



vizient. CONNECTIONS SUMMIT
Sept. 19–21, 2022 #vizientsummit

STRONGER

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Poster: P101 | Leading Fall Prevention by Being a R.A.P.P.E.R.

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Keywords: Standard Work, Patient Safety, Patient Falls

Learning Objectives:

- Employ cause analysis techniques to structure frontline staff feedback as a tool to improve patient care quality and safety.
- Summarize frontline staff feedback in a manner that leads to improved quality metrics and clinical patient outcomes.
- Apply innovative and creative quality improvement methods to move your health system to zero preventable patient harm.

Overview: Reduction of patient falls and falls with injury is a national health care quality and patient safety priority. Nurses led an initiative to address this priority in a highly regulated and complex academic safety net hospital. Through staff engagement, interdisciplinary collaboration and a campaign centered around cause analysis results, the health system achieved a 17% reduction in patient falls and a 30% reduction in patient falls with injury in 2021 (as compared to 2020). The hospital also performed in the 10th percentile in the second and third quarters of 2021 and in the 25th percentile in the fourth quarter of 2021. The hospital returned to the 10th percentile in the first quarter of 2022, based on National Database of Nursing Quality Indicators benchmarked data.

The R.A.P.P.E.R. campaign included essential fall prevention strategies identified in the cause analysis:

- R: Rounding purposefully and hourly
- A: Assessing patients comprehensively upon admission and on an ongoing basis
- P: Planning patient care (nurse care planning) and individualizing that plan
- P: Prevention measures that were individualized to each patient's specific needs
- E: Educating and engaging patients in fall prevention measures
- R: Repeating these measures throughout the patient's hospitalization

A hospitalwide contest for best rap (poem) using the R.A.P.P.E.R. acronym was held to publicize the fall prevention initiative, promote staff engagement and hardwire core expectations. Join us to learn more about this successful and fun intervention.

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

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## Poster: P102 | Leveraging Lean Methodology to Prevent Falls

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**Keywords:** Standard Work, Patient Safety

**Learning Objectives:**

- Explain how Lean methodology can be leveraged to address clinical challenges and hardwire standard practices by involving frontline staff and leadership in the development of standard work and confirmation practices.
- Discuss the role of visual management in changing the culture of clinical practice.

**Overview:** A community hospital used standard work and Kamishibai cards (K-cards) as a proactive approach to address fall prevention. Preliminary assessments showed inconsistent fall prevention practices and fall rates above targets. Standard work with process confirmation, a Lean methodology, was leveraged to address practice variations. This approach reduced and sustained falls to less than 2.28 falls per 1,000 patient days and achieved 157 days between falls. Embedding this approach into the daily workflow helped transform fall prevention culture by facilitating clear practice expectations, compassionate coaching, real-time data gathering and problem-solving.

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

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Poster: P103 | Behavioral Health Clinical Navigator Promotes Equitable Access to Pediatric Care

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Keywords: Behavioral Health, Health Equity, Pediatrics

Learning Objectives:

- Discuss the elements of the behavioral health system that often drive inequitable access to care.
- Recognize how the role of a behavioral health clinical navigator can drive effective behavioral health services for youth.
- Describe the role of the consultant child and adolescent psychiatrist in an integrated behavioral health model for youth.

Overview: The Rush Collaborative Care Program (CCP) expands patient access to mental health services through a team-based approach to depression screening and intervention. This program experienced significant declines in pediatric referrals following the collapse and restructuring of care management teams. The CCP engaged key stakeholders to develop the behavioral health clinical navigator role, charged with uniquely structuring the needs of the pediatric practice. This integrated approach substantially increased pediatric behavioral health navigation and promoted equitable access to behavioral health care in a landscape fraught with longstanding barriers to mental health services.

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

Poster: P104 | Collaborative Care Model Increases Patient Access to Mental Health Services

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Keywords: Behavioral Health, Depression Screening, Escalation Pathway, Reimbursement, Primary Care, Access

Learning Objectives:

- Describe how a collaborative care model can improve behavioral health access for primary care providers.
- Discuss the roles of the behavioral health care manager and the patient registry in a collaborative care model.
- Classify reimbursement opportunities for providing mental health services in the primary care setting.

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

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

Poster: P105 | Improving Access to Inpatient Care for Socioeconomically Disadvantaged Psychiatry Patients

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Keywords: Behavioral Health, Health Equity, Psychiatric Care

Learning Objectives:

- Identify the primary cause of health care disparity related to inaccessible mental health care for psychiatric patients.
- Discuss successful strategies to achieve more equitable transfer rates between public/uninsured and privately insured psychiatric patients.

Overview: According to Stanford emergency department (ED) 2021 data, psychiatric patients in the ED who are publicly insured or uninsured are less likely to be accepted for transfer to another facility, despite the Emergency Medical Treatment and Labor Act law requiring facilities to accept patients regardless of ability to pay. This project highlighted the compounded marginalization of an already stigmatized patient population within the health system. In line with Stanford's mission and values for diversity, equity and inclusion, we believe this project represents how to be at the forefront of a commonly known, but rarely addressed issue.

Credit(s) available: Nurse, General CE

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## Poster: P106 | Quality Reporting and Management: Closing the Reporting Gap

**Emma Mollenhauer, BS**, Senior Data Analyst, Cottage Health, Santa Barbara, CA

**Baraka Peterman, BSN-RN, MSHA, CPHQ, CPPS**, Director of Quality, Cottage Health, Santa Barbara, CA

**Keywords:** Core Measures, Health Disparities, Sepsis

### Learning Objectives:

- Describe effective strategies to identify trends in quality reporting data.
- Discuss the creation of dashboards for specific core measures that can be used to implement meaningful process improvements.

**Overview:** Core measure data is expensive to collect and often difficult to report, analyze and use to drive improvement. To better understand how sepsis bundle compliance affects patient mortality, readmissions and length of stay and to implement meaningful process improvements, we created interactive dashboards that tie together quality and patient-level data. These dashboards allow all core measure results to be reported monthly and easily aggregated/disaggregated to identify trends. By linking patient demographics to core measures, we can also look for potential health care disparities by language or ethnicity.

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

## Poster: P107 | Harnessing the Power of 40,000: Becoming an Idea-Driven Organization

**Meghan E. Wencker, MBA**, Senior Continuous Improvement Manager, SSM Health-DePaul Hospital, Bridgeton, MO

**Seth Lovell, RN, MBA**, Vice President – Patient Care Services, Chief Nursing Officer, SSM Health-DePaul Hospital, Bridgeton, MO

**Keywords:** Cultural Problem-Solving, Staff Engagement, Staff Autonomy

### Learning Objectives:

- Discuss the fundamentals of an effective idea system and how to apply them.
- Describe strategies to effectively and inclusively engage caregivers and other potential key stakeholders.

**Overview:** Harness the power of ideas from your entire workforce to drive improvement, innovation and engagement. SSM Health developed a systematic approach to collect and implement ideas from its approximately 40,000 employees, resulting in solutions that are quicker to implement, less expensive and more attainable. When done correctly, soliciting employee ideas creates a culture of autonomy and shared ownership in which every team member offers improvements and witnesses the progress toward implementation. Through this systematic approach, we have solved multiple problems daily and achieved our goals across the organization more effectively and efficiently.

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

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Poster: P108 | Recipe for Equity: Hospital/Community Partnership Addresses Local Food Insecurity

Amy Woods, MPH, Project Manager, Health Equity Program Support Office, University of Rochester Medical Center, Rochester, NY

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Keywords: Health Equity, Food Insecurity, Readmissions

Learning Objectives:

- Discuss implementation steps for a food pantry at a large academic medical institution.
- Apply shared knowledge of how an institution can address a basic need (food insecurity) for its patient populations.
- Identify at least one solution for addressing food insecurity in the community your health care organization serves.

Overview: Throughout the 10-county service area of Foodlink, University of Rochester (UR) Medicine’s regional food bank, more than 152,000 residents experience food insecurity — meaning they have limited or uncertain access to enough food for everyone in their household. To better address food insecurity in our community, UR Medicine partnered with Foodlink to establish a hospital-based food pantry that meets patients where they are. During the session, our pantry team will share the importance of community partnerships, the implementation process and lessons learned and provide insight on future growth.

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

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## **Poster: P109 | Reducing Hospital-Acquired Infections in a Medical Intensive Care Unit**

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**Keywords:** Nurse Empowerment, CAUTI, CLABSI



**Learning Objectives:**

- Discuss effective methods to reduce CLABSI and CAUTI.
- Describe diagnostic options that can be used to identify secondary sources of infection.

**Overview:** As hospital-acquired infections increased in a large academic medical center, we needed to take a proactive approach and engage quality, nursing, and physician and infection prevention leaders to devise corrective measures. By engaging this multidisciplinary team, performing a thorough retrospective case review, implementing daily leader rounds, and taking a proactive approach to analyze central line-associated bloodstream infection (CLABSI) and catheter-associated urinary tract infection (CAUTI) bundles, our team significantly improved patient outcomes in a medical intensive care unit — reducing CLABSIs by more than 40% and reducing CAUTIs to zero.

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

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Poster: P110 | An Allied Strategy to Manage Complexity and CAUTI Reduction

***Sarah Boyd, MD**, Infectious Disease Physician and System Medical Director of Antimicrobial and Diagnostic Stewardship Program, Saint Luke's North Hospital, Kansas City, MO*

***Ginny Boos, PhD, RN, CPHQ**, Director of Infection Prevention, Saint Luke's Health System, Kansas City, MO*

Keywords: HAI, Quality Patient Outcomes, Patient Safety

Learning Objectives:

- Discuss strategies to consider when implementing a project to standardize an approach across a health care system.
- Identify key participants to include in a collaborative approach to hospital-acquired infection prevention.

Overview: Catheter-associated urinary tract infections (CAUTI) make up a substantial portion of health care-associated infections. CAUTI involve many points of risk, from the decision to place a catheter, to insertion and maintenance, to the timing of removal. Despite standard prevention measures, our urinary catheter rate of infections was worsening. As a result, infection prevention and quality leaders embarked on a multidisciplinary project to assess current state and optimize prevention efforts.

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

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**Poster: P111 | Interprofessional Leadership and Collaboration Leads to Reduced Pressure Injuries**

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**Keywords:** HAPI, Patient Safety

**Learning Objectives:**

- Discuss the benefit of a structured leadership approach to simultaneously address multiple drivers of change.
- Explain the impact of actionable data on developing timely point-of-care interventions.
- Describe critical tactics to engage frontline staff in the performance improvement/change management processes.

**Overview:** A Lean continuous improvement approach supported by strong institutional leadership resulted in a 50% reduction in hospital-acquired pressure injuries (HAPI) at UMass Memorial Medical Center. A focused collaborative, a series of data-driven interventions and process changes drove the reduction. Every point of care, from initial patient contact through discharge and coding, generated interprofessional opportunities that contributed to this significant reduction in HAPI. Relentless and structured pursuit of multiple simultaneous opportunities, driven by the Performance Improvement Safer Team, supported bedside caregivers as they implemented successful and sustainable change.

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

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Poster: P112 | Wombmates to Roommates: Rooming-In to Manage Infant Withdrawal

Sarah Lauer, MS, RNC-ONQS, Senior Quality Consultant, University of Utah Health, Salt Lake City, UT
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Keywords: NOWS, Neonatal Opioid Withdrawal, Family-Centered Care, Pediatrics, Total Cost of Care

Learning Objectives:

- Describe the potential benefits of rooming-in for both mom and baby.
- Outline the components of implementing a rooming-in practice change.

Overview: Faced with increasing rates of babies born with neonatal opioid withdrawal syndrome (NOWS), we recognized the need to develop a program to provide more comprehensive care for these patients. We focused on the idea of rooming-in, whereby discharged moms are allowed to stay in an inpatient room with their *admitted* baby. Our pilot demonstrated that rooming-in reduced the need for medication treatment and resulted in shorter lengths of stay for this patient population. The rooming-in process was well received by the nurses and parents experienced little to no anxiety.

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

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**Poster: P113 | It Takes a Village to Improve Placenta Accreta Outcomes**

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*Amy Mosely, BSN, RN, CLC, Perinatal Nurse Navigator, UF Health Physicians, Gainesville, FL*

**Keywords:** Health Equity, Maternal Morbidity and Mortality, Risk Stratification, Standardized Protocols

**Learning Objectives:**

- Outline the creation of a standardized protocol based on best practices.
- Illustrate the importance of improved communication among multidisciplinary teams.
- Identify methods that can be used to assess the effectiveness of implemented changes.

**Overview:** Placenta accreta spectrum disorders, which involve abnormal invasion of the uterine myometrium by villous tissue, are significant contributors to maternal mortality and morbidity due to excessive blood loss and organ injury. In April 2018, we formed a core team of more than 30 individuals from seven clinical departments to create a standardized protocol based on best practices, streamline our services, and improve the process through efficient communication and continuous quality control. This approach decreased our maternal morbidity rate by 70%, intraoperative blood loss by 50% and the need for blood component replacement therapy by 68%.

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

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Poster: P114 | Sustaining Malnutrition Hospital Reimbursement From Dietitian-Led Interventions

Kelly Fedder, MS, RD, LD, CNSC, Registered Dietitian, University of Kentucky HealthCare, Lexington, KY

Keywords: Nutrition-Focused Physical Exams, Total Cost of Care, Reimbursement

Learning Objectives:

- Explain the dietitian’s role in identifying malnutrition.
- Describe the importance of congruent documentation between dietitian and provider on hospital reimbursement values for malnutrition.

Overview: It is estimated that 20% to 60% of hospitalized patients are malnourished. Failing to correctly identify and document malnutrition can negatively impact reimbursement. The implementation of dietitian-performed, nutrition-focused physical exams; a formalized documentation process; and accompanying provider education resulted in: (1) increased diagnosing of malnutrition in surgical patients [pre-intervention: 194, post-intervention: 334]; (2) increased concordance in severity of malnutrition between the dietitian and provider [pre-intervention: 8.64%, post-intervention: 46.3%]; (3) increased reimbursement [pre-intervention: \$278,566, post-intervention: \$571,281]; and (4) sustained reimbursement at six, 12, 18 and 24 months post-intervention. Continued interdisciplinary collaboration is needed to optimize identification and documentation of malnutrition and ultimately improve patient outcomes.

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

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**Poster: P115 | Urgent Outpatient MRI Program for Neurology Patients Prevents Unnecessary Admissions**

**Andrew Huang, MD, Neurology Resident, University of Rochester Strong Memorial Hospital, Rochester, NY**

**Keywords:** Expense Management, Imaging, Utilization, Resource Stewardship, MRI

**Learning Objectives:**

- Describe an urgent outpatient care model for patients with acute neurologic symptoms presenting to the emergency department.
- Discuss the cost savings related to prevented hospital days when inpatient imaging is deferred to the outpatient setting.

**Overview:** An urgent outpatient MRI care model was designed and implemented for neurology patients to prevent unnecessary admissions at a tertiary academic hospital. Qualified patients seen in the emergency department who were awaiting MRI imaging but did not have urgent inpatient or therapy needs were discharged home with timely outpatient MRI imaging. During a 12-month period, 117 patients underwent urgent MRI imaging, producing approximately \$150,000 in MRI revenue and \$370,000 to \$550,000 in cost savings from prevented hospital days. This urgent outpatient care model for neurology patients is potentially feasible and cost-saving for other hospitals.

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

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Poster: P116 | Four to the Floor: Optimizing ED-to-Floor Patient Flow

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Preetham Talari, MD, MBA, Associate Professor, Medical Director, UK HealthCare, Lexington, KY

Keywords: Capacity, Throughput, Discharge, Turnaround Time

Learning Objectives:

- Describe a framework to optimize hospital patient flow from the emergency department to the floor.
- List interventions to improve patient flow in a hospital.
- Discuss potential outcomes of such interventions in a hospital.

Overview: Optimizing patient flow is paramount to improving quality and access to care. Emergency department (ED)-to-floor patient flow involves multiple steps, as well as opportunities to streamline these steps. We achieved a hospital “discharge order to next patient occupy time” for a patient from the ED of less than four hours (“four to the floor”). Intermediate steps were individually analyzed and optimized with rapid Plan-Do-Study-Act improvement cycles. Senior leadership support from our executive chief medical officer, automation of certain steps, standard work and workflow modification helped achieve these results.

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

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**Poster: P117 | Time is Not Refundable! Optimizing Cardiac Surgery Patient Throughput**

**Salma Mansour, MSN, MBA, RN, ACNP-BC, LSSGB, Hospital Operations Center Manager, Stanford Health Care, Palo Alto, CA**

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**Keywords:** Capacity Management, O.R. Utilization, Patient Flow, Throughput, Dashboard, Digital Optimization

**Learning Objectives:**

- Apply communication methods to relieve patient congestion from operating rooms to intensive care units.
- Describe elements of the interactive dashboard that assist with throughput and capacity management.
- Describe a multidisciplinary approach to addressing patient flow bottlenecks in a surgical service line.

**Overview:** Efficient patient flow and capacity management are essential to the success of any hospital organization. The opening of Stanford Health Care’s new adult hospital increased operating room (O.R.) capacity, but the cardiac surgery service quickly identified a bottleneck in transferring patients from the O.R. into intensive care unit beds. The need for immediate resolution drove the engagement of multiple clinical stakeholders to develop an effective patient flow and throughput process. Throughput capacity improved through deployment of an interactive communication system, including an innovative and interactive patient-level capacity dashboard.

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

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Poster: P118 | Leveraging a Discharge Reception Area to Improve Patient Flow

Jennifer Erickson, RN, MNS, MBA, CPHQ, CSSGB, Director, Patient Flow Management Center, UC Davis Medical Center, Sacramento, CA

Eric Gross, MD, MMM, Physician Advisor, Quality Director of Emergency Medicine, UC Davis Medical Center, Sacramento, CA

Keywords: Capacity Management, Throughput, Patient Discharges

Learning Objectives:

- Describe opportunities to improve expedited patient discharges and patient flow by leveraging a discharge reception area.
- Identify methods to increase utilization of a discharge reception area.

Overview: Efficient orchestration of patient discharges is critical to daily operations within a hospital. In April 2020, our patient flow management team took charge of a previously limited discharge reception area (DRA). Through several process improvement initiatives and implementation of a daily multidisciplinary discharge huddle, the DRA realized a 77% increase in patient discharges facilitated through the reception area. In 2022, patients discharged through the DRA have a higher rate of leaving the facility before 1400 (58%) compared to patients discharged from the units (32%).

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

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## **Poster: P119 | A Journey From Inpatient to Outpatient: Autologous Stem Cell Transplant**

**Mag Browne McManus, MSN, RN, Nurse Manager, UC Davis Medical Center, Sacramento, CA**

**Keywords:** Care Delivery Model, Ambulatory, Care at Home

### **Learning Objectives:**

- Describe the development, implementation and evaluation of an outpatient ASCT program.
- Identify characteristics of a successful outpatient ASCT program.

**Overview:** In spring 2020, COVID-19 forced a reduction in elective hospital admissions, resulting in extended wait times for patients needing autologous stem cell transplantation (ASCT). To reduce the critical backlog of patients waiting for admission to the inpatient bone marrow transplant unit, a multidisciplinary group created an outpatient ASCT program, located in the acute infection management/cellular therapy unit of the main hospital that supports infusion therapy and other outpatient services. The initial transplant was completed within six months of the first operational meeting. In the 11 months since the inaugural outpatient ASCT program transplant, we've completed 21 outpatient transplants and saved 227 patient days.

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

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Poster: P120 | Care Alignment: Standardizing Clinical Practice To Align With Best Practices

Collin Seabourne, MS Eng, Senior Quality Consultant, University of Utah Health, Salt Lake City, UT

Keywords: Society of Thoracic Surgeons, Data Extraction, Registry Templates, Reducing Variation

Learning Objectives:

- Discuss the key drivers of documentation that result in inaccurate performance rankings.
- Explain successful methods used to improve adherence to best practices in cardiac surgery.

Overview: Quality and clinical disease registries are used to measure, improve, monitor, benchmark and research patient outcomes. Missing or inaccurate registry data adversely affects the precision and bias of registry scores. For longitudinal studies, missing data reduces the statistical power to detect change and can underestimate or overestimate intervention effects. Ensuring that electronic medical record (EMR) documentation is accurate and complete is daunting and time-consuming. At University of Utah Health we developed and implemented EMR templates enabling clinicians to efficiently and effectively meet registry and regulatory documentation requirements to provide the best possible care.

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

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## Poster: P121 | Vaccine Tracking and Administration: Real-Time Data Drives Safety and Efficiency

*Glenn George, MBA, Application Architect, Texas Children's Hospital, Houston, TX*

*Roxanne Looper, CPhT, System Analyst, Texas Children's Hospital, Houston, TX*

**Keywords:** Resource Allocation, Medication Management, Pediatrics, Vaccine Management

### Learning Objectives:

- Discuss methods to rapidly implement technological solutions and overcome barriers in vaccine administration.
- Illustrate the compilation of data to drive executive-level decisions for resource allocation.

**Overview:** Texas Children's Hospital (TCH) provides employee and patient immunizations throughout the enterprise in the Houston and Austin greater metropolitan areas of Texas. The SARS-CoV-2 pandemic initiated rapid mobilization of vaccine research, production and implementation. The TCH pharmacy informatics team developed and reallocated technological solutions to track vaccine procurement, distribution and administration. The project was designed to leverage medication management technology to capture data in each step of the medication use process. Data from multiple sources was integrated to provide real-time insight into inventory and patient vaccination statuses to drive leadership decision-making for resource allocation.

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

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Poster: P123 | Strategies for Creating a Safer Decentralized Pharmacy

Jake Freeman, PharmD MHA, Pharmacy Informatics Supervisor, NYU Langone Hospital – Long Island, Mineola, NY

Kim Asmus, BS/PharmD, Director of Pharmacy Services, NYU Langone Hospital – Long Island, Mineola, NY

Keywords: Inventory Optimization, Medication Management, Workflow, Automated Dispensing Cabinets

Learning Objectives:

- Discuss how to develop a strategic action plan to reduce missed doses using pharmacy technology and unit-based inventory optimization, leading to value creation, sustainability and competitive advantage.
- Explain how to streamline team-based workflows between nursing and pharmacy services lines to improve overall patient care and satisfaction.
- Identify how to solve pharmacy workflow bottlenecks through decentralization to reduce pharmacy technician labor while improving technician engagement within the health system.

Overview: Missing medication doses is a near global issue for health care systems, leading to delays in patient care, decreased patient satisfaction, frustration among personnel and waste. NYU Langone Hospital – Long Island sought to mitigate these issues by leveraging its existing automated dispensing cabinets. Through intimately tailored, data-driven inventory optimization and interdisciplinary engagement, we successfully placed more medications closer to the nursing staff and patient population — significantly decreasing missing

dose requests and medication administration delays, while also initiating the early steps of a safer decentralized pharmacy model.

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

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## **Poster: P124 | Capturing All Opportunities: Business Strategies That Drive Pharmacy Growth**

**Holly Smith, RPh, MBA**, Director of Pharmacy, Ambulatory Care, The University of Toledo Medical Center, Toledo, OH

**Bree Meinzer, PharmD, BCACP, CACP**, Managed Care Pharmacy Manager, The University of Toledo Medical Center, Toledo, OH

**Keywords:** Revenue Generation, Cost Savings, Ambulatory Clinics, Prescription Optimization, Financial Assistance, 340B

### **Learning Objectives:**

- Describe different business strategies utilized to drive pharmacy growth.
- Analyze the various types of pharmacy business models and services associated with revenue generation and cost savings.
- Evaluate the location of pharmacies and positioning of services within the ambulatory pharmacy enterprise in relation to capturing prescription volumes.

**Overview:** Navigating the complexities of health care can be difficult and time-consuming for patients, providers and support staff. In an ever-changing pharmacy landscape of staffing shortages, tighter third-party reimbursements and fluctuating patient volumes, the need to provide efficient, yet comprehensive care is critical to remain sustainable. By adopting innovative, yet simple business strategies to increase pharmacy revenues and decrease costs associated with providing care, The University of Toledo Medical Center has successfully positioned the ambulatory pharmacy enterprise within the Toledo market to capture all revenue and cost-savings opportunities.

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

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Poster: P125 | Physician Preference Partnership Achieves Open Market Approach

Angie Gamber, MBA, BSN, RN, Vice President, Clinical Operations, Stormont Vail Health, Topeka, KS

Kirt Leyda, MBA, Director, Supply Chain Management, Stormont Vail Health, Topeka, KS

William Sachs, MD, MBA, Vice President, Surgical Services, Stormont Vail Health, Topeka, KS

Keywords: Spend Management, Total Cost of Care, Physician Preference

Learning Objectives:

- Describe how to utilize database information for spend comparison and to identify potential savings.
- Discuss methods to achieve physician buy-in for savings projects by demonstrating data that accurately reflects the current state of spend and projected savings.

- Demonstrate the ability to maintain partnerships while driving down costs.

Overview: Our orthopedic cost initiative set a price limit for hip and knee implant spend based on clinical database comparisons and validated by a secondary database. By collaborating with our orthopedic surgeons on price point and determination of like-for-like implants across vendor lines, we were able to allow any vendor that met the price point to be used at our organization. We went from one vendor having 97% market share to an open market approach. We're currently using four vendors with a recognized annual savings of \$1.06 million.

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

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## Poster: P126 | Concentrating on the '5 Rights' of Clinical Supply Management

**Angie Bruns, MHA**, Senior Director, Supply Chain Management and Administration, The University of Kansas Health System, Kansas City, KS

**Marissa Grabbe**, System Manager, Utilization Management, The University of Kansas Health System, Kansas City, KS

**Chris Heath, MHSA**, System Director, Clinical Supply Optimization, The University of Kansas Health System, Kansas City, KS

**Keywords:** Patient Safety, Supply Chain, Supply Assurance, Clinical Supply Management

### Learning Objectives:

- Describe clinical integration strategies that can be used to bridge the gap between supply chain and end users.
- Identify select strategies that can be used to improve product approval lead time and realize additional savings.

**Overview:** Taking a cue from our nursing colleagues, our academic medical center moved from a legacy focus on cost control to a comprehensive, interdisciplinary methodology focused on the "5 Rights" of clinical supply management. Purchasing the right products at the right price at the right time in partnership with the right clinical team and the right supplier became our ideal approach. We created the Clinical Supply Optimization program to effectively engage clinicians while incorporating clinical evidence, financial performance and operational data to consistently support our decision-making framework.

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

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Poster: P127 | Mission Possible: Preference Card Optimization for New EMR System

Sean Quinlan, RN, Health Program Operations Specialist, Perioperative Services Informatics, UWMC, Seattle, WA

Cindy Jo Allen, MBA, RN, Assistant Administrator Surgical Services, UWMC Northwest, Seattle, WA

Keywords: Supply Chain, Value-Based Care, Resource Utilization

Learning Objectives:

- Identify team-based strategies to optimize rather than reduce the use of preference cards.
- Describe the management of common challenges associated with preference cards.

Overview: As we prepared to transition from one electronic medical record (EMR) to another, we knew that a preference card clean-up was critical to avoid significant post-transition data loss and unnecessary editing. Years of duplicate and conflicting information and cards that required cleanup were intimidating prospects. Our mission, which we chose to accept, was to reduce the physical number of preference cards that would need to be uploaded into the new EMR while retaining the necessary information to perform surgical procedures — with the added benefit of reducing the number of physician-returned items.

Credit(s) available: Nurse, General CE

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**Poster: P128 | Improving Mortality Rates: Cultivating Connections To Understand Key Drivers**

*Susan Nguyen, MSN, RN, Senior Quality Specialist, UCSF, San Francisco, CA*

*Madeline Chicas, MHA, Quality Analyst, UCSF, San Francisco, CA*

*Mary C. Sullivan, RN, MS, CNS, Sepsis Project Manager, UCSF, San Francisco, CA*

**Keywords:** Observed-to-Expected Mortality, CDI, Data Analytics

**Learning Objectives:**

- Explain successful strategies to identify potentially preventable death within your institution (e.g., frontline provider perspectives, incident reports, etc.).
- Identify methods to display mortality data and case review findings that allow for meaningful multidisciplinary review.

**Overview:** Understanding the drivers that influence inpatient mortality performance and delivering meaningful information can be challenging. Success was achieved by connecting expert stakeholders, who held insights into mortality performance, with existing internal case review processes. Further collaboration with an analytics team led to the development of a dashboard that displays clinical data alongside these case reviews, allowing senior leadership and frontline providers to better understand key drivers of mortality performance. Learn how UCSF leveraged a multidisciplinary team to cultivate connections, ultimately improving mortality-related metrics.

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

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Poster: P129 | The Recharge Room: Decompress in a Multisensory, Peaceful Space

Jennifer R. Ricklefs, MS, Manager, Volunteer Services, UHealth University of Colorado Hospital, Aurora, CO

Justin Ross, PsyD, Director of Workplace Wellbeing Program, UHealth, Aurora, CO

Adeel A. Faruki, MD, Assistant Professor of Anesthesiology, University of Colorado Anschutz Medical Campus, Aurora, CO

Keywords: Workforce Resilience, Outreach Coordinator, Workplace Well-Being

Learning Objectives:

- Discuss the role of biophilic design implementation in the reduction of stress and anxiety for the health care worker, including how to establish similar spaces within any health care system.
- Identify the mechanisms by which stress and anxiety are reduced through exposure to nature.
- Determine ways in which stress and anxiety can be qualitatively or quantitatively measured.

Overview: Hospitals cared for record numbers of patients throughout the pandemic. Trauma, exhaustion and burnout resulted in a need for space and resources to allow workers to decompress safely and confidentially. Indications are that recharge rooms improve employee health and well-being, yet little has been done in this area until UHealth implemented its Recharge Room in 2021. This space integrates immersive, multisensory experiences to reduce stress and provide real-time emotional support for employees. Using a stress continuum, more than 1,400 surveys in the first six months show significant improvement in acute employee well-being.

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

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**Poster: P130 | First Call: A Comprehensive Employee Wellness and Outreach Program**

**Justin Ross, PsyD**, Director of Workplace Wellbeing Program, UHealth, Aurora, CO

**Adeel A. Faruki, MD**, Assistant Professor of Anesthesiology, University of Colorado Anschutz Medical Campus, Aurora, CO

**Kathy Deanda, RN, MSN**, Senior Director Virtual Health and Neurosciences, UHealth, Aurora, CO

**Elicia Bunch, LCP**, Vice President of Behavioral Health, UHealth, Aurora, CO

**Keywords:** Workforce Resilience, Outreach Coordinator, Workplace Well-Being

**Learning Objectives:**

- Identify the core mental health concerns faced by the health care workforce during the COVID-19 pandemic.
- Outline the essential components necessary to plan and implement an effective employee wellness and outreach program.

**Overview:** The unprecedented nature of the COVID-19 pandemic disrupted not only the state of health care, but also our understanding of what is necessary to maintain the mental health and well-being of those providing the most critical services to Colorado communities and beyond. Like so many health systems, UHealth faced a daunting challenge — not only to provide medical care in novel ways, but also to ensure the well-being of the workforce providing those services. We created First Call to reduce the burdens of health care workers, providing them with support, counseling, therapy and resiliency training 24 hours a day, 7 days a week — with no cost to the employee. The program continues to be extremely successful and serves as a resource to all who participate in the care of our patients, and is expected to be a continued resource into the

foreseeable future. With the addition of focused group therapy options, the program continues to adapt and evolve to the current needs of the diverse workforce.

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

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## Poster: P131 | Developing an Automated Procedural Scheduling Tool for Ambulatory Gastroenterology Procedures

*Terran Hardesty, RN, BSN, MBA, CGRN, Nurse Manager of Gastroenterology, UCHHealth, Denver, CO*

*Michael C. Schnake, BSN, RN, CFER, Associate Nurse Manager of Gastroenterology, UCHHealth, Denver, CO*

*Adeel A. Faruki, MD, Assistant Professor of Anesthesiology, University of Colorado Anschutz Medical Campus, Aurora, CO*

**Keywords:** Operational Efficiency, Resources, Sedation, Cost Savings, Patient Screening

### Learning Objectives:

- Illustrate the potential cost savings and benefits of an automated scheduling tool for procedural scheduling.
- Discuss the methods employed in establishing an automated procedural scheduling process.

**Overview:** When the gastroenterology procedural center at UCHHealth transitioned from nurse-administered sedation to an anesthesia care team model providing monitored anesthesia care, it required meticulous screening to ensure patients were medically appropriate for propofol sedation in a general gastrointestinal procedure room. Initially, an inefficient and resource-intensive triage process required a 1.0 nursing full-time equivalent. We developed an automated screening tool using patients' electronic health records to generate a score based on documented medical history. This score guides nonmedical staff toward effective and accurate scheduling, eliminating the need for manual nurse triage and generating a projected annual cost savings of \$90,065.

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

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## Poster: P132 | Stepwise Approach Improves Performance Using an INR-Based Metric

*Stephen Lemon, PharmD, FCCM, BCCCP, BCPS, Clinical Pharmacy Specialist, Informatics, Quality, and Data Analytics, University of Florida Health Shands Hospital, Gainesville, FL*

**Keywords:** Patient Safety, Anticoagulation, Data Analytics

### Learning Objectives:

- Explain team-based clinical decision support strategies to improve patient outcomes related to acute INR elevation management.
- Outline the stepwise implementation outcomes of clinical decision support and standard operating procedures by a multidisciplinary group using an INR-based metric.

**Overview:** In 2017, an international normalized ratio (INR)-based metric was added to our scorecard, specifying that an INR greater than or equal to five in patients who received at least three doses of warfarin is associated with an unacceptable risk of bleeding. This study evaluated the effects of a multidisciplinary team developing and implementing multiple clinical decision support and standard operating procedures in a stepwise manner on the INR metric performance. We achieved a 55.2% improvement in our qualifying event rate (4.55% versus 2.04%) and an 89.4% improvement in our rank among comprehensive academic medical center peers (66 versus seven).

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

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Poster: P133 | Optimizing Neurology Inpatient Discharge Documentation

Melissa Reider-Demer, DNP, MN, CNP, Senior Quality Officer, UCLA Health, Los Angeles, CA
Russell Kerbel, MD, MBA, Medical Director of Clinical Effectiveness, UCLA Health, Los Angeles, CA
Katherine Fu, MD, Neurology Fellow, UCLA Health, Los Angeles, CA

Keywords: CDI, Observed and Expected, Resident Workflow, CC/MCC Capture Rate

Learning Objectives:

- Explain successful strategies to facilitate improved documentation by targeting specific diagnosis-related groups.
- Outline the steps to create a discharge documentation tool that can be used for discharge diagnoses in the electronic medical record.

Overview: Ensuring that inpatient clinical documentation supports the level of patient complexity is an ongoing challenge for most institutions. The organization's ability to capture patient complexity influences performance, as well as mortality indices, length of stay and payer reimbursement. Our innovative tool improves patient charting by maximizing available risk models to their fullest potential to optimize inpatient neurology resident discharge documentation. Our team demonstrates improved complication or comorbidity/major complication or comorbidity capture rates through implementation of this novel model.

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

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## Poster: P134 | Quality and Accountability Performance: An Innovative Health System Approach

*Michelle Hodge, MA, Vice President of Quality, M Health Fairview, Minneapolis, MN*  
*Christy Swarthout, MBA, Manager Acute Quality & Patient Safety Analytics, M Health Fairview, Minneapolis, MN*  
*Zach Henderson, Senior Data Engineer, M Health Fairview, Minneapolis, MN*

**Keywords:** Q&A Scorecard, Data Visualization, Benchmarking, Systemness, Strategic Improvement

### Learning Objectives:

- Outline a framework to leverage quality and accountability scorecard methodology to drive improvement.
- Describe an advanced analytics tool via business intelligence software that provides innovative data visualizations, benchmarking and targets that cascade across service lines, domains, hospitals and the health system.

**Overview:** Like many multihospital health systems, M Health Fairview seeks to track performance and prioritize opportunities using a Quality and Accountability (Q&A) scorecard as the foundation. Senior leadership challenged our quality and safety analytics team to create a single systemwide metric for easy, self-service, monthly monitoring at the system, hospital and service line levels. Accomplishing this goal led to the development of an in-house reporting and analytics tool using a software platform that enables us to determine improvement opportunities. Use of this tool helped drive meaningful Q&A scorecard improvement across the M Health Fairview system.

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

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Poster: P135 | When All Else Fails Grow Your Own: Nurse Apprentice Program

Cindy Ingram, MN, RN, NEA-BC, Assistant Vice President of Women and Children’s Services, St. Tammany Health System, Covington, LA

Jamie Romage, MSN, RN, Director of Lactation Services, Mother, Baby and New Family Center, St. Tammany Health System, Covington, LA

Keywords: Apprenticeship, Nurse Retention, Onboarding, Pediatrics

Learning Objectives:

- Outline a workforce plan to reduce unit vacancies using an apprentice program.
- Describe strategies to increase professional growth opportunities for staff nurses.

Overview: The Labor Nurse Apprentice program was developed to reduce vacancies on the labor and delivery unit. The program consists of a 14-week training schedule, during which time the apprentice obtains Neonatal Resuscitation Program (NRP), Advanced Cardiac Life Support (ACLS) and Basic Fetal Monitoring certifications. Literature shows a specialized training program is effective in recruitment of new nurses.¹ It has improved nurse retention by giving nurses outside the labor and delivery unit an opportunity for growth within the facility and has also improved nurse engagement and built a strong team environment. This program has proven to be the most successful recruitment strategy for labor and delivery nurses over the past two years and could easily be replicated for use in other specialty areas within the facility to reduce vacancies and increase retention and engagement.

Credit(s) available: Nurse, General CE

1. Challinor, JM, Alqudimat MR, Teixeira TA, Oldenmenger WH. Oncology nursing workforce: challenges, solutions, and future strategies. *Lancet*. 2020;21(12):e564-e574. doi: 10.1016/s1470-2045(20)30605-7

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## Poster: P136 | Emergency Department Care Delivery: Paramedics Are the Wave of the Future

*Janet Ragle, DNP, MSN, MBA, CPHQ, Director Quality/Performance Improvement/Patient Safety Officer, Nash UNC Health Care, Rocky Mount, NC*

*Meredith S. Denton, MSN, RN, Director Emergency Services, Nash UNC Health Care, Wilson, NC*

**Keywords:** Workforce, Alternative Care Delivery Model, Optimize Scope of Practice

### Learning Objectives:

- Discuss key strategies of the nurse/paramedic care delivery model and how they impact patient flow and staffed bed capacity.
- Explain the impact this model has on recruitment and labor expenses in lieu of using exclusive nursing resources.
- Describe the impact of this model on employee satisfaction.

**Overview:** In view of the current nursing shortage, previous emergency department care delivery models may feel obsolete. The Nash UNC Health Care nurse/paramedic team care delivery model creates a workflow that enables a quality patient care experience. In addition to controlling expenses, this new model helps achieve improved patient flow, staffed bed capacity, and clinician and patient satisfaction. Nash UNC Health Care began implementation in December 2021 with a projected completion date of December 2022. The project consists of four hiring phases and creation of nurse/paramedic team assignments throughout the department.

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

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## Poster: P137 | A Diverse Nursing Workforce Supports Our Care Delivery Mission

*Savanna Carroll, BSN, RN-BC, Patient Care Manager, UK HealthCare, Lexington, KY*

*Sandy Rogers, PhD, MBA, RN, CNE, Assistant Professor, University of Kentucky College of Nursing, Lexington, KY*

*Lisa K. Thornsberry, DNP, RN, CNML, Nursing Operations Director, UK HealthCare, Lexington, KY*

**Keywords:** Recruitment, Retention, International Nurses

### Learning Objectives:

- Describe new ways to introduce and sustain a multicultural nursing workforce.
- Identify methods to create resiliency within an international nursing model.

**Overview:** A nationwide shortage of registered nurses is projected between 2016 and 2030, according to the *American Journal of Medical Quality*.<sup>1</sup> To address our nursing shortage and open new units, UK HealthCare hired international nursing staff for three-year contract terms. This brought its own set of challenges, including general culture shock and acculturation, isolation from extended family, unfamiliarity with the American medical system, potential hostility from native-born American employees, resentment from coworkers, communication challenges, and a steep learning curve to learn the new culture.

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



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## Poster: P138 | Partnership-Driven Transformation: Strategies for Nursing/Clinical Workforce Stabilization

*Natalie Jones, MSN, RN, NPD-BC, Executive Director, Wellstar Health System, Atlanta, GA*

*LeeAnna Spiva, PhD, RN, Assistant Vice President Nursing, Wellstar Health System, Atlanta, GA*

**Keywords:** Academic/Practice Partnership, High School Pathway, Pipeline Recruitment

### Learning Objectives:

- Identify strategies for nursing and clinical workforce stabilization.
- Explain the steps required to implement nursing and clinical workforce stabilization strategies to meet retention and recruitment demands.

**Overview:** For a variety of reasons, including the toll of the pandemic, some nurses are preparing to exit their roles and/or leave the profession. To prepare for this, the organization embarked on a journey to develop a comprehensive workforce strategy. Participants will learn about current workforce trends and how to proactively address challenges through innovative workforce solution strategies. The implementation process, lessons learned and outcomes data will also be discussed.

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

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## Poster: P139 | Telenutrition: Enhanced Use of Remote Services Before and During COVID-19

*Meagan Moyer, MPH, RD, Digital Health Operations Consultant, Stanford Health Care, Palo Alto, CA*

*Shiva Modarresi, MHA, Manager, Digital Health, Stanford Health Care, Palo Alto, CA*

**Keywords:** SDoH, Social Determinants of Health, Nutrition Therapy, Access, Telehealth, Registered Dietitian Nutritionist

### Learning Objectives:

- Explain the patient utilization outcomes of telenutrition services during Stanford Health Care's COVID-19 pandemic response.
- Describe strategies used for deploying telenutrition services.

**Overview:** In March 2020, Stanford Health Care deployed video and telephone visit capabilities to its ambulatory registered dietitian nutritionists (RDNs) in response to the COVID-19 pandemic. The change from in-person care delivery to mostly telenutrition created a unique opportunity to explore how telenutrition changed the utilization, access and sociodemographic characteristics of patients receiving medical nutrition therapy services. Our findings show telenutrition enhanced overall access, improved timeliness of care and did

not reduce access to care in vulnerable populations. Health care organizations that employ RDNs should consider deploying telenutrition services to improve access to medical nutrition therapy services.

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

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Poster: P140 | Creating and Executing Tactics Within a Workplace Violence Prevention Portfolio

Amy Heidenreich, DNP, RN, AGCNS-BC, PMHNP-BC, APNP, Behavioral Health Advanced Practice Nurse, Froedtert Hospital, Wauwatosa, WI

Molly Liddell, BSN, RN, CMSRN, Charge Nurse, Froedtert Hospital, Milwaukee, WI

Gary Colpaert, MHA, Vice President of Clinical and Support Services, Froedtert Health – Froedtert Hospital, Milwaukee, WI

Keywords: Staff Resilience, Gap Analysis, Risk Assessment, Workplace Safety, Workplace Violence

Learning Objectives:

- Explain the role of executive sponsorship in the success of a workplace violence prevention program.
- Describe the key elements included in a multifaceted approach to reduction and prevention of workplace violence.

Overview: Violence against staff in the workplace is increasing. Preventing this violence requires a multitude of tactics that work together to enhance staff safety. Our organization completed a gap analysis and compared it with best practices to create a framework and infographic of the key elements for success, such as risk assessment tools, dashboards, electronic health record cues and staff support. Workplace violence prevention was made a top priority in the organization through executive sponsorship. Workgroups were created for each element and the deliverable outcome was a standardized approach to reduce and prevent workplace violence.

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

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## **Poster: P141 | Digital Intervention Increases Annual Wellness Visit Scheduling by 10%**

**Annie Penlesky, MPH**, Program Manager, Medical College of Wisconsin, Milwaukee, WI

**Caitlin Dunn, MHA**, Director, Population and Digital Health, Froedtert Health

**Mark Lodes, MD**, Chief Medical Officer and Vice President, Population Health and Medical Education, Froedtert Health, Milwaukee, WI

**Keywords:** Medicare, Digital Outreach, Preventive Care, Ambulatory Care, Primary Care, Annual Wellness Visit

### **Learning Objectives:**

- Summarize the importance of the Medicare Annual Wellness Visit as it relates to value-based care.
- Describe the advantages of digital patient outreach as compared to other standard forms of patient outreach.

**Overview:** As a health system with a clinically integrated network managing nearly 150,000 patients under value-based contracts, Froedtert & the Medical College of Wisconsin (F&MCW) understands the importance of preventive health maintenance in optimizing quality outcomes and efficient care delivery. The Medicare Annual Wellness Visit (AWV) is one such preventive visit that is underutilized, leaving a gap in important care planning for the patient and primary care team. F&MCW used an innovative digital outreach and scheduling strategy to dramatically increase the efficiency of patient outreach, leading to a 10% increase in AWV scheduling compared to previous years.

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

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Poster: P142 | Personalized Service Line Mobile Application Kickstarts Clinical Documentation

Mokshal Porwal, Medical Student, Froedtert & Medical College of Wisconsin, Milwaukee, WI

Christina Feller, Medical Student, Froedtert & Medical College of Wisconsin, Milwaukee, WI

Grant P. Sinson, MD, Associate Professor, Director of Neurotrauma, Director of Outpatient Clinic Operations, Department of Neurosurgery, Froedtert & Medical College of Wisconsin, Milwaukee, WI

Julie M. Kolinski, MD, Assistant Professor, Department of Medicine and Pediatrics, Froedtert & Medical College of Wisconsin, Milwaukee, WI

Keywords: CDI, Service Line, Reimbursement, Payer Strategies

Learning Objectives:

- Identify innovative techniques to capture quality metrics through direct clinical documentation improvement and provider engagement.
- Describe the use of technology to simplify and improve the documentation process for providers.

Overview: When talking about large health care organizations, quality improvement is not a one-size-fits-all solution — largely due to different needs and approaches among teams, service lines and departments. Generic educational sessions and booklets often generate only partial interest and motivation on the part of providers. In this initiative, we worked with our providers' individual departments to facilitate improvement in their clinical documentation through a user-convenient mobile application for custom interventions.

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

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## Poster: P143 | New Partnerships and Data Standardization Reduce PSI

**Erin Duval, RN, BSN, MBA**, Director, Quality and Care Transformation, NorthShore University HealthSystem, Evanston, IL

**Elizabeth Thorn, PT, DPT, MHA**, Senior Manager, Quality and Care Transformation, NorthShore University HealthSystem, Evanston, IL

**Margaret Gurley, RN, BSN, MHA**, Manager, Quality and Care Transformation, NorthShore University HealthSystem, Evanston, IL

**Keywords:** CDI, Standardized Documentation, Analytics

**Learning Objectives:**

- Discuss implementation strategies of a multidisciplinary team approach to PSI review.
- Explain documentation standards to decrease present-on-admission injuries that contribute to false PSI.
- Outline distributed reports to standardize and release measures when merging new organizations' data and reporting structures.

**Overview:** Since 2019, NorthShore University HealthSystem has acquired more than 700 inpatient beds through partnerships with Swedish Hospital and Northwest Community Hospital. The addition of comparative data to our enterprise data warehouse and analytics culture has allowed us to standardize scorecard measures and further scale our analytic capabilities into the hands of decision-makers and action-takers across our hospital system. Reviewing our patient safety indicators (PSI) in a multidisciplinary, standardized format and utilizing a national comparative database as our systemwide reporting tool has allowed us to benchmark competitive targets and significantly reduce our PSI 90 composite rate.

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

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Poster: P144 | Using Smart Technology to Manage Heart Failure

Douglas Obogo, MPH, LSSBB, Performance Improvement Professional, University of Missouri Health Care, Columbia, MO

Keywords: Readmissions, Process Map, Observed-to-Expected Mortality, CDI, CHF, Chronic Heart Failure

Learning Objectives:

- Identify leading causes of care variation for chronic heart failure patients.
- Discuss the methods employed to standardize care for chronic heart failure patients.

Overview: In spring 2019, University of Missouri Health Care launched an initiative to improve care for patients with chronic heart failure. Within one year, we achieved a 34% reduction in both our mortality ratio and 30-day unplanned readmission rate and moved from being ranked in the bottom decile in mortality and readmissions in a national comparative database to being a top-decile performer.

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

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**Poster: P145 | Using Quality To Drive Cost/Case in Surgical DRGs**

*Daniel Del Portal, MD, MBA, Chief Clinical Officer, Temple University Health System, Philadelphia, PA*  
*Claire Raab, MD, Chief Executive Officer Temple Faculty Practice Plan, Temple University Health System, Philadelphia, PA*

*Byron Glasgow, MBA, Director of Business Intelligence, Temple University Health System, Philadelphia, PA*

**Nicole Patlakh, MBA, Performance Excellence Management Engineer, Temple University Health System, Philadelphia, PA**

**Keywords:** Total Cost of Care, LOS, CMI, Surgical Site Infections, Clinical Supply Integration, Clinical Variation

**Learning Objectives:**

- Describe how to design dashboards that represent quality metrics and overall costs that are meaningful to physicians.
- Summarize how to pull from dashboards business intelligence data that is clinically significant to practice.
- Illustrate how to make a significant impact on the bottom line with a straightforward process that is easily reproducible.

**Overview:** Temple University Hospital is a large-scale academic medical center focused on patient excellence. To improve our quality metrics, we convened focused teams around different diagnosis-related groups (DRGs) to streamline all clinical milestones and pathways for these similar patients. With this process, we proved that decreased clinical variability within a DRG leads to improved patient outcomes while also achieving a significant savings of \$25 million in the project's first two years.

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

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Poster: P146 | Reducing Mortality Index at a Level 1 Trauma Center

Andy Tang, MD, Trauma Medical Director, Banner University Medical Center – Tucson, Tucson, AZ

Denice Piwowar, BSN, RN, CCDS, Associate Director, Clinical Documentation Improvement, Banner University Medical Center – Tucson, Tucson, AZ

Gordon Carr, MD, Chief Medical Officer – Clinical Outcomes, Banner Health University Medical Center Tucson and South, Tucson, AZ

Hanna M. Minehart, RN, BSN, CPHQ, CCRN-K, Quality Improvement Director, Banner University Medical Center – Tucson, Tucson, AZ

Keywords: EDI, Electronic Data Interchange, Mortality, Service Lines

Learning Objectives:

- Discuss the rationale and importance of a team-based approach to reducing mortality index.
- Explain the importance of identifying highly weighted risk variables specific to the trauma service line in order to focus clinical documentation improvement and coding work.
- Outline the role of a quality improvement team in mortality analysis to identify opportunities for improvement and clinical engagement.

Overview: We employed a team approach to reduce mortality index at our high-volume Trauma 1 facility using data from a clinical database to quantify opportunity in both expected and observed mortality. We leveraged imported analytics to determine high-yield risk variables within the trauma service line, along with clinical documentation improvement registered nurse involvement and team mortality review. Our organization specifically focused on observed mortality involving earlier palliative considerations and decisions

to admit. The clinical documentation improvement team worked to identify trauma patients in real time and increased its review of records from negligible to 84% of total trauma adult volume.

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

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Poster: P147 | Leading Excellence With the HCAHPS Dimension Approach

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Stephanie Nahavandi, LBSW, LCCE, CPXP, Patient Experience Specialist, Houston Methodist West Hospital, Houston, TX

Keywords: Call Lights, Patient Experience, Patient and Family Advisory Council, Feedback, Optimizing Workflows, Process Improvement, Patient-Centered

Learning Objectives:

- Apply the dimension leader format for successful positive movement in HCAHPS scores.
- Describe an integrated executive- and unit-level sponsorship that supports the dimension approach.

Overview: While our complex care medical center had a favorable overall Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) score, we struggled with specific dimension-level scores — with the responsiveness dimension presenting the greatest challenge. We initiated a housewide hourly safety rounding skills lab when the first COVID-19 surge hit. We identified multiple opportunities to improve responsiveness, including delays donning personal protective equipment. Our executive leaders sponsored a dimension approach to improve HCAHPS performance, and dimension leaders engaged staff in action planning for process improvement. Through our collaborative, patient-centered approach, we increased our responsiveness score from the 22nd percentile in December 2020 to the 76th percentile as of May 2022.

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

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Poster: P148 | Expected Mortality Takes Two to Tango: Documentation and Coding

Zafar Jamkhana, MD, MPH, Associate Chief Medical Officer, SSM Health Saint Louis University Hospital, St. Louis, MO

Matt Broom, MD, MBA, Chief Medical Officer, Vice President of Medical Affairs, SSM Health Saint Louis University Hospital, St. Louis, MO

Emma Misra, MD, MHA, Senior Quality Specialist, SSM Health Saint Louis University Hospital, St. Louis, MO

Keywords: Service Line Management, Expected Mortality, Present on Admission

Learning Objectives:

- Identify service line-specific mortality risk variables with the highest impact.
- Describe strategies to create efficient workflows that will help improve expected mortality.

Overview: At SSM Health Saint Louis University Hospital, we realized that even though we were treating a significantly sicker patient population in our community, each patient’s severity of illness was not being precisely reflected in our expected mortality (EM). The present-on-admission (POA) risk variable documentation project was designed to help our physician leaders understand the impact of mortality model groups, as well as their associated risk variables, on EM. We implemented a workflow to optimize the POA capture rate for two of our highest mortality indices service lines, resulting in notable mortality index reduction.

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

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## **Poster: P149 | Designing Seamless Telehealth Patient Engagement Through Innovative Patient-Centric Messaging**

**Neha Patel, MD, MS**, Associate Chief Medical Information Officer, Penn Medicine, Philadelphia, PA  
**Brittany Arnold, MBA**, Digital Strategy Manager, Penn Medicine, Philadelphia, PA

**Keywords:** Patient Engagement, Reminders, Patient Experience, No-Show Rates, Cancellations, Telehealth

### **Learning Objectives:**

- Discuss the unique challenges health systems face preparing patients for telehealth visits, as well as which information and messaging features are most helpful for patients and their families to prepare for telehealth visits.
- Describe principles from design thinking and behavioral science that can be applied to the development of visit information messaging systems to drive patient engagement.

**Overview:** In response to expansive telehealth adoption during the COVID-19 pandemic, Penn Medicine recognized the need for a solution to provide telehealth visit information and guidance to patients. Telehealth appointment reminders must include instructions on virtual visit access while helping patients through technical barriers and pre-visit tasks — such as completing consents or submitting payments — all without in-person assistance. We describe challenges in preparing patients for telehealth appointments and the application of design thinking and behavioral science principles to create an innovative, patient-centric solution. Conference participants will take away five key components for telehealth appointment reminders.

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

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Poster: P150 | Standardized, Multidisciplinary Rounds Reduce Length of Stay Index

David Schlappy, MS, Chief Quality and Transformation Officer, Tower Health System, Reading, PA
Carol Foltz, PhD, Statistician, Tower Health System, Reading, PA

Keywords: Team-Based Care, Reduce Variation, Data Analytics

Learning Objectives:

- Illustrate a novel approach to multidisciplinary round best practices in reducing length of stay.

- Summarize the application of statistical techniques to identify root causes of the problem and to remove data variation that might cloud interpretation of results.

Overview: By implementing standardized, multidisciplinary rounds, a health system reduced length of stay index from 0.96 to 0.92 across six hospitals, realizing an annualized benefit of \$13.4 million. To sustain these gains, the system organized a control plan and surveillance team, which addressed obstacles post-implementation. Using statistical hypothesis testing, the team mitigated many of the issues negatively impacting patient flow, such as mental health comorbidities and high variation in care delivery.

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

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## Poster: P151 | EMR Advisories Identify and Seamlessly Refer Patients to Transplant Program

*Lauren M. Palo, MHA, BSN, RN, PMP, Director, Transplant Services, Thomas Jefferson University Hospital, Philadelphia, PA*

*Kristi Caldararo, MHA, Vice President, Hospital Operations, Thomas Jefferson University Hospital, Philadelphia, PA*

**Keywords:** Transplant Evaluations, Decision Support

### Learning Objectives:

- Describe how to identify patients who may be appropriate candidates for transplantation early in their disease progression based on specific EMR parameters.
- Explain how to optimize the workflow of referring patients for transplant and expeditiously schedule them for outpatient evaluation via seamless access to and direct communication with the transplant program.
- Outline how to collaborate most efficiently with hospitalists throughout the health system to provide the most optimal care throughout kidney, liver and heart disease progression.

**Overview:** Through implementation of best practice advisories in the electronic medical record (EMR), we identified health system patients who met criteria for referral to organ transplantation. We ensured seamless access to our transplant programs by recognizing patients early in their disease progression and expeditiously evaluating and subsequently adding these patients to the waitlist. In the 10 months since going live, we had an increase of 162 referrals, 86 evaluations, 30 additions to the waitlist and 10 transplants across our liver, kidney and heart transplant programs. This functionality aligns patients with the appropriate subspecialty and enhances collaboration within our growing health system.

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

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Poster: P152 | Implementing Environmentally Sustainable Practices in an Outpatient Oncology Clinic

Melissa Frick, MD, Resident Physician, Stanford Radiation Oncology, Palo Alto, CA

Claire Baniel, MD, Resident Physician, Stanford Radiation Oncology, Palo Alto, CA

Keywords: Environmental Sustainability, Resource Utilization, Cost Savings

Learning Objectives:

- Describe examples of climate-related disruptions along the cancer control continuum.
- Identify key drivers of waste within the health care supply chain and life cycle.
- Develop sustainable, cost-effective interventions specific to your health care setting.

Overview: As global temperatures rise, climate-related disruptions to the health care system will pose an increasing threat to public health. Though at the forefront of patient care, the U.S. health care system contributes significantly to this crisis, as it is responsible for approximately 8.5% of national greenhouse gas (GHG) emissions.¹ Adoption of climate-smart practices by health care systems is essential to reduce GHG emissions and prevent diseases attributable to climate change. We report on an ongoing initiative to implement sustainable, cost-effective practices at an outpatient radiation oncology clinic and demonstrate our interventions to be feasible and resource-efficient — with quantifiable waste and cost savings.

Credit(s) available: Physician, General CE

1. Eckelman MJ, Huang K, Lagasse R, Senay E, Dubrow R, Sherman JD. Health care pollution and public health damage in the United States: an update. *Health Aff (Millwood)*. 2020 Dec;39(12):2071-2079. <https://pubmed.ncbi.nlm.nih.gov/33284703/>

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**Poster: P153 | From Good to Gold: Medical Emergency Response Process Improvement**

*Elizabeth White, MSN, RN, Nurse Manager for Medical ICU 7NT and Medical Emergency Response Services, Froedtert Hospital, Milwaukee, WI*

*Erin Viesselmann, MSN, RN, CCRN, CFRN, Rapid Response Nurse, Froedtert Hospital, Milwaukee, WI*

*Melissa Mark, BSN, RN, CCRN, Rapid Response Team Lead, Froedtert Hospital, Milwaukee, WI*

*Kristina Voigtschild, BSN, RN, CCRN, Charge RN, Froedtert Hospital, Milwaukee, WI*

**Keywords:** Rapid Response Team, Resuscitation, Mortality, Get With the Guidelines

**Learning Objectives:**

- Describe two interventions that improved consistency in medical emergency team responses to in-house cardiac arrest.
- Identify two ways medical emergency events are reviewed to identify gaps in care and improvement opportunities.

**Overview:** Froedtert Hospital’s resuscitation team has actively worked to improve patient outcomes and excellence in cardiac arrest response. We implemented a multifactorial approach to enhance our resuscitation team’s education and developed a separate, highly trained, consistent and reliable medical emergency response team. Primary focus areas for improvement included communication, consistent team roles and education, and an overall increase in quality. In addition, we implemented a weekly quality review process to provide continued feedback, allowing team members to recognize gaps in patient care delivery. As a result, we’ve adapted to our rapidly growing organization and improved our patient outcomes consistently since 2017.

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

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Poster: P154 | Avoiding PSI and HACRP Penalties is a Team Sport

Jeremy Morgan, MS, Senior Quality Strategist, Sanford Health, Sioux Falls, SD

Rachel Leyk, BSN, RN, CMSRN, Quality Improvement Advisor, Sanford Health, Fargo, ND

Keywords: Hospital-Acquired Conditions, Prospective Payment System, CDI

Learning Objectives:

- Develop a system-level PSI review process using an interprofessional team for accurate documentation and coding of inclusion/exclusion criteria.
- Identify exclusion criteria specific to individual PSI.
- Describe strategies to improve PSI measures and mitigate penalties.

Overview: In the federal fiscal year (FFY) 2019 Centers for Medicare & Medicaid Services Hospital-Acquired Condition Reduction Program (HACRP), three of six Sanford prospective payment system hospitals incurred a penalty. A system quality staff member reviewed patient safety indicators (PSIs) and identified opportunities to improve documentation and coding. Plan-Do-Study-Act cycles led to a standardized process involving hospital quality teams, clinical documentation improvement (CDI), coding and health information management staff. At least 70 erroneous PSIs were avoided in 27 months. Two hospitals made enough significant improvements in the PSI-90 composite to avoid penalties in two or three of the FFY 2020, 2021 and 2022 program years, saving at least \$1 million.

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

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## **Poster: P155 | Life After Death: Use of a Mortality Screening App**

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*Tusdi Rodriguez, MSN, RN, PCCN, Manager – Quality & Outcomes, Keck Hospital of USC, Los Angeles, CA*

*Tarina Kang, MD, MHA, FACEP, Medical Director of Quality, Keck Hospital of USC, Los Angeles, CA*

**Keywords:** Mortality Review, Peer Review, Physician Time Management

### **Learning Objectives:**

- Utilize a mortality screening tool application to improve the efficiency and effectiveness of mortality-related peer reviews.
- Discuss interprofessional collaboration between a quality team and physician domain leads to improve workflow processes.
- Outline the benefits of developing a mortality screening process to improve the quality of in-depth peer reviews.

**Overview:** Mortality screening is a process in which the events leading to an inpatient death are objectively and methodically evaluated in a peer review process that can illuminate quality-of-care challenges associated with mortality. Patients transferred to the organization are in the final stages of their disease processes and have a high relative expected mortality rate. The mortality screening tool app is designed to: (1) provide a standardized approach to improve patient outcomes by identifying clinical practice opportunities to prevent variances in care delivery; and (2) help reduce total mortality reviews by 10% by highlighting mortality cases that need in-depth peer review to improve patient outcomes. The app also minimized and optimized total physician and quality specialist time required to review cases.

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

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Poster: P156 | Putting Heart Into Heart Failure: Impacting Value With Care Delivery

Mark Clair, MS, RN, CCRP, FAACVPR, Patient Care Coordinator – Heart Failure, Medical University of South Carolina, Charleston, SC

Amanda L. Davis, MPH, RD, CHES, Manager, Value Institute, Value Institute, Medical University of South Carolina, Charleston, SC

Chakradhari Inampudi, MD, Assistant Professor, Cardiology (Heart Failure), Medical University of South Carolina, Charleston, SC

Keywords: Transitions of Care, Care Coordination, Readmissions, Chronic Conditions, Heart Failure Clinic

Learning Objectives:

- Discuss the development of a multifaceted approach to care coordination during transitions of care for patients with heart failure.
- Describe the impact of a multifaceted approach to care coordination for heart failure patients on readmissions.

Overview: Caring for heart failure (HF) patients requires coordination, standardization and accessibility. It takes a village to expand accessible care. We established a stepwise, multipronged approach, including: (1) developing a fully staffed HF clinic; (2) expanding HF clinic access via telehealth, coordinating transportation and adding additional locations; and (3) providing robust care coordination across the care continuum. Building strong integration and communication between inpatient and outpatient services was key to improvement. We created shared patient lists within the electronic medical record and standardized coordinator and staff communications regarding high-risk patients. Leveraging a multiplatform approach to patient communication was also crucial.

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

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## Poster: P157 | A Multidisciplinary Quality Improvement Project Improves Inpatient Stroke Rate Accuracy

**Randi Toumbs, DNP, AGACNP-BC, Nurse Practitioner, Memorial Hermann Hospital, Houston, TX**

**Son Hoang, MS, Analytics Manager, Memorial Hermann Hospital, Houston, TX**

**Keywords:** Coding and Documentation, Inpatient Stroke Rate

**Learning Objectives:**

- Discuss a quality improvement method to review the inpatient stroke rate among cardiac patients.
- Explain the importance of a multidisciplinary approach to quality improvement projects.

**Overview:** Academic medical centers often care for high-acuity patients who experience high complication rates. The inpatient stroke rate in the cardiovascular population was identified as an opportunity for improvement within our hospital. A multidisciplinary group, including an analyst, the coding team and a nurse practitioner specializing in stroke, was formed to manually audit charts. This collaborative approach informed stakeholders on all sides and resulted in a gradual reduction of inpatient stroke rates from 22 complications per 1,000 cases to 12 complications per 1,000 cases between March 2020 and May 2022.

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

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Poster: P158 | Severe Maternal Hypertension and Preeclampsia: A Roadmap to Improvement

Lisa Landry, BSHS, RRT, NCTTP, CPHQ, Quality and Patient Safety Project Manager, Morristown Medical Center, Morristown, NJ

Laura Geron, DNP, RN, CNL, CPHQ, Quality and Patient Safety Project Manager, Overlook Medical Center, Summit, NJ

Keywords: Health Equity, Standardized Order Set, Maternal Mortality, Standards Compliance

Learning Objectives:

- Describe a multidisciplinary approach to appropriately and expeditiously treat severe maternal hypertension.
- Discuss successful strategies used within a multisite health system collaborative to treat severe maternal hypertension.

Overview: Many factors have contributed to the rise in U.S. maternal mortality. While the issue has attracted a lot of attention, we've seen little substantial improvement. At Atlantic Health System, we approached severe maternal hypertension treatment with engagement, resiliency, accountability, transparency and empowerment across the entire women's health service line. This led to improved outcomes at both academic and community hospitals — translating to systemwide, sustained improvement. As a result of this housewide collaboration, timeliness to treat severe maternal hypertension improved from 40% in 2018 to over 90% in 2021.

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

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**Poster: P159 | Proof in the (Sugar-Free) Pudding: Implementing Computerized Insulin Drip Management**

**Brendan Daley, MD**, *Clinical Quality Leader, Northwestern Memorial HealthCare, Lake Forest, IL*

**Keywords:** Glucose Management, Glycemic Control, Diabetes Technology, Workflow Design, Computerized Insulin Drip, ICU, Diabetic Ketoacidosis

**Learning Objectives:**

- Explain the advantages of using a computerized system for insulin drip management.
- Describe basic outcome and process measures for patient care involving insulin drips.

**Overview:** This project focuses on implementation of a computerized insulin drip management system in the intensive care unit of a community hospital (Northwestern Medicine Lake Forest Hospital) affiliated with an academic medical center (Northwestern Memorial Hospital). From go-live in late August 2021 through May 2022, we had 0.6% patient days with hypoglycemia (blood glucose < 70 mg/dL) and zero patient days with severe hypoglycemia (blood glucose < 40 mg/dL). In addition to providing safe insulin dosing, this technology allows greater insight into processes and outcomes in this high-risk workflow — which is instrumental in driving and sustaining continuous improvement.

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

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Poster: P160 | Organizing and Communicating Product Disruptions in a Post-Pandemic World

Anna C. A. Cerilli, MS, RN, *Value Analysis Nurse, Yale New Haven Health System, New Haven, CT*

Jacqueline Epright, CPA, *Vice President and Chief Supply Chain Officer, Yale New Haven Health System, New Haven, CT*

Eileen Kennedy, RN, *Value Analysis Nurse, Yale New Haven Health System, New Haven, CT*

Kirt Tassmer, *Performance Improvement Coordinator, Yale New Haven Health System, New Haven, CT*

Keywords: Dashboard, Communication Platform, Value Analysis, Product Conversion, Product Substitution, Product Backorder, Product Shortage

Learning Objectives:

- Identify supply chain workflow challenges presented by clinical product disruptions.
- Describe how the use of technology organizes and communicates product substitutions that may result in clinical practice changes.

Overview: In our post-pandemic environment, product backorders are the new normal. This challenges supply chain teams to effectively support clinical care and meet patient needs. It is critically important to have the appropriate products available for clinicians to deliver high-quality care to their patients. To meet this need, we implemented a common product disruption dashboard across our health system’s eight delivery networks. This solution offers organized, consistent messaging of up-to-date content between clinical and operational care delivery teams and addresses our primary goal of getting the right product to the right patient at the right time.

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

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## Poster: P161 | Doubling Down on Recalls and Defects

**Cherie Bragg, LSSMB**, Performance Improvement Coordinator, Yale New Haven Health System, New Haven, CT  
**Anna C. A. Cerilli, MS, RN**, Value Analysis Nurse, Yale New Haven Health System, New Haven, CT  
**Carla Carusone, RN**, System Director Value Analysis, Yale New Haven Health System, New Haven, CT

**Keywords:** Supply Assurance, Value Analysis, Recall Response System, FDA Recalls, Centralized Tracking, Defective Products

### Learning Objectives:

- Discuss strategies to reduce recall fatigue.
- Identify strategies to track and trend product defects.

**Overview:** The COVID-19 pandemic resulted in severe product shortages and unavailability of materials, increasing the impact of recalls and defects on our health system. High volumes of recalls and defects increase the possibility of patient or staff exposure to potentially harmful or ineffective products. With an external audit serving as a catalyst for change, corporate supply chain at Yale New Haven Health System reconstructed our recall and defect management programs. These two exemplary programs leapfrogged organizational operation capabilities in arguably the most challenging of times, earning national recognition from the Food and Drug Administration (FDA) for proactive contribution to product recalls.

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

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