing characteristic symptoms and using various questionnaires.
- Explain the three elements of this physical therapy protocol for long COVID-19 patients.
- Develop a strategy for replicating the model for your own facility at a relatively low cost without expensive technological or medical intervention.

Overview: Ellenville Regional Hospital, a critical access hospital in New York state, developed a physical rehabilitation program to assist long COVID-19 patients with and without comorbidities in their recovery. The goal was to develop an evidence-based program to assess and treat patients with long COVID-19. The program entails manual muscle testing, balance assessments, respiratory endurance and exercise tolerance testing. Patients are also aligned for care with other specialties as needed, including occupational therapy, speech-language pathology, respiratory therapy and behavioral health. This model can be replicated by other rural and critical access hospitals with limited resources.

Credit(s) available: ACHE, CPHQ, Nurse, Physician, General CE

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Session: PH353 | Creating Physician/APP Engagement through the Use of Data
Wednesday, 2:15-2:45 p.m.
Meursault

Missi Roeber, MSN, CPHQ, *Clinical Operations Senior Manager - Office of Patient Experience, Intermountain Healthcare, Salt Lake City, UT*
Milli West, MBA, CPHQ, *System Quality Director, Intermountain Healthcare, Salt Lake City, UT*

Keywords: Quality Improvement, Physician Engagement, OPPE, Ongoing Professional Practice Evaluation

Learning Objectives:
- Discuss how Intermountain Healthcare leveraged a data platform to develop an OPPE process.
- Develop a plan to implement an interactive OPPE data insight review session at your own organization.

Overview: Historically, Intermountain Healthcare's ongoing professional practice evaluation (OPPE) process did not deliver meaningful value. The report content satisfied a regulatory requirement but did not point physician leaders toward meaningful improvement opportunities. Intermountain needed a solution to the "no-OPPE" conundrum. Use of the platform proved to be the user-friendly, customizable and insightful tool we needed to bring actionable insight to physician leaders. Our OPPE has transformed into an interactive,

ongoing activity between physician leaders and quality professionals that sparks curiosity and fosters trust, learning and continuous improvement.

Credit(s) available: ACHE, CPHQ, Nurse, Physician, General CE

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Session: PH354 | People Analytics: Bring Your People Data to Life
Wednesday, 2:15-2:45 p.m.
Castillon

Madeline Crow, BS IE, *Management Engineer, Performance Services, Duke University Health System, Durham, NC*
Casey Williams, *Duke University Health System, Durham, NC*

Keywords: Workforce, Resiliency, Employee Engagement, Diversity, Equity and Inclusion, Retention

Learning Objectives:
- Identify the key stakeholders, relevant data and priority workstreams necessary for an organization to start building out a people analytics platform.
- Explain the best practices and methods needed to develop a successful people analytics platform that empowers leaders to make effective and well-informed workforce decisions.

Overview: People have always been our greatest asset in the health care delivery realm, yet little attention has been given to the topic of people analytics — which takes learnings from health care quality principles and enables leaders to effectively recruit, employ and retain engaged workforces. Most health care leaders do not have the information they need to understand turnover hotspots, recruitment trends, staffing gaps or workforce diversity challenges. Our project can enable health system leaders to analyze and improve their workforce outcomes like they do their quality outcomes.

Credit(s) available: Nurse, Physician, General CE

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Session: PH355 | Bridging Hospitals and Home Care to Support Safe Transitions Home
Wednesday, 2:15-2:45 p.m.
Fleurie

Ujwala Tambe, RN, MSN, *Director, Quality and Patient Safety - Neuroscience Service line, Penn Medicine, Philadelphia, PA*
Scott G. Rushanan, OTD, MBA, OTR/L, *System Director - Patient Access, Informatics, and Rehabilitation, Penn Medicine at Home, Bala Cynwyd, PA*

Keywords: Transitions of Care, Home Health Partnership, Rehab Therapy, Stroke Systems of Care, Ischemic Stroke

Learning Objectives:
- Identify three translatable strategies to optimize and support more patients in their return to home after hospitalization.
- Implement best practices used by home health agencies to reduce hospital readmission risk for stroke patients.

Overview: Optimizing stroke systems of care to bridge home health agencies with acute care hospitals can improve transitions, reduce post-acute complications and improve overall clinical outcomes. Our study discusses the development and success of a comprehensive home care program that shifts more ischemic stroke patients (mild and moderately impaired) safely home after hospitalization, and the corresponding programmatic and functional outcomes, which include: (1) an increase in the number of ischemic stroke patients transitioned to home, versus inpatient rehab; (2) improvements in functional performance of salient daily activities; and (3) a reduction in 30-day readmission rates among patients discharged home.

Credit(s) available: CPHQ, IPCE, Nurse, Physician, General CE

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Session: PH356 | Creating New Roles and Tools for Tomorrow's Supply Chain
Wednesday, 2:15-2:45 p.m.
Musigny

Scot T. Zernick, BSM, EET, Director Value Analysis and Strategic Sourcing, Penn State Health, Harrisburg, PA
Melanie Stutzman-Ricci, RN, BSN, CNN, MBA, Director, Procurement, Penn State Health, Hershey, PA

Keywords: Global Supply Chain, Root Cause Analysis, Inventory Management, Supply Chain Talent

Learning Objectives:
- Identify the roles, talent, and key skills needed for the health care supply chain of the future.
- Identify the tools required for the health care supply chain of the future.

Overview: The talent and skills of the legacy supply chain team are no longer sufficient to manage our complex health care supply chain. The supply chain of the future requires new skills and competencies to ensure success. Do you find yourself running fire drills every day, yet not able to get ahead? It might be time to rethink the talent and roles necessary for our new reality. At Penn State Health, we made investments and changes in our supply chain tools and talent. In this session we will share our journey and solutions.

Credit(s) available: ACHE, Nurse, Physician, General CE

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Session: PH357 | Booze, Benzos and Barbiturates: Developing UCHealth Alcohol Withdrawal Therapy
Wednesday, 2:15-2:45 p.m.
Hermitage

Melanie Roberts, DNP, RN, CNS, CCNS, CCRN-K, FCNS, Critical Care Clinical Nurse Specialist, UCHealth, Loveland, CO
L. Paige Clement, PharmD, BCPS, BCCCP, Pharmacy Clinical Coordinator, UCHealth Memorial Hospital, Colorado Springs, CO
Brandi Koepp, PharmD, BCPS, Pharmacy Clinical Coordinator, UCHealth Medical Center of the Rockies, Loveland, CO

Keywords: System Level, Multidisciplinary, Detoxification, Alcohol Withdrawal Management

Learning Objectives:
- Identify three subject matter experts included in the subgroup for protocol development.
- List three safety measures built into the system protocol to protect patients from oversedation.
- Describe a pilot success regarding patient intubation rates and escalation to severe withdrawal.

Overview: Upon review of UCHealth patient outcomes regarding alcohol withdrawal management, we identified regional treatment differences. This prompted development of a multidisciplinary, system-level team, with senior leadership support, tasked with creating and implementing an evidence-based, standardized, systemwide approach for patients experiencing alcohol withdrawal. The resulting treatment plan including a standardized measurement tool, treatment protocol, order set and additional leveraging of clinical decision support tools. Post-implementation metrics demonstrated significantly improved patient capture rates at all locations, as well as decreased patient escalations to intensive care unit level of care and decreased intubation rates.

Credit(s) available: Nurse, Pharmacist, Pharmacy Technician, General CE

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Session: PH361 | Partnering With the C-Suite for Effective Communication
Wednesday, 3:00-3:30 p.m.
Bandol 1

Tammy Peterman, MS, RN, FAAN, President, Kansas City Division; Executive Vice President, Chief Operating Officer and Chief Nursing Officer, The University of Kansas Health System, Kansas City, KS
Gayle Sweitzer, PT, MBA, Vice President, The University of Kansas Health System, Kansas City, KS

Keywords: Strategic Partnership, Culture of Trust, Transparency, C-Suite

Learning Objectives:
- List three to five interventions that are effective in developing trust with the C-suite.

- Identify three biases/fears that traditionally prevent C-suite interventions and how to overcome them.
- Describe three to five impact goals for your organization based on the outlined interventions.

Overview: Since March 2020, we've experienced a series of crises requiring new and innovative communication processes. Our employee teams let us know that accurate and real-time communication is necessary and expected. Not having the right information leads to uncertainty, promotes stress and anxiety, and ultimately impacts patient care and outcomes. The pandemic required our organizations to communicate quickly and effectively, yet traditional processes were too time-consuming. To succeed, we would need a committed partnership with our C-suite leaders, and the ability to establish a much higher level of trust — quickly. The C-suite allowed, supported and empowered the communications team to be bold. This was a result of efforts put forward by both teams. As a result of this strategic partnership based on trust, the Senior executives had confidence because of the alignment of values. This enabled the team to work more rapidly, effectively, and independently than ever before. Engagement and job satisfaction have never been higher for the communications team, who were providing much needed information to operations and the community. As a result, in 2021, our patient outcomes were better than ever and our consumer data indicates our Net Promoter Score (NPS) has increased from 55.5 in March 2020 to 60.3 in January 2022.

Credit(s) available: ACHE, IPCE, Nurse, Physician, General CE

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Session: PH362 | ED Sepsis Care: Reducing Delays in Antibiotic Administration
Wednesday, 3:00-3:30 p.m.
Bandol 2

Anushree R. Ahluwalia, MSN, RN, ACNS-BC, CPHQ, *Quality Improvement Team Leader, The Johns Hopkins Hospital, Baltimore, MD*
Kelly Williams, MSN, RN, *Quality and Regulatory Coordinator, Department of Emergency Medicine, The Johns Hopkins Hospital, Baltimore, MD*

Keywords: Sepsis Care, ED Process Improvement

Learning Objectives:
- Identify the impact of early intervention to prevent mortality in suspected sepsis patients.
- Explain the importance of including the clinician's voice in bedside quality improvement projects.
- Discuss the use of process improvement tools (A3, value stream mapping, waste walk, fishbone diagram) to identify clinical process improvement opportunities.

Overview: Timely administration of antibiotics is a persistent challenge when treating septic patients. Despite best intentions, rapid intervention is often hampered by complex diagnostic, treatment and systemic processes. Partnering with frontline care providers, we reduced the median wait time from order-to-antibiotic administration in patients suspected of sepsis by implementing certain continuous quality improvement measures in the adult emergency department. By implementing simple process interventions in a dynamic

clinical environment, we increased the percentage of patients that received antibiotics within one hour of order placement from 58% to 75% and reduced wait time from 82 minutes to 65 minutes in the process.

Credit(s) available: CPHQ, IPCE, Nurse, Pharmacist, Pharmacy Technician, Physician, General CE

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Session: PH363 | Collaborative, Dynamic Culture Engages Workforce
Wednesday, 3:00-3:45 p.m.
Meursault

Jennifer Bales, MD, Emergency Medicine Physician, Reid Health, Richmond, IN
Tiffany Ridge, CPPM, Manager, Medical Education/PERC Program Lead, Reid Health, Richmond, IN
Heather R. Walker, PhD, Associate Director of Qualitative Research, University of Utah Health, Holladay, UT
Danica Dummer, PT, DPT, PhD, NCS, Clinical Consultant Lead, University of Utah Health, Salt Lake City, UT

Keywords: Physician Burnout, Workforce, Retention, Engagement

Learning Objectives:
- Identify at least three ways to prioritize higher-reaching operational goals pertaining to performance.
- Describe strategies that can be implemented to enhance physician engagement, reduce burnout and increase resilience.

Overview: This session features a panel of healthcare leaders sharing insights and interventions they have developed to better sustain a collaborative and dynamic work culture – promoting long-term physician retention and recruitment of quality physician candidates.

To combat high physician turnover rates and physician burnout, Reid Health developed a process to improve those areas by seeking physician guidance and solutions. Physicians are natural problem solvers. Thus, the Physician Engagement and Resilience Committee (PERC) was developed. The vision to foster an engaged, resilient, and content Medical Staff is crucial to the long-term success of Reid Health. Reid and its physician-leaders are committed to creating a positive and supportive environment in which to practice medicine and provide the best care to our patients. This environment will promote long-term physician retention and aid in recruitment of quality physician candidates to build a robust medical staff.

When considering how to improve work culture, staff morale, and employee wellness in hospital and academic medical settings, we often act on the "lowest hanging fruit." That is, we first attempt to operationalize the simplest, least resource-intensive strategies. In this session, University of Utah Health will describe three distinct but complementary research projects that led them to question: is addressing the low-hanging fruit enough? When so many things need changing, where do we start? Here, we offer qualitative and quantitative findings that attendees can utilize to better sustain a collaborative and dynamic work culture that fosters performance excellence.

Join us to hear insights from two organizations that have developed interventions to better sustain a collaborative and dynamic work culture.

Credit(s) available: Physician, General CE

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Session: PH364 | Implementing a Comprehensive Workplace Violence Prevention Program
Wednesday, 3:00-3:45 p.m.
Castillon

Daren J. Dooley, MS, *Corporate Director of Security, Atlanticare, Atlantic City, NJ*
Susan Bataglia, MBA, BSN, RN, *AVP Nursing, Atlanticare, Atlantic City, NJ*
Nelly C. Perez-Melendez, MS, NREMT, *Public Safety Support Specialist, Main Line Health, Radnor, PA*
 Regina Reilly, MSN, RN, *Clinical Nurse Educator - Behavioral Health, Main Line Health, Radnor, PA*
Nasuh Malas, MD, MPH, *Director, Pediatric Consult-Liaison Psychiatry, Child and Adolescent Psychiatry Service Chief, Michigan Medicine, Ann Arbor, MI*
Susan Burgess, MSN, APRN, AGCNS-BC, *Psychiatric Behavioral Consultation Liaison Advanced Practice Nurse, University of Michigan Health, Ann Arbor, MI*

Keywords: Employee Well-Being, Staff Safety, Risk Assessment, Employee Assistance Program, Employee Health, Management of Aggressive Behavior Training

Learning Objectives:
- Describe components of an effective health care violence prevention program
- Discuss strategies that can be adopted to prevent and respond to workplace violence.

Overview: This session features a panel of healthcare leaders sharing their experiences and discussing efforts to prevent violence in the workplace; keeping patients and staff safe.

Violence against healthcare workers has steadily increased for at least a decade. US Bureau of Labor Statistics data shows healthcare workers were five times more likely to experience violence in the workplace than other workers. Although the number of events has increased, they are still underreported, indicating that the actual events could be much higher. Staff exposure to workplace violence can affect patient care and lead to emotional distress, job dissatisfaction, absenteeism, turnover and increased cost. Using a collaborative approach between clinical staff and security allowed Atlanticare to increase awareness, increase reporting and develop a systematic approach to prevention.

Potential violence in the workplace is a high priority in many health systems. Interventions like de-escalation training and specialty personnel are often part of prevention efforts. The Michigan Medicine team sought to find ways to leverage the Electronic Medical Record to support safe patient care related to potentially violent events. Conceptualizing behavioral escalation as a "vital sign" that can measured, identified, and trended to deliver targeted interventions and resource allocation has been the guiding principle for the workplace violence prevention

[program at this health system.](#) Seeing behaviors as clinical symptoms that need trending and alerting to in order to escalate treatment and supports. Through this system we are now able to more readily see risk and put supports in place to mitigate violence early.

Main Line Health (MLH) is committed to identifying and addressing occupational health and safety hazards. In 2016, MLH leadership recognized the need to address violence and aggression that employees were experiencing while at work. An MLH task force was formed to support the launch of the Code Green Team, a response team that supports employees and helps prevent injuries during threats, actual violence or any other disruptive behaviors. MLH leaders were offered Management of Aggressive Behavior training to assist in risk mitigation by using techniques to decrease the risk of harm through appropriate prevention. In 2018, the task force became the Workplace Violence Prevention Committee and developed and incorporated multiple other components into the organization's workplace violence program, [such as the use of the electronic health record to communicate risk and use of data to support targeted interventions.](#)
Join this session to learn more from these leaders in preventing workplace violence.

Credit(s) available: IPCE, Nurse, Physician, General CE

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Session: PH365 | Virtual Clinic Improves Care Transitions and Reduces Readmissions
Wednesday, 3:00-3:45 p.m.
Fleurie

Sarah Horman, MD, *Hospitalist, Medical Director Virtual Transitions of Care Clinic, UC San Diego Health, San Diego, CA*
Eric Lundin, Project Manager & Organizational Consultant, *Project Manager & Organizational Consultant, UC San Diego Health, San Diego, CA*
Claire Raab, MD, *CEO Temple Faculty Practice, Temple University Hospital, Philadelphia, PA*
Dharmini Shah Pandya, MD, *Medical Director MVP Clinic, Temple University Hospital, Philadelphia, PA*
Steven R. Carson, MHAm, BSN, RN, *SVP Population Health, Temple University Hospital, Philadelphia, PA*

Keywords: Telehealth, Virtual Clinic, Transitions of Care, Access, Readmissions, Medication Management, Ambulatory Care, SDoH

Learning Objectives:
- Discuss the role of a transitions clinic in identifying systemic care lapses to inform broader quality initiatives.
- Describe how to care for patients across the continuum of care from inpatient to outpatient and, specifically, how to prevent readmissions in an urban area with high socioeconomic barriers.

Overview: This session features a diverse panel of healthcare leaders sharing their experiences and successful methods to bridge the patient experience; transitioning from acute care to the post-acute care environment.

UC San Diego Health implemented a post-discharge Virtual Transitions of Care clinic (VToC) that reduced 30-day all-cause readmissions. The period immediately after discharge is overwhelming for patients, leaving them vulnerable to poor experience and outcomes. The VToC bridges the chasm caused by care siloes, communication lapses, and social determinants of health. Additionally, observations from this clinic shed light on systemic inefficiencies to inform broader organizational quality improvement around increasing transitional care reliability.

Temple University Hospital developed a "bridge clinic" that manages patients through a high touch system postdischarge to ensure they don't get readmitted within 90 days. This Community Health Worker-driven transitional clinic works to address social determinants of health (SDoH) needs through interventions like the provision of transportation, fresh food, patient health education, and social worker access has demonstrated: higher than average clinic show rates, decreased 90-day all-cause ED visits and readmissions after participation. Relationships with patients across the continuum of health care can be a key method in improving health literacy, patient engagement and ultimately patient outcomes. This approach serves as a cost-effective model to prevent readmissions.

Join this panel to learn and discuss ideas for successful care transitions.

Credit(s) available: CPHQ, IPCE, Nurse, Pharmacist, Physician, General CE

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Session: PH366 | Powering Mayo Clinic Supply Chain Analytics Through Product Information Management
Wednesday, 3:00-3:30 p.m.
Musigny

Sara Erickson, PharmD, RPh, *Pharmacy Specialist - Supply Chain Management, Mayo Clinic*
Scott Wilde, MBA, *Sr. Director - Supply Chain Management, Mayo Clinic*
Greg Worden, MBA, *Sr. Technology Analyst - Supply Chain Management, Mayo Clinic*

Keywords: Spend Management, Pharmacy Formulary, Workflow

Learning Objectives:
- Explain the benefits of using a Product Information Management system.
- Describe successful strategies to streamline Pharmacy workflows within a health system.
- Differentiate device and supply management versus pharmaceutical formulary management.

Overview: More than ever before, having accurate product information is important. Even more important is putting that product information at the fingertips of the people who need it. Mayo Clinic has implemented a Product Information Management (PIM) system that allows us to do just that. From over 650,000 contracted products, to over 6,500 Pharmacy Formulary products we have found ways to have: Trusted data, more data

attribution, accessibility, dissemination and communication, reduced spend, improved patient safety, tracking substitutes and clinical equivalent products, as well as put the management of data in the hands of those that need it.

Credit(s) available: Pharmacy, General CE

Session: PH367 | Quantifying and Reducing Medication Waste in Health Care
Wednesday, 3:00-3:45 p.m.
Hermitage

Kelsey Waier, PharmD, System Wide Pharmacy Operations Director, UCSF, San Francisco, CA
Erin St. Angelo, PharmD, Procurement and Contracting Director, UCSF, San Francisco, CA
Mathen Gee, Director of Pharmacy Clinical Applications & Technical Services, Texas Children's Hospital, Houston, TX
Adam Witas, CPhT, Application Architect, Texas Children's Hospital, Houston, TX

Keywords: Resource Optimization, Inventory Management, Data Integration, Resource Optimization, Product Information Management System, Pediatrics

Learning Objectives:
- Apply the medication waste/inventory management equation created at UCSF to your own inpatient pharmacy business model to demonstrate potential cost avoidance and/or dollars saved per average patient day.
- Explain what a product information management system can do and how it can benefit your organization.
- Explain how multiple data sources can be integrated together to identify and predict usage to help in daily ordering.

Overview: This session features a panel of leaders sharing their experiences and methods to successfully reduce waste within the health care system to drive greater efficiencies. How do you quantify medication waste? Drugs that expire before use? What about compounded products? Static inventory in your pharmacies and automated dispensing cabinets? Excessive and unnecessary medication spend? At the University of California San Francisco, we developed a dashboard that compiles all medication waste and medication inventory opportunities to showcase cost avoidance and direct cost savings. This is normalized per patient day and compares month to month and fiscal year to fiscal year.

In response to excessive medication wastage, Texas Children's Hospital sought to replace metrics such as, "I feel like we need this medication," or "This is what we usually use," with metrics such as actual, predictive and adjustable usage. The team developed an innovative predictive ordering technology to help us be more efficient and accurate in the medication we keep on our shelves — reducing the volumes of medication ordered and returned without a single instance where operations had to go without medication for patient care. Join this session to learn new methods to reduce waste in health care.

Credit(s) available: Pharmacist, Pharmacy Technician, General CE

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Session VPH318 │ Evolving Care Models: Let's Talk About Your Ambulatory Opportunities
Wednesday, September 21, 8:00-8:45 a.m.
Lafleur

Eric Burch, MBA, RN, FACHE, *Executive Principal, Vizient*
Mike Strilesky, *Senior Principal, Sg2, a Vizient company*
Brian Hardy, *AVP, Pharmacy Consulting, Vizient*

Keywords: Ambulatory, Virtual Health, System Footprint, Revenue Growth, Growth Margin, System Margin, Disruptors; Specialty Pharmacy; Home Infusion

Learning Objectives:
- Discuss the information and insights around market performance, consumer expectations and access that will drive ambulatory growth.
- Describe the systems and technology necessary to enhance access to care and optimize the use of providers.
- Identify the trends impacting care delivery and how to evaluate financial viability for your system.

Overview: The pandemic ushered in new care models and site-of-care shifts that are changing where care is being delivered. Accelerated outpatient surgical shifts and the rapid the adoption of virtual visits, for example, are moving both profit and patients.

These shifts affect everything from how a system leader alter their perspective of patients as consumers; where a system dispenses therapeutics; the infrastructure they have in place to support care in the home, on the phone or in an office; and their workforce charged with providing the right care at the right place at the right time. Join us for this panel discussion hosted by our experts, we encourage audience participation and questions!

This session does not award accredited CE credit.

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Session VPH328 │ Capital Strategy Continuum: How To Build A Comprehensive Construction Program

Wednesday, 9:30-10:00 a.m.
Lafleur

James R. Copley, *Director, Real Estate, TMC Health*
Mark Webb, *Principal, Capital, Facilities & Construction, Vizient*
Charles Messamore, *Sr. Consulting Director, Capital, Facilities & Construction, Vizient*

Keywords: Construction, Lean-Led Design, Spend Optimization, Strategic Planning, Medical Equipment, Reduced Cost, Operational Efficiency, Facility Activation

Learning Objectives:
- Describe how to apply value-added capital and construction strategies for all life cycle phases of a construction project
- Discuss how today's leaders must reconsider their capital strategies to optimize operational efficiency for every project.
- Explain how to build transparency of construction costs into each project while increasing reported spend.

Overview: The continued increase in the cost of building materials has added to the financial stress in an already-burdened health care industry. As health systems expand to meet patient needs, the need to rethink capital strategies to ensure that every project meets patient needs in the most operationally efficient and cost-effective manner has never been more relevant.

As leaders look to the future, they need to develop more integrated and comprehensive strategies to enhance the planning, design and execution of building projects, while also managing unexpected cost increases and delivery delays in the construction process. A successful organization must focus on both short-term performance strategies that address ongoing business needs and challenges, as well as efforts to protect systems from future disruptions due to shortages, unexpected events or market fluctuations.

During this Power Huddle, our capital strategy continuum experts will share industry best practices on how to build a comprehensive program using data and market insights, Lean-led design practices, medical equipment planning and construction material purchasing solutions that maximize operational efficiency and minimize exposure to rising construction costs. Our experience, relationships and vast industry insights provide a unique perspective and understanding of the challenges and winning strategies necessary to build and implement a successful capital strategy continuum.

This session does not award accredited CE credit.

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Session VPH338 | Supply Chain Economic Outlook and Preparing for the Unexpected
Wednesday, 9:45-10:45 a.m.
Lafleur

Andrew Zuppann, PhD, *Principal, Vega Economics*
Jesse Schafer, *Executive Director, HIRC, Mayo Clinic, Rochester, MN*
Chad Mitchell, *Associate Vice President, Contract and Program Services, Vizient*
Kevin Johns, *Senior Director, Supply Assurance, Vizient*
Lisa McGuire, *Senior Consulting Director, SG2*

Keywords: Supply Chain, Economic Forecast, Supply Chain Challenges, Resiliency, Clinical Supply Integration, Downstream Price Pressures, Shortages, Delays

Learning Objectives:
- Discuss economic and statistical analysis of recent price movements and the future outlook for the health care market.
- Apply strategies that integrate supply chain solutions and leverage collaborative relationships to improve cost, quality and long-term sustainability.
- Explain how to engage clinicians to improve care delivery and financial performance.
- Build transparency and resiliency into your supply chain to protect against disruptions.

Overview: The health care supply chain ecosystem has been stressed for years — with little relief — as providers battle everything from COVID-19's continuing aftershocks and the Russia-Ukraine conflict to labor shortages and temporary and complete closures of key manufacturing facilities worldwide. As supply chain leaders look to the future, there is a clear need to clarify the economic forecast, determine tomorrow's challenges and plan how to manage unexpected events and/or market fluctuations.

During this Power Huddle, our experts will share economic and statistical analysis of recent price movements, the future outlook for the health care market, and their 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 does not award accredited CE credit.

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Session VPH348 │ The Future of Transparency: Solving Health Care's Toughest Challenges
Wednesday, 1:30 -2:45p.m.
Lafleur

Moderator: **Steven Lucio, PharmD, BCPS,** *Sr Principal, Center for Pharmacy Practice Excellence, Vizient*
Mittal Sutaria, *SVP, Contract & Program Services, Pharmacy, Vizient*
Margaret Steele, *SVP Med Surg, Vizient*

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

Learning Objectives:
- Explain how Vizient® is working with suppliers and other stakeholders to create access to additional inventory of essential medications and critical supply through transparency solutions.
- Describe the role of partnerships across the supply chain and the importance of data transparency in avoiding supply disruption.
- Discuss the role of collaboration in developing innovative strategies to support improved quality and security, as well as predictive modeling, to anticipate disruption.

Overview: From health systems and hospitals to suppliers to other stakeholder, shortages of pharmaceuticals and supplies continue to impact the delivery of care. While some shortages were exacerbated by the COVID-19 pandemic, there is still lack of clarity into the cause and cost of these shortages, and the impact to quality of care. This panel session will provide a unique combination of insights into areas of collaboration and new sourcing strategies that are challenging the norm, improving data transparency, and increasing access to inventory. Although transparency across stakeholders isn't the only solution, it's beginning to pay off as more providers and suppliers embrace new ways of working together to manage cost, mitigate disruption and improve the availability of supply.

This session does not award accredited CE credit.

Session VPH368 | How A Supply and Clinical Variation Reduction Program Improves Quality
Wednesday, September 21: 3:00-3:45 p.m.
Lafleur

Marshall Leslie, Group Senior Vice President, Operations and Quality, Vizient
Simrit Sandhu, Executive Vice President, Strategic Transformation and Clinical Supply Solutions, Vizient
Aman Sabharwal, Executive Principal, Quality Vizient
Gena Futral, Executive Principal, Reliability and Management Vizient
Blane Schilling, Senior Principal, Clinical Supply Solutions

Keywords: Care Variation, Clinical Variation Reduction, Supply Variation, Clinical Supply Integration, Clinical Quality, Quality Improvement, Performance Improvement, Value Analysis,

Learning Objectives:
- Discuss why the link between supply purchasing and clinical decision-making has become even more important.
- Identify governance models and best practices that can strengthen and sustain supply and clinical collaboration.
- Analyze how this model and discipline can benefit health care organizations from both a cost and a patient outcomes standpoint.

Overview: Despite recent challenges, delivering on quality patient care remains the primary mission of hospitals and providers. The imperative now is to either find new ways of improving patient outcomes or double down on current efforts. The COVOD-19 pandemic stimulated collaboration, particularly among supply and clinical leaders and their departments. Clinical integration is one such opportunity area. In our work with members over the past several years, we've noted that supply variation and its direct connection to physician practice and patient quality is a conversation that merits further exploration. Let's discuss!

This session does not award accredited CE credit.

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On-Demand Only Sessions

The On-demand Only sessions are recorded and will be available for viewing by Vizient members following the Vizient Connections Summit.

Session: PH401 | Decreasing 30-day Readmissions for Pleural Effusions After Lung Transplant

Nataliya Budanova, RN, Sr. Quality & Performance Improvement Specialist, Department of Quality & Safety, University of California San Francisco, Brisbane, CA

Keywords: Readmission, Length of Stay, Ultrasound Protocol, Complications, Standardized Documentation

Learning Objectives:
- Identify key strategies to improve patient outcomes and reduce or prevent 30-day readmissions.
- Describe methods used in identification, early detection and treatment of pleural effusion post-lung transplant.

Overview: Pleural effusions (PEF) after lung transplant (LT) are a common cause of early readmissions, leading to patient suffering and increased costs. We conducted a quality improvement intervention to reduce 30-day readmissions for PEF after LT by 50% over six months. We determined the baseline conditions of 30-day readmissions using a database analytic platform for PEF among 2018 and 2019 patients transplanted at our institution. We then analyzed clinical, laboratory and radiological data and interviewed LT providers to identify root causes. Finally, we explored countermeasures, implemented targeted interventions (from March 2020 to September 2020) and tracked monthly performance.

Credit(s) available: IPCE, Nurse, Physician, General CE

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Session: PH402 | The Path to Peak Performance: Achieving National Orthopedics Recognition

Ashley Kaplan, RN, BSN, MSN, Manager, Quality and Care Transformation, NorthShore University HealthSystem, Skokie, IL
Jason Koh, MD, MBA, Mark R. Neaman Family Chair of Orthopaedic Surgery, NorthShore University HealthSystem, Skokie, IL

Keywords: Benchmarking, Service Line, Scorecard, Systemness, Patient Experience, Patient Safety

Learning Objectives:
- Describe how to measure and monitor improvement efforts using a customized scorecard.
- Explain how to create custom measures that align with performance improvement initiatives.

Overview: We will share the story of how NorthShore Orthopedic and Spine Institute integrated analytics to benchmark competitive targets, provide systemwide service line transparency and improve quality — ultimately being listed as one of *U.S. News & World Report*'s top 50 Orthopedic Hospitals. This overview will cover our monthly processes of scorecard reporting with custom measures, ongoing performance improvement engagement with physicians, ad-hoc analysis for at-risk measures, and opportunities for future expansion and development.

Credit(s) available: ACHE, IPCE, Nurse, Physician, General CE

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Session: PH403 | Reducing Unplanned Extubations in the NICU

Amber Cantrell, BSN, RN, RN-C, Assistant Patient Care Manager, KY Children's Hospital, Lexington, KY
Shannon Haynes, MSN, RN, CNML, Patient Care Manager, KY Children's Hospital, Lexington, KY
Timothy Roark, MHA, RRT-NPS, Pediatric Respiratory Care Manager, KY Children's Hospital, Lexington, KY

Keywords: Mechanical Ventilation, Patient Safety, Neonates

Learning Objectives:
- Explain how team-based interventions can be used to decrease extubation in the neonatal population.
- Identify contributing factors associated with unplanned extubation in the neonatal population.

Overview: Unplanned extubations in neonates are associated with unfavorable outcomes, including increased days of mechanical ventilation, length of hospital stay, ventilator-associated pneumonia rates, health care costs and mortality. Our focus is to improve quality of care and patient safety by reducing the incidence of unplanned extubations in the neonatal intensive care unit (NICU).

Credit(s) available: CPHQ, IPCE, Nurse, Physician, General CE

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Session: PH405 | Putting the Backbone in Our Spine Program

Lauren Marozzi, MS, Project Manager, Value Based Care, Medical University of South Carolina, Charleston, SC
Gayle Wadford, MSN, MBA, RN, Program Manager, Medical University South Carolina, Charleston, SC
Deanna Marie Carter, BSN, RN, CCM, CPN, Spine Center Care Coordinator, Medical University of South Carolina, Charleston, SC
Stacey Seipel, MSN, RN, Director, Value Based Care Coordination, MUHA, Charleston, SC

Keywords: Nurse Navigator, Care Coordination, Bundled Payments

Learning Objectives:
- Describe successful team-based strategies to improve patient outcomes.
- Identify strategies to reduce cost for Spince Surgery Patients.

Overview: The Medical University of South Carolina's Spine Center began participating in the Centers for Medicare & Medicaid Services' (CMS) Spine Procedures Bundle Payments for Care Improvement Advanced Initiative in January 2021. Since that time, the team has implemented some of the CMS best practices, with the addition of a dedicated care coordinator and nurse navigator. The addition of these roles has helped engage patients throughout the course of their care and thus decreased readmissions, lengths of stay and costs.

Credit(s) available: ACHE, Nurse, Physician, General CE

Session: PH406| Implementing a Pharmacy-Driven COPD Transition-of-Care Service

Allison Brunson, PharmD, BCPS, Internal Medicine Pharmacy Specialist, Baptist Memorial Hospital - Memphis, Memphis, TN

Keywords: Readmissions, Medication Adherence, Hospital Readmission Reduction Program

Learning Objectives:
- Explain the impact of a pharmacy-driven transition of care service on COPD-related hospital readmissions.
- Identify different areas of intervention that would benefit COPD patients who are admitted to a hospital.

Overview: With the addition of chronic obstructive pulmonary disease (COPD) to the Centers for Medicare & Medicaid Services' Hospital Readmission Reduction Program, hospitals could be penalized with up to a 3% reduction in Medicare reimbursements for 30-day readmissions. As a result, in addition to the need to provide a high standard of COPD care, hospitals now have a financial incentive to reduce COPD readmissions. COPD patients who are nonadherent to their medications are at high risk of readmission. We implemented a pharmacy-driven, multidisciplinary, transition-of-care service to identify and circumvent barriers to medication adherence to improve patient care and reduce 30-day hospital readmissions. The implementation of this

pharmacist-led transition of care program showed a significant reduction in COPD-related 30-day readmission rates and a reduction in all-cause readmissions.

Credit(s) available: Pharmacist, Pharmacy Technician, General CE

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Session: PH407 | Before Rowing, Get in the Boat: Lowering NSTVL C-Section Rates

Kay Young, MSN, RNC-OB, CPHQ, CCE, *Director, OBGYN Quality Assurance and Performance Improvement, Lehigh Valley Health Network, Allentown, PA*
Travis Dayon, MD, *Chief, Division of Obstetrics; Associate Practice Leader LVPG OBGYN, Lehigh Valley Health Network, Allentown, PA*
Danielle Durie, MD, MPH, *Vice Chair Quality, Department of OB/GYN; Associate Professor University of South Florida Morsani College of Medicine, Lehigh Valley Health Network, Allentown, PA*

Keywords: Obstetrics, Data-Sharing, Maternal Mortality, Provider Education

Learning Objectives:
- Identify why safe reduction of the NTSVL C-section rate is indicated.
- Discuss two interventions to successfully reduce the NTSVL C-section rate.
- List three counter metrics used to safety reduce the NTSVL C-section rate.

Overview: This presentation will outline the steps a large health network took to effectively decrease its nulliparous term singleton vertex living (NTSVL) cesarean delivery rate. Provider awareness of guidance provided by the American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine, combined with ongoing education and public and private data-sharing, successfully reduced the NTSVL cesarean rates both as a network and individually among five campuses.

Credit(s) available: IPCE, Nurse, Physician, General CE

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Session: PH408 | Ready, Set, Go! Preparing Practice-Ready Nurses

Stephanie McGinnis, MAAL, *Education Specialist, Norman Regional Health System, Norman, OK*
Shannon D. Largent, MBA, BSN, RN, *Administrative Director of Patient Care Services and Accreditation, Norman Regional Health System, Norman, OK*
Kelia Crabbe, MSN, RN, RDMS, *Transition to Practice Specialist, Norman Regional Health System, Norman, OK*
Brittni McGill, MSN, RN, CCRN, *VP/CNO, Norman Regional Health System, Norman, OK*

Keywords: Workforce, Nursing Recruitment, Student Nurse Partners, Professional Development

Learning Objectives:

- Explain the steps needed to implement a collaborative clinical-academic partnership between school, facilitator and student.
- Illustrate how a clinical-academic partnership can enhance the clinical experiences of nursing students.
- Describe the benefits and outcomes of a clinical-academic partnership.

Overview: For many years academia and hospitals have investigated collaborative approaches to better prepare nurses through clinical education and practice. Norman Regional Health System's solution uses clinical-academic partnerships paired with a compensation model to help nursing students gain clinical knowledge. The Student Nurse Partner (SNP) program prepares fourth-semester nursing students by building clinical and leadership skills, resulting in confident, practice-ready nurses. The outcome of the SNP program strengthened the transition-to-practice pipeline by providing higher recruitment and retention of graduate nurses. Learn how to implement this transferable and sustainable program in your facility.

Credit(s) available: Nurse, General CE

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Session: PH409 | Utilizing a Predictive Model to Prevent Readmissions

Elizabeth C. Crabtree Killen, PhD, MPH, Administrator, Clinical Transformation, Medical University of South Carolina, Wadmalaw Island, SC
Heather Toeppner, MSN, RN, Project Manager, Value based care, Medical University of South Carolina, North Charleston, SC
Peggy Jenny, BSN, RN, Director, Value Intelligence, Medical University of South Carolina, Charleston, SC

Keywords: Readmission Risk Score, Workflow, Risk Stratification

Learning Objectives:
- Discuss how a predictive modeling tool uses risk stratification to reduce 30-day hospital readmission rates.
- Identify interprofessional evidenced-based workflows that optimize patient care while decreasing 30-day hospital readmission rates.

Overview: Predictive modeling allows hospitals to identify patients at high risk for readmission, prioritize postdischarge follow-up for those at high risk for readmission and ultimately reduce readmission rates. The readmission risk score has transformed the way we care for patients by tailoring care to readmission risk factors, improving care coordination between disciplines, prioritizing discharge milestones, and communicating discharge barriers or delays in a timely and organized manner. The first 10 months post-implementation, our 30-day all-cause readmission rate decreased from 12% to 9.6%.

Credit(s) available: ACHE, Nurse, Physician, Pharmacist, General CE

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Session: PH410 | Bundled Interventions: The Answer to High Resource Utilization?

Lucy Shi, MD, Associate Physician, UC Davis Medical Center - Sacramento, CA, Sacramento, CA
Garima Agrawal, MD MPH, Associate Physician, UC Davis Medical Center - Sacramento, CA, Sacramento, CA

Keywords: Multidisciplinary Huddle, Readmission Rate, Health Navigators, Value Team, Transitions of Care, Length of Stay

Learning Objectives:
- Identify key interventions that led to improved mortality, LOS and 30-day readmissions.
- Describe patient-specific needs and challenges that these key interventions addressed.

Overview: Many hospital systems face external pressures to improve patient outcomes while simultaneously reducing health care cost drivers, such as length of stay (LOS) and readmissions. By focusing on bundled interventions centered around multidisciplinary care coordination, we reduced LOS and readmissions while also improving our mortality index — despite increasing patient complexity. Our experience highlights the importance of identifying high-resource users and the common themes that contribute to readmissions. Given the numerous factors involved, a successful approach requires implementation of a targeted, multifaceted program that addresses the unique needs of every patient population.

Credit(s) available: ACHE, Nurse, Physician, General CE

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Session: PH412 | Quality, Documentation and Coding Collaborate to Reduce Patient Safety Indicators

Roberta L. Moore, MBA, RHIT, Lead Improvement Specialist, Spectrum Health, Grand Rapids, MI
Sandra K. Zuiderveen, BSN, RN, CPHQ , Senior Improvement Specialist, Spectrum Health, Grand Rapids, MI
Amanda J. Pett, RHIT, Senior Inpatient Coding Quality Analyst, Spectrum Health, Grand Rapids, MI
Adrien M. Ross, MSN, RN, CPHQ, Lead Improvement Specialist, Spectrum Health, Grand Rapids, MI

Keywords: PSI, Patient Safety Indicators, Coding, Quality, Present on Admission

Learning Objectives:
- Describe a multidisciplinary approach to solve clinical documentation and coding integrity gaps within a complex health system.
- Explain how to use a database to identify areas of improvement in CMS penalty programs.
- List the participants needed to make significant process changes toward improvement in documentation and pre-bill coding integrity to accurately represent patient status, interventions and clinical outcomes.

Overview: Our organization successfully reduced Centers for Medicare & Medicaid Services (CMS) penalty in four patient safety indicators (PSI) as a result of collaboration between quality improvement, coding and documentation integrity, and the coding quality teams. This multidisciplinary group relied on captured

performance data to identify PSI of greatest penalty risk. Through a pre-bill review process initiated by quality improvement, a reduction of greater than 25% was realized in each of four PSIs (03, 11, 12 and 15). We will present the reduced CMS penalty realized through this process.

Credit(s) available: ACHE, CPHQ, IPCE, Nurse, Physician, General CE

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Session: PH413 | Optimizing the Video Visit Experience to Drive Outcomes and Value

Mike Woodruff, MD, Chief Patient Experience Officer, Intermountain Healthcare, Salt Lake City, UT
Brian Roundy, MSc, Sr Director, Software Development, Intermountain Healthcare, Salt Lake City, UT
Brian Wayling, MBA, Executive Director, Intermountain Healthcare, Salt Lake City, UT

Keywords: Virtual Visit, TeleHealth, Access, Reducing Variation, Patient Experience, Consumer Strategy

Learning Objectives:
- Discuss how broad deployment of virtual visits in acute care services, specialty services and primary care can drive value across the continuum of care.
- Identify barriers to trust and broad adoption of virtual care by patients and care teams.
- Illustrate evolutionary and iterative change cycles to address key points of friction in the virtual care experience: reliable technology, operational processes and human connection.

Overview: Delivering high-quality care through technology is a strategic imperative for most health care organizations seeking to grow their business and build consumer trust. We will focus on our journey to improve the patient experience and their understanding of scheduled video visits in primary and specialty care, and how data-driven continuous improvement has enabled success. This includes how Intermountain Healthcare has embedded telehealth across the continuum of care to provide a higher quality of care at a lower cost while keeping patients closer to home. Through a systematic approach, we identified and solved various technology, caregiver engagement and support issues to improve patient experience scores over the last 12 months while maintaining safety and quality of care.

Credit(s) available: ACHE, Nurse, Physician, General CE

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Session: PH414 | Aligning Spine: Access, Triage and Navigation at Penn Medicine

Rachel Kanter, MSN, RN, Director of Access, Neuroscience Service Line, Penn Medicine, Philadelphia, PA
Lee Leibowitz, MBA, Chief Administrative Officer, Neuroscience Service Line, Penn Medicine, Philadelphia, PA

Keywords: Service Line Growth, Consults, Referrals

Learning Objectives:

- Discuss how to develop and manage a multidisciplinary consult order spanning multiple divisions in an electronic health record system.
- Explain how a coordinated approach to spine care improves patient access and referring provider satisfaction.

Overview: To improve access and reduce care variation for spine patients, Penn Medicine centralized its internal spine referral and triage process across four divisions (orthopedic surgery, neurosurgery, rehabilitation medicine and pain management), creating the Spine Access program in 2018. It serves as a single entry point and triage mechanism for specialty spine care referrals, with team members proactively calling patients to navigate them appropriately across the care continuum. The program has enhanced the patient and provider experiences, contributed to double-digit growth in appointment volumes across all four specialty departments, and enabled data-based insights that inform strategy.

Credit(s) available: ACHE, Nurse, Physician, General CE

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Session: PH415 | Reducing Sugammadex Usage: Optimization of Use Criteria and Outcomes Evaluation

Gerald Rebo, PharmD, BCPS, BCCCP, D-PLA, *Director, Pharmacy Value and Outcomes, Novant Health*

Keywords: Medication Cost, Formulary, Resource Utilization

Learning Objectives:
- Describe how to create evidence-based use criteria to effectively manage high-cost medications.
- Explain how to leverage internal data collection and analysis to allow evaluation of patient outcomes associated with the formulary management process.

Overview: Sugammadex sales reached $1.5 billion globally in 2021, with Vizient reporting it is "ranked no. 3 in total member spend in the category of acute care drugs." This project focused on the assessment of value and outcomes of sugammadex in comparison with neostigmine/glycopyrrolate for the reversal of neuromuscular blockade. The primary endpoint of this project was to develop evidence-based use criteria, while the secondary endpoint was to realize a 90% reduction in the use of sugammadex systemwide while prioritizing no impact to patient outcomes. The results of newly added use criteria demonstrate an 86% reduction in the use of sugammadex with no appreciable impact on measured outcomes.

Credit(s) available: Pharmacist, General CE

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Session: PH416 | Leveraging Clinical Databases for Reports That Work!

Guido Bergomi, MHA, *Executive Director, Office of Patient Experience, Intermountain Healthcare, Salt Lake City, UT*

Milli West, MBA, CPHQ, *System Quality Director, Intermountain Healthcare, Salt Lake City, UT*
Nathan Barton, MS, *Data Analytics Manager, Intermountain Healthcare, Salt Lake City, UT*

Learning Objectives:
- Describe the benefits of developing an internal report suite to prioritize performance management.
- Discuss the methods employed to capture clinical data for internal insight, flexibility and value.

Overview: Intermountain Healthcare is a 32-hospital integrated health care delivery system , including one standalone children's hospital. To support system priorities, leaders from Intermountain's Office of Patient Experience created a suite of internal reports using data from a performance improvement analytic platform. Intermountain's outcomes report provides enhanced insight into the database data and drives internal operations support and outcomes improvement with numerous customization options. The report houses ongoing trending data for lead and lag metrics and points leaders more specifically toward highest impact opportunities in the areas of mortality, length of stay, direct cost, readmissions, patient safety indicators and equity.

Credit(s) available: ACHE, CPHQ, Nurse, Physician, General CE