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T12 | Observed Over Expected: Our Journey To Improving Mortality Index

Tuesday, 8-8:30 a.m. | Bandol 2

Vishwas Anand Singh, MD, MS, FHM, Chief, Hospital Medicine, Vice Chief of Patient Flow and Operations, NewYork Presbyterian Brooklyn Methodist Hospital, Brooklyn, N.Y.

Shirah Moses, MS, OTR/L, Quality and Patient Safety Specialist, NewYork Presbyterian Brooklyn Methodist Hospital, Brooklyn, N.Y.

Kaedrea Jackson, MD, MBA, MPH, Chief Medical Officer, Chief Quality Officer, NewYork Presbyterian Brooklyn Methodist Hospital, Brooklyn, N.Y.

Keywords: mortality index, hospice conversions, CDI improvement, end-of-life care

Learning Objectives:

- Discuss methods to improve mortality index by streamlining hospice conversion using a multidisciplinary approach.

- Discuss how to leverage the electronic medical record to identify hospice candidates to improve an organization's mortality index metric and documentation.

Overview: Mortality index (MI) is a key quality improvement metric upon which a hospital's performance is compared to peer institutions. It captures important dimensions of patient care, including appropriate and compassionate end-of-life care, and accurate, comprehensive documentation capturing patient complexity. At New York Presbyterian Brooklyn Methodist Hospital, we were challenged with an MI much greater than one. We describe our multidisciplinary approach to improve MI, including methods to increase hospice conversions by creating an infrastructure to identify appropriate hospice candidates and streamline the hospice conversion process, as well as efforts to improve documentation with the assistance of an appointed clinical documentation improvement (CDI) champion and leverage the EMR. We used our successes to then advocate for an expansion of resources.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T22 | How a Robust Outpatient Pharmacy Service Turns a Desert Into a Dessert

Tuesday, 8:45-9:15 a.m. | Bandol 2

Bree Meinzer, PharmD, BCACP, CACP, Pharmacy Manager, Managed Care, UToledo Health, Toledo, Ohio
Holly Smith, RPh, MBA, CPEL, 340B ACE, Chief Pharmacy Officer, UToledo Health, Toledo, Ohio

Keywords: outpatient pharmacy, medication access, pharmacy deserts, patient experience

Learning Objectives:

- Identify disruptions and opportunities for patient care due to pharmacy deserts.
- Describe sustainable pharmacy strategies for providing care to patients in pharmacy deserts.

Overview: Many disruptors have occurred in the retail pharmacy landscape, making it challenging for patients to obtain prescription medications. With pharmacy deserts, long wait times, drug shortages and third-party insurance restrictions compounding delays in medication access, a health system outpatient pharmacy enterprise can prove to be seamless in providing medication accessibility to patients. Outpatient pharmacy services within health systems are at the forefront of providing optimal patient care due to the extensive integration that takes place. This session will explore how an outpatient pharmacy enterprise is strategically positioned to provide comprehensive, patient-centered services in a tumultuous retail pharmacy climate.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T23 | Unleashing and Elevating: The Evolution of Our Supply Chain Project Overview

Tuesday, 8:45-9:15 a.m. | Meursault

Andrea Chavez, MBA, MSSCM, Vice President of Supply Chain & Real Estate Operations, Adena Health, Chillicothe, Ohio

Keywords: supply chain transformation, strategic partnerships, cost optimization, healthcare logistics

Learning Objectives:

- Discuss strategies to overcome market pressures within the supply chain department.
- Describe successful team-based strategies to achieve financial and quality goals while transforming the supply chain.

Overview: Addressing ongoing industry challenges in a planful and proactive manner is crucial for independent health systems like Adena Health. Transforming the supply chain into a strategic asset can significantly improve operating margins, but activity must ensure that quality of care is not compromised. However, finding skilled professionals who possess the necessary technical knowledge and strategic mindset to help design and implement change can be challenging, particularly in smaller communities like Chillicothe, Ohio.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T32 | Enhancing Patient Satisfaction Through Bedside Interdisciplinary Rounds: A Quality Improvement Study

Tuesday, 9:30-10 a.m. | Bandol 2

Amer Abu-Shanab, MD, Physician, Monmouth Medical Center, Long Branch, N.J.

Wael Ghali, MD, Head of Hospitalists, Monmouth Medical Center, Long Branch, N.J.

Keywords: bedside interdisciplinary rounds, patient satisfaction, physician-patient communication, discharge planning optimization

Learning Objectives:

- Discuss using interdisciplinary rounds to establish unified care plans, leading to greater patient satisfaction.
- Describe the benefits of implementing interdisciplinary rounds, including interdepartmental communication and discharge planning effectiveness.

Overview: Discover how implementing bedside interdisciplinary rounds (IDRs) transformed patient care and staff collaboration within just seven months. This session highlights how IDRs improved physician-patient communication scores, significantly enhancing patient respect, understanding and involvement in treatment plans. Learn how a unified care approach and standardized rounding time addressed workflow challenges, increased staff and patient satisfaction, and elevated discharge planning effectiveness. Attendees will gain actionable insights into overcoming barriers to IDR implementation and fostering a culture of collaboration. This is a must-see session for healthcare professionals aiming to enhance patient experience and streamline team coordination.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T33 | Empowering Care: How Community Paramedics Are Transforming Readmission Rates

Tuesday, 9:30-10 a.m. | Meursault

Tracy Lemke, BSN, RN, Quality Improvement Specialist, Gundersen Health System, La Crosse, Wis.

Chris Molldrem, NRP, CCP, AAS, Community Paramedic, Supervisor, Emplify Health, Green Bay, Wis.

Keywords: community paramedicine, heart failure management, home-based care, readmission reduction

Learning Objectives:

- Describe cost-saving strategies related to hospital readmissions with the introduction to the community paramedic program.
- Compare readmission rates with and without community paramedic involvement.

Overview: With heart failure admissions greater than the national average, we initiated the Community Paramedic Program. The program focuses on enhanced patient education, proactive follow-up care and improved coordination between healthcare providers in the patient's home. By addressing the underlying factors contributing to readmissions and empowering patients to manage their condition effectively, we improved overall patient outcomes, kept patients at home and reduced congestive heart failure readmissions.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T41 | Rethinking Admissions: When Conversations Come First

Tuesday, 10:15-11 a.m. | Bandol 1

Rebel L. Heasley, DNP, MSN/MHA, RN, NE-BC, CHPN, Director of Palliative Care, Dialysis, & Volunteer Services, Houston Methodist Clear Lake Hospital, Houston, Texas

Syritta Doughty, MSN, RN, CHPN, Palliative Care RN III; Houston Methodist Clear Lake Hospital, Houston, Texas

Brian Zuckerbraun, MD, MBA, FACS, FSIS, Vice President of Quality, UPMC Presbyterian Shadyside, Pittsburgh, Pa.

Rachel Bitterice, MSN, RN, Quality Improvement Specialist, Intermediate, UPMC Presbyterian Shadyside, Pittsburgh, Pa.

Lisa Donahue, DNP, RN, CPPS, Senior Director, Patient Safety, Innovation & Quality, UPMC Presbyterian Shadyside, Pittsburgh, Pa.

Keywords: palliative care, goals of care, mortality index, emergency department, early deaths

Learning Objectives:

- Identify strategies for initiating goals-of-care conversations before inpatient admission.
- Describe how early palliative care engagement can reduce early deaths and improve patient-centered outcomes.

Overview: When patients present with serious illness, early conversations can change the trajectory of care. Houston Methodist Clear Lake Hospital and UPMC Presbyterian Shadyside each piloted strategies to initiate palliative care and goals-of-care discussions before inpatient admission — one through direct emergency department consults and the other via an observation pending goals-of-care status. Both approaches prioritized timely, patient-centered decisions and led to measurable reductions in mortality index and early deaths. These models show how aligning care with patient wishes can yield clinical and operational gains. Explore how thoughtful front-end planning can support better outcomes for patients and systems alike.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T42 | Driving Excellence: High Reliability in Action Across the Enterprise

Tuesday, 10:15-11 a.m. | Bandol 2

Abdel Latif M. Marini, BSN, MSN, CPHQ, CPPS, Senior Director of Quality Management, University of Maryland Upper Chesapeake Health, Bel Air, Md.

Danielle Balsano, MS, BSN, RN, CPHQ, Quality Improvement Manager, University of Maryland Upper Chesapeake Health, Bel Air, Md.

Christina Pedini, PT, MSPT, Assistant Vice President of Rehabilitation and Neurosciences, University of Maryland Upper Chesapeake Health, Bel Air, Md.

Jennifer Lamprecht, MS, RN, CNL, CPHQ, Director, Quality Strategy, Sanford Health, Bemidji, Minn.

Abby Carmody, MHA, CPPS, Improvement Strategist, Sanford Health, Bemidji, Minn.

Keywords: high reliability, mortality improvement, support services, structured problem-solving

Learning Objectives:

- Describe high-reliability skills to drive improvement across clinical and nonclinical teams.
- Explain structured, multidisciplinary strategies to reduce harm and improve patient outcomes.

Overview: High-reliability practices can drive powerful results when applied across the full spectrum of healthcare operations. This session shares two approaches that broaden traditional boundaries — one focused on nonclinical team engagement, the other on clinical mortality reduction — each grounded in structured methods and real-time learning. Attendees will explore strategies that improve safety, strengthen culture and deliver measurable outcomes. Sanford Health will highlight how support services teams contributed to significant safety and engagement gains, while University of Maryland Upper Chesapeake Health will share how ecosystem thinking and data-driven tools led to a sustained drop in mortality rates.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T43 | Courage, Strategy and Impact: Women Shaping Healthcare

Tuesday, 10:15-11 a.m. | Meursault

Katherine Hochman, MD, MBA, Director, Division of Hospital Medicine, NYU Langone Health, New York, N.Y.

Amy Lu, MD, Chief Quality Officer, UCSF, San Francisco, Calif.

Zarrina Bobokalonova, RN, MSN, BEc, CPHQ, Vice President, Quality and Safety, Memorial Hermann Health System, Houston, Texas

Renuka Gupta, MD, Vice President, Chief Quality Officer, Mary Washington Healthcare, Fredericksburg, Va.

Keywords: leadership, strategy, C-suite, mentorship, women in healthcare

Learning Objectives:

- Identify key tactics that support the advancement and influence of women leaders.
- Discuss specific, adaptable strategies used by women in the C-suite to achieve success.

Overview: Women leaders across healthcare are redefining what it means to lead with purpose, resilience and impact. This session brings together executives who have shaped their leadership journeys around results that

matter not only to them, but to their organizations. Through personal stories and practical strategies, they'll share how intentional leadership drives team performance, strengthens culture and supports long-term organizational success. Join us to learn how these leaders are shaping the future of healthcare.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T44 | Optimizing Emergency Department Admissions: Real-World Wins in Patient Flow

Tuesday, 10:15-11 a.m. | Castillon

Mohamed Alhadha, Senior Performance Improvement Consultant, Stanford Health Care | Stanford Medicine, Palo Alto, Calif.

William Frederick III, MD, PhD, CHCQM-PHYADV, Clinical Associate Professor of Medicine, Medical Director - Utilization Management/Care Management, Stanford Health Care, Palo Alto, Calif.

Shashank Ravi, MD, MBA, Director of Quality, Adult Emergency Department Medical Director, SHC Value Based Care Program Associate Professor, Stanford Health Care | Stanford Medicine, Palo Alto, Calif.

Patrick Grace, MD, FACEP, Assistant Professor of Emergency Medicine, Assistant Chief Medical Officer, UK Chandler Hospital, Medical Director, ED Observation Services, UK HealthCare, Lexington, Ky.

Abhisek Patel, MD, Assistant Professor of Emergency Medicine, Assistant Medical Director, ED Observation Services, UK HealthCare, Lexington, Ky.

Mahmoud Ziada, MBA, Hospital Operations Analyst Senior, UK HealthCare, Lexington, Ky.

Keywords: patient flow, emergency department observation, length of stay, readmissions, EMR

Learning Objectives:

- Discuss strategies to implement an ED observation unit to improve hospital throughput.
- Explain the impact of real-time utilization review and workflow automation on ED admission accuracy.

Overview: Emergency departments (EDs) are under pressure — and smart observation strategies are making a measurable difference. UK HealthCare's Chandler Hospital opened an emergency department observation unit using existing space and nursing staff to ease inpatient boarding and improve hospital throughput. Stanford Health Care paired real-time utilization review with electronic medical record (EMR) workflow improvements to increase appropriate observation admissions, reduce readmissions and drive significant cost savings. Discover how two organizations used creative staffing, smarter workflows and interdisciplinary collaboration to boost patient flow, shorten stays and deliver real results.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T45 | Biosimilar Transitions: Reducing Pain Points for Patients and Providers

Tuesday, 10:15-11 a.m. | Fleurie

Robert W. Simpson, PharmD, Pharmacy Director, Allegheny Health Network, Wexford, Pa.

Sarah Jean Lorenzen, PharmD, BCACP, CSP, Manager of Specialty Pharmacy, UToledo Health, Toledo, Ohio

Meghan Fox, PharmD, BCMTMS, Outpatient Clinical Pharmacist: Specialty Pharmacy, UToledo Health, Toledo, Ohio

Keywords: biosimilars, insurance coverage, cost savings, formulary management

Learning Objectives:

- Describe the operational and patient care challenges associated with biosimilar implementation.
- Identify proactive strategies for managing biosimilar transitions through education, collaboration and communication.

Overview: The shift to biosimilars brings both opportunities and growing pains. Discover how Allegheny Health Network launched a dynamic biosimilar program that streamlined electronic medical record workflows, improved prior authorization processes and achieved significant cost savings — all while maintaining patient access to essential medications. Complementing this operational approach, UToledo Health focused on building a structured, proactive process for biosimilar transitions using interdisciplinary communication and patient education to strengthen continuity of care and boost provider and patient satisfaction. Join this session to explore real-world strategies for improving biosimilar adoption across both systems and patient experiences.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T47 | Setbacks Can Be Comebacks: A Model for Shared Safety Improvement

Tuesday, 10:15-11 a.m. | Hermitage

Theresa Madaline, MD, FACP, FIDSA, CPHQ, Associate Chief Quality Officer, NewYork-Presbyterian/Columbia University Medical Center, New York, N.Y.

Joshua Allen-Dicker, MD, MPH, SFHM, Associate Chief Quality Officer, NewYork-Presbyterian/Weill Cornell Medical Center, New York, N.Y.

Frank Volpicelli, MD, Vice President and Chief Medical Officer, NewYork-Presbyterian/Columbia University Medical Center, New York, N.Y.

Purvi Shah, MD, MSc, Vice President and Chief Medical Officer, NewYork-Presbyterian/Weill Cornell Medical Center, New York, N.Y.

Margaret Raymond, MSN, RN-BC, NE-BC, Director, Quality and Patient Safety, NewYork-Presbyterian, New York, N.Y.

Lisa Schmutter, DNP, MPA, BSN, RN, Director, Quality and Patient Safety, NewYork-Presbyterian, New York, N.Y.

Keywords: organizational learning, hospital-acquired conditions, multidisciplinary collaboration, systemwide implementation

Learning Objectives:

- Describe a novel model for rapid organizational learning and agile improvement across quaternary care hospitals.
- Discuss change management and implementation strategies for effective hospital-acquired condition reduction.

Overview: Large, complex health systems often face hurdles in achieving consistent, systemwide quality improvement. This panel shares how two quaternary care hospitals built a rapid learning model to drive agile

improvement across disciplines and leadership levels. By focusing on shared goals, structured feedback and nimble data analytics, they created a scalable strategy for implementing change that balances consistency with local adaptation. Attendees will hear how lessons learned at one site were translated quickly across institutions, supporting sustained reduction in hospital-acquired conditions and advancing a culture of safety and engagement. Join us to explore how setbacks became a platform for organizational renewal.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T49 | Improving Patient Flow Through Patient Engagement and Process Innovation

Tuesday, 10:15-11 a.m. | Avignon

Amber Washington, MHA, Patient Advisory Coordinator, Tampa General Hospital, Tampa, Fla.

Jaimie Weber, MD, LSSBB, Associate Chief Medical Informatics Officer, Tampa General Hospital, Tampa, Fla.

Asa Oxner, MD, Vice President, Associate CMO for Ambulatory Services, Tampa General Hospital, Tampa, Fla.

Keywords: patient engagement, lean methodology, AI tools, capacity

Learning Objectives:

- Describe how patient and family advisors contribute to quality and performance improvement initiatives.
- Explain the use of Lean methodology to improve postacute patient transitions and reduce excess days.

Overview: Patient-centered transformation meets operational innovation in this panel featuring two Tampa General Hospital initiatives. One highlights the impact of embedding patient and family advisors in quality improvement efforts — from wayfinding to inpatient flow. The other focuses on using Lean methodology and artificial intelligence (AI) tools to streamline postacute transitions and reduce capacity strain. Together, these approaches show how integrating the patient voice and operational intelligence can drive sustainable improvements in both care experience and system efficiency. Join us to explore strategies that unite empathy and innovation.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T51 | Capital Expenditure and Budgeting: A System Approach to Strategic Growth

Tuesday, 1-1:30 p.m. | Bandol 1

Ross Martin, AVP, Strategic Sourcing, Rush University System for Health, Chicago, Ill.

Geo Chemmachel, MHA, Strategic Sourcing Manager, Rush University System for Health, Chicago, Ill.

Keywords: capital budgeting, strategic growth, resource allocation, financial sustainability

Learning Objectives:

- Identify key components of a continuous prioritization model in capital expenditure to optimize resource allocation and align investments with institutional priorities.

- Explain the effectiveness of a capital management system by analyzing quantitative performance indicators and the integration of stakeholder feedback to improve decision-making and operational efficiency.

Overview: Over the last two years, we've revolutionized our capital expenditure and budgeting framework to better support long-term growth, strategic goals and efficient resource management. Shifting from an annual capital submission process to a dynamic, continuous prioritization model allows us to respond swiftly to emerging needs and optimize decision-making. This new system incorporates a standardized submission process, enhanced evaluation criteria, streamlined approval workflows and continuous monitoring — all while engaging stakeholders at every level. By fostering transparency and flexibility, our approach ensures that resources are allocated more effectively, driving sustainable success and financial responsibility for the institution's future.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T52 | Measuring the Impact of Advanced Practice Providers on Patient Outcomes

Tuesday, 1-1:30 p.m. | Bandol 2

Angela Graf, MS, Director, Quality Analytics, Stanford Health Care, Palo Alto, Calif.

Jesus Navoa, MBA, PA-C, Senior Director of Advanced Practice, Inpatient Services & Strategy, Stanford Health Care, Palo Alto, Calif.

Clair Kuriakose, MBA, PA-C, FACHE, Chief Advanced Practice Officer, Vice President, Stanford Health Care, Palo Alto, Calif.

Keywords: advanced practice providers, APPs, workforce optimization, patient outcomes, readmission reduction

Learning Objectives:

- Discuss the benefit of an objective methodology in evaluating APP contributions and value toward patient care.
- Explain how to leverage an APP workforce to drive efficient and cost-effective care models while improving APP retention and fulfillment.

Overview: Advanced practice providers (APPs) represent one of the fastest growing workforces in healthcare. At Stanford Health Care, an innovative attribution system using statistical codes was developed to measure the impact of APPs, who care for nearly 65% of inpatients. These shared visit codes were implemented and visualized to monitor patient outcomes. This care model improved efficiency in care delivery, highlighting the essential role of APPs in healthcare — including better readmissions outcomes and improved length of stay and inpatient mortality measures. Professional fulfillment within our growing APP workforce has also seen decreased turnover from 18% to 6.9%.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T53 | Team of Teams: Our Road to No. 1 in the Patient Safety Domain

Tuesday, 1-1:30 p.m. | Meursault

Jeffrey Chen, MD, Hospitalist, UT Medical Director of Quality, Memorial Hermann Hospital, TMC, Memorial Hermann Texas Medical Center, Houston, Texas

Jean McBride, LSSMBB, Director, Process Quality and Improvement, Memorial Hermann-Texas Medical Center, Houston, Texas

Bela Patel, MD, Regional Chief Medical Officer, Memorial Hermann TMC and Vice Dean, UT Health, Memorial Hermann-Texas Medical Center, Houston, Texas

Keywords: patient safety, clinical pathways, team-based care, safety improvement

Learning Objectives:

- Discuss the methods employed to implement the Team of Teams approach.
- Identify clinical challenges in the safety domain that could benefit from applying the Team of Teams methodology.

Overview: In our continuous pursuit to improve safety, we sought to tackle each indicator in the Vizient safety domain by utilizing General Stanley McChrystal's Team of Teams concept. This concept combines robust, centralized communication (shared consciousness) with decentralized teams that are empowered with execution to refine clinical pathways and develop research for improved patient outcomes. Using this model, we significantly enhanced our performance within the Vizient safety domain, from No. 63 in 2020 to No. 1 in 2024.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T54 | Optimizing Surgical Supply Returns: Collaboration in Action

Tuesday, 1-1:30 p.m. | Castillon

Trent Larsen, Director of Supply Chain Logistics | Supply Chain Solutions, Legacy Health, Portland, Ore.

Joe Kelly, MSCM, Manager of Supply Chain Operations | Good Samaritan Hospital, Legacy Health, Portland, Ore.

Keywords: supply chain optimization, Lean process improvement, OR efficiency, cost reduction

Learning Objectives:

- Identify root causes for OR returns that contribute to a backlog of items.
- Discuss Lean process improvement methodology to identify inefficiencies and implement change.

Overview: This presentation will cover the issue of unused items in the operating room (OR) being returned to the supply chain storeroom, causing a backlog of items to return to bins. This can lead to excess inventory, overtime, damaged supplies and other challenges. A Lean process improvement methodology (e.g., Gemba walks/Go and Sees, takt time, PICK [Possible, Implement, Challenge and Kill] chart) was used to identify inefficiencies and implement changes, such as updating preference cards and using credit carts. These changes reduced OR return volume without increasing full-time equivalents.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T55 | UMove to Improve: Designing a Sustainable, Multidisciplinary Patient Mobility Program

Tuesday, 1-1:30 p.m. | Fleurie

Lindsay Bagdis, PT, DPT, Quality, Patient Safety, Regulatory Project Manager, UMass Memorial Medical Center, Worcester, Mass.

Ellen Felkel-Brennan, DNP, RN, CPHQ, Associate Vice President, Quality, Safety and Regulatory, UMass Memorial Medical Center, Worcester, Mass.

Keywords: standardized mobility program, early mobilization, length of stay reduction, patient deconditioning prevention

Learning Objectives:

- Describe three key characteristics of a successful multidisciplinary mobility program.
- Identify key performance indicators to monitor and share with frontline staff and providers to generate ideas for ongoing engagement.

Overview: UMass Memorial Medical Center has a rigorous structure for quality and safety improvement. We have Safety Assessment Feedback and Error Reduction (SAFER) Teams focused on venous thromboembolism, falls and pressure injuries. All teams identified mobility as a contributing factor to harm. Leadership commissioned an improvement team to identify current state and engaged unit-based multidisciplinary teams to design a process that ensures patients are assessed, have mobility goals and are mobilized to the best of their abilities. The program was implemented in 21 units in 2024. Mobility assessment and goal-setting improved from 5% to 90%, with 82% of patients having documentation of mobilization.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T56 | AI Without the Ailments: A Prescription for Safe and Scalable Innovation

Tuesday, 1-1:30 p.m. | Musigny

Nishit Patel, MD, Vice President, Chief Medical Informatics Officer, Tampa General Hospital, Tampa, Fla.

Jaimie Weber, MD, LSSBB, Associate Chief Medical Informatics Officer, Tampa General Hospital, Tampa, Fla.

Keywords: AI governance, healthcare AI strategy, risk mitigation, clinical automation

Learning Objectives:

- Discuss establishing an AI governance model that ensures safety, compliance, and alignment with clinical and operational goals.
- Explain how to evaluate innovative AI investments while maintaining ethical oversight and patient safety.

Overview: As artificial intelligence (AI) adoption accelerates in healthcare, our academic health system developed a comprehensive AI strategy that balances innovation, governance and patient safety. Utilizing a build, buy or partner approach, we assess AI investments to ensure strategic alignment and maximize impact. A robust AI governance framework safeguards against bias, ensures ethical implementation and standardizes oversight. By embedding AI into clinical and operational workflows while maintaining rigorous governance, we accelerated adoption, improved patient outcomes and enhanced efficiency. This session will provide practical insights into AI strategy development, governance processes and lessons learned in large-scale AI deployment.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T57 | Promoting Rest and Sleep: A Randomized Trial Across Multiple Hospitals

Tuesday, 1-1:30 p.m. | Hermitage

Courtenay Rose Bruce, JD, MA, Associate Chief Experience Officer, Houston Methodist, Houston, Texas

Gail Vozzella, DNP, RN, NEA-BC, Senior Vice President/Chief Nurse Executive, Houston Methodist Hospital, Houston, Texas

Kathryn Agarwal, MD, Geriatrician, Houston Methodist Hospital, Houston, Texas

Christian Valverde, MHA, Manager, Guest Relations and Patient Experience, Houston Methodist Hospital, Houston, Texas

Keywords: sleep hygiene bundle, delirium prevention, patient restfulness, hospital noise reduction

Learning Objectives:

- Discuss the conceptualization and implementation of a sleep bundle intervention across multiple hospitals.
- Describe essential systemwide considerations when evaluating the effectiveness of a sleep intervention.

Overview: Our multi-institutional, multidisciplinary project aims to evaluate the effectiveness of a multimodal sleep hygiene bundle (“bundle”) versus standard of care to reduce the burden of delirium identified by nurse screening. We will describe the development, implementation and expansion of our four hospitals’ patient engagement processes and bundle interventions, including noise reduction, light regulation, staff clustering, daytime mobility and shifts in medication administration. Many professional organizations are emphasizing in-hospital restfulness, as promoted by the recent Centers for Medicare & Medicaid Services insertion of a restfulness Hospital Consumer Assessment of Healthcare Providers and Systems domain. We will provide a rationale, and a practical framework of interventions to guide organizations in promoting rest and patient engagement.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T58 | Spend Performance Metrics: Insights From Top Healthcare Leaders

Tuesday, 1-1:30 p.m. | Pomerol

Jennifer Axline, Vice President, Excelerate, Vizient, Irving, Texas

Derrick Billups, MSHA, CMRP, FACHE, Vice President, Supply Chain & Support Services, UC Health, Cincinnati, Ohio

Rene Gurdian, MBA, AVP, SCM Finance and Strategy; Ochsner Health, New Orleans, La.

Yolanda Redmond, Vice President, Supply Chain; Vanderbilt University Medical Center, Nashville, Tenn.

Keywords: price index, supply expense, analytics, cost per case

Learning Objectives:

- Identify common barriers organizations face when reducing price indexes.

- Discuss successful strategies that can be used to reduce price index, cost per case and supply expense per adjusted discharge or net patient revenue.

Overview: Is your organization struggling to reduce its price index? Have you explored supply expense per net patient revenue as a key performance indicator? Is cost per case a critical but elusive metric you need to tackle? Join us to hear from healthcare leaders who have made significant strides in achieving high performance in these challenging areas. Discover the essential resources, processes and disciplines needed to drive success in your organization.

This session does not award accredited CE credit.

T59 | Redefining Our Approach to Commodities With RAPID

Tuesday, 1-1:30 p.m. | Avignon

Trent Gee, CMBA, WTA, Senior Director, Category Management and GPO Relations, Intermountain Health, Salt Lake City, Utah

Chris Jones, BSN, MHA, Critical Program Manager, AAMS Clinical Program, Intermountain Healthcare, Salt Lake, Utah

Keywords: commodity standardization, procurement efficiency, cost reduction, decision-making acceleration

Learning Objectives:

- Identify a streamlined process to make commodity decisions.
- Discuss using team, data and savings structures to manage commodity spend.

Overview: After analysis revealed that Intermountain Health spends more than \$200 million a year on 70,000 items that qualify as commodities, a new definition of a commodity was implemented. It represents any item with minimal clinical impact and a similar fit, form and function — regardless of supplier (think tourniquets, exam table paper or combs). The supply chain procurement team partnered with nursing and clinical shared services leadership to address supply variation by drawing inspiration from lessons learned during the pandemic when supplies were scarce and quick and effective decision-making was possible. Decisions are made faster by a representative group of leaders armed with actionable information through a five-step process: rrequest, analyze, process, inform, and decide, or RAPID Commodities — a significant step forward in efforts to streamline operational decision-making.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T61 | Prior Authorization Reimagined: Pharmacy's Path to Access and Efficiency

Tuesday, 1:45-2:30 p.m. | Bandol 1

Ghada Ashkar, PharmD, DPLA, Associate Chief, Ambulatory Pharmacy, UCLA Health, Los Angeles, Calif.

Karen Bains, MHA, Senior Director, Ambulatory Operations, UCLA Health, Los Angeles, Calif.

Jonathan Hwang, PharmD, BCPS, Pharmacy Finance Manager, UC Davis Health, Sacramento, Calif.

Chad Hatfield, PharmD, BCPS, MHA, Vice President, Chief Pharmacy Officer, UC Davis Health, Sacramento, Calif.

Keywords: prior authorization, pharmacy-led program, revenue cycle, patient access

Learning Objectives:

- Discuss the operational and financial impacts of pharmacy-led centralized authorization services.
- Identify key performance indicators that validate the value of prior authorization programs.

Overview: Prior authorization doesn't have to be a barrier to care. In this session, UC Davis Health and UCLA Health share how they transitioned prior authorization from clinic-based processes to pharmacy-led models — reducing delays, denials and administrative strain. Learn how centralized, pharmacy-driven programs can improve consistency, optimize the site of care and create scalable frameworks that ease staff burdens while improving patient access. Both systems will highlight measurable impacts, including key performance indicators, benchmarking and revenue cycle outcomes. Join this session to explore practical strategies for transforming a complex process into a streamlined, patient-centered solution.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T62 | One Step at a Time: Building Professional Development Strategies That Work

Tuesday, 1:45-2:30 p.m. | Bandol 2

Neema Haria, MHSA, Executive Director, Chief of Staff, Cedars-Sinai, Los Angeles, Calif.

Neil Poria, MA, MHA, Associate Director, Performance Improvement, Cedars-Sinai, Los Angeles, Calif.

Amber Wood, DNP, RN, MBA, Vice President of Clinical Education, SSM Health, Madison, Wis.

Keywords: career ladders, professional development, workforce engagement, performance improvement

Learning Objectives:

- Identify strategies for making clinical and nonclinical career development programs more accessible and relevant.
- Describe methods for structuring competency-based ladders that improve engagement and retention.

Overview: Career growth in healthcare isn't one-size-fits-all — and rethinking how we support it can improve engagement and retention across roles. SSM Health refreshed its clinical ladder to make professional development more accessible for bedside team members, helping clinicians grow without stepping into leadership. Cedars-Sinai took a strategic approach to building and sustaining performance improvement teams using career ladders, competency frameworks and targeted recruitment to support nonclinical professionals working in clinical environments. Together, these organizations offer flexible, scalable models to develop talent across disciplines. Join this session for ideas on energizing your workforce — one step at a time.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T63 | AI-Driven Quality Improvement: Reducing Burden, Increasing Impact

Tuesday, 1:45-2:30 p.m. | Meursault

Kimberly Quintero, MS, RN, CEN, Clinical Quality Improvement Specialist, UC San Diego Health, San Diego, Calif.

Chad VanDenBerg, MPH, Chief Quality & Patient Safety Officer, UC San Diego Health, San Diego, Calif.

Aaron Boussina, PhD, Assistant Professor, UC San Diego Health, San Diego, Calif.

Keywords: artificial intelligence, automation, quality abstraction, leadership

Learning Objectives:

- Describe how a human-in-the-loop AI approach improves accuracy and efficiency in quality abstraction.
- Explain how integrating AI, automation and dashboards into a structured leadership framework improves efficiency and enhances data-driven decision-making.

Overview: At UC San Diego Health, two innovative initiatives reveal how artificial intelligence (AI) and automation can transform quality improvement and efficiency, while also saving costs. One project piloted a generative AI tool to streamline SEP-1 (Severe Sepsis and Septic Shock Management Bundle) abstraction, reducing turnaround time and cost while enhancing data accuracy through a human-in-the-loop approach. Another initiative embedded AI, automation and dashboards into a leadership framework, achieving measurable efficiency gains and sustaining long-term value. Hear how strategic integration of technology — grounded in human oversight and leadership alignment — can reduce administrative burden, support compliance and strengthen hospital performance.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T65 | Out of the Emergency Department: Smarter Care for Cancer Patients

Tuesday, 1:45-2:30 p.m. | Fleurie

Megan Nadell, BSN, RN, Operations Manager, Oncology Rapid Assessment Center, Stanford Medicine Health Care, Stanford, Calif.

Lauren Maeda, MD, Clinical Associate Professor, Medical Oncology, Director of Acute and Transitional Care Services, Stanford University School of Medicine, Palo Alto, Calif.

Sarah Garrigues, Senior Quality Consultant, Cancer Center Clinical Operations, Stanford Medicine Health Care, Stanford, Calif.

Lindsey Zinck, PhD, RN, OCN, NEA-BC, Chief Nursing Officer, Abramson Cancer Center, Cancer Service Line, University of Pennsylvania Health System, Philadelphia, Pa.

Erin Lightheart, MBA, CSSBB, PMP, Clinical Effectiveness and Quality Improvement Manager, Hospital of the University of Pennsylvania, Philadelphia, Pa.

Colleen Kucharczuk, DNP, AOCNP, AGACNP, Inpatient Hematology/Oncology Services Manager, Hospital of the University of Pennsylvania, Philadelphia, Pa.

Keywords: oncology, emergency department, access to care, outpatient infusion

Learning Objectives:

- Describe how same-day evaluation centers can reduce ED visits for oncology patients.
- Outline care delivery redesign strategies that can improve access and reduce inpatient length of stay.

Overview: Delivering better cancer care means rethinking when and where it happens. This session features two innovative approaches that shift oncology services beyond the emergency department (ED). Stanford's Oncology Rapid Assessment Center offers same-day evaluation and treatment to reduce ED visits and

unplanned admissions. Penn Medicine expanded infusion services to weekends, improving access, saving inpatient days and addressing disparities. Both models enhance continuity, reduce strain on acute care and improve the patient experience. Join this session to explore practical strategies that help achieve more responsive, resource-smart oncology care.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T66 | Designing Care for Real-World Community Needs

Tuesday, 1:45-2:30 p.m. | Musigny

Catherine Terrell, MSN, RN, OCN, Director, Clinical Services, Clinic & Patient Access, UVA Health, Charlottesville, Va.

Becca Laszkiewicz, MSN, RN, Trauma Nurse Navigator, Froedtert Hospital, Milwaukee, Wis.

Libby Schroeder, MD, MS, Chief Medical Officer, Associate Professor of Surgery, Froedtert Hospital, Milwaukee, Wis.

Keywords: nurse navigation, community health, care access, health disparities

Learning Objectives:

- Discuss how nurse navigation models can improve timely care access.
- Identify ways to design patient-focused interventions that strengthen care continuity.

Overview: Hospitals are finding new ways to serve their communities through nurse navigation models that close gaps in care. At the University of Virginia, a nurse navigator program significantly reduced treatment delays for rural breast cancer patients by improving access to oncology specialists. At Froedtert Hospital, nurse navigators support firearm injury survivors from admission through outpatient follow-up, building trust and reducing emergency visits. With multidisciplinary coordination at their core, both programs highlight how targeted navigation can close care gaps. Learn practical, scalable strategies that illustrate how these teams are designing care with their communities in mind.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T67 | Capacity Solutions: Tailoring Emergency Department Approaches to Scale and Demand

Tuesday, 1:45-2:30 p.m. | Hermitage

Michael DeLeo, MD, MBA, CPE, Senior Vice President, Chief Medical Officer, Tufts Medicine MelroseWakefield Healthcare, Melrose, Mass.

Andrew Munfakh, MHSA, Director, Comprehensive Transfer Center and Patient Flow Operations, NYU Langone Health, New York, N.Y.

Lisa Kesting, MPA, Health System Senior Director, Comprehensive Transfer Center, NYU Langone Health, New York, N.Y.

Keywords: capacity, emergency department, surge planning, patient experience

Learning Objectives:

- Identify operational strategies to reduce left-without-being-seen rates and enhance patient experience in an ED setting.
- Discuss surge capacity interventions that reduce ED boarding times and improve resource utilization.

Overview: Emergency department (ED) challenges look different depending on your setting — and tackling them requires tailored solutions. Tufts Medicine MelroseWakefield Hospital shares how a community hospital used Lean strategies to dramatically reduce its left-without-being-seen rate, improve patient experience scores and capture significant revenue — despite growing patient volumes. Meanwhile, NYU Langone Health takes a systemwide view, using a flexible "surge playbook" to manage ED boarding during periods of peak demand. This panel offers a unique pairing of perspectives on optimizing patient flow and experience. Explore how creative, scalable strategies are improving ED performance across very different environments.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T68 | Drive Smart Growth With A Well-Structured Service Line Strategy

Tuesday, 1:45-2:30 p.m. | Pomerol

Saloni Jain, Senior Vice President, Intelligence and Research, Sg2, a Vizient company, Irving, Texas

Chad Giese, Vice President Intelligence, Sg2, a Vizient company, Irving, Texas

Josh Aaker, Senior Intelligence Director, Sg2, a Vizient company, Irving, Texas

Kara Marlatt, Intelligence Director, Sg2, a Vizient company, Irving, Texas

Setu Shah, Senior Associate, Intelligence, Sg2, a Vizient company, Irving, Texas

Keywords: service line, value-based care, healthcare trends

Learning Objectives:

- Discuss service line optimization and distribution of services.
- Explain how service lines provide an infrastructure to plan for key trends in healthcare.

Overview: A well-structured service line approach can drive sustainable growth and help health systems meet the challenges and pressures of today's healthcare environment. But it demands a thoughtful growth, implementation and maintenance strategy that considers clinical, operational and financial perspectives, along with strong physician engagement. This panel offers actionable insights on the top barriers, challenges and issues organizations face around service lines and how to capitalize on them.

This session does not award accredited CE credit.

T69 | From First Day to Future Leader: Strengthening the Workforce

Tuesday, 1:45-2:30 p.m. | Avignon

Robbie Dumond, MHA, BSN, RN, TCRN, Vice President of Ambulatory Operations and Service Lines, UCHealth University of Colorado Hospital, Aurora, Colo.

Sarah Staffel, MBA, Director of Accelerated Staffing Development Program, UCHealth University of Colorado Hospital, Aurora, Colo.

Kimberly DeLine, RN, BSN, JD, Vice President of Patient Access, UCHHealth University of Colorado Hospital, Aurora, Colo.

Tory Zieske, SHRM-CP, Associate Director, OSU Physicians, Columbus, Ohio

Pam Gray, Senior Director, Practice Services, OSU Physicians, Columbus, Ohio

Sarah Seiple, MHA, Senior Clinic Manager, Department of Urology; OSU Physicians, Columbus, Ohio

Keywords: leadership development, hiring strategy, retention, talent pipeline

Learning Objectives:

- Describe centralized hiring strategies that reduce time-to-fill and strengthen workforce resilience.
- Outline a frontline leadership development program that supports career growth and operational excellence.

Overview: Solving today's workforce challenges takes more than filling roles — it requires building lasting talent. UCHHealth University of Colorado Hospital redesigned its hiring process with a centralized, data-driven model that accelerated recruitment and strengthened retention. OSU Physicians developed a structured training program to prepare clinic managers for future leadership, combining mentorship and operational skills to grow internal talent. Together, these efforts show how investing in both hiring strategy and leadership development creates a stronger bench, faster onboarding and more resilient teams. Join this session for practical ways to grow your workforce from the ground up.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T71 | Data, Dialogue, and Trust: Driving Quality Improvement

Tuesday, 2:45-3:15 p.m. | Bandol 1

Troy Felix, MSNA, BSRN, RRT, Director of Quality & Patient Safety, Memorial Hermann The Woodlands & Memorial Hermann Northeast, Houston, Texas

Giridhar Vedala, MD, Regional Chief Medical Officer, Memorial Hermann The Woodlands & Memorial Hermann Northeast, Houston, Texas

Keywords: performance improvement, data-driven decision-making, quality metrics, communication

Learning Objectives:

- Identify successful strategies to collect and disseminate performance metrics using a multi-pronged approach.
- Explain methods used to significantly impact performance improvement across service lines.

Overview: A systemwide effort to improve performance rankings served as a catalyst for meaningful change in quality, safety, and patient outcomes. Our multi-pronged approach of organizing, communicating and driving improvement in all domains has led to excellent ranking results. We organize refreshed data on a monthly basis and communicate these results to our unit-based leadership teams, local service line stakeholders and medical staff members. Prioritizing the most heavily weighted domains and the metrics within those domains, as well as providing succinct visualizations and explanations of our performance on a monthly basis, were imperative to our success, along with routinely providing specialized reports to key stakeholders. The process resulted in a deep understanding among all stakeholders and has driven substantial

improvements at our Memorial Hermann Northeast facility. We also achieved the top 5th percentile within our cohort group at our Memorial Hermann The Woodlands facility.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T72 | Item Criticality: The Foundation of Supply Chain Resilience

Tuesday, 2:45-3:15 p.m. | Bandol 2

Kyle Simnick, MBA, Director, Supply Chain Resilience and Data Governance, Ochsner Health, New Orleans, La.

Keywords: critical SKU matrix, supply chain disruptions, resiliency strategy, clinical value analysis

Learning Objectives:

- Discuss using an item master criticality matrix to fortify supply chain resiliency.
- Enhance productivity through prioritization using critical item scoring.

Overview: The global supply chain is fragile and disruptions are unavoidable, but you can help futureproof your supply chain by establishing a critical SKU (stock-keeping unit) matrix. Supply chain departments face constant disruptions, from labor shortages to natural disasters. This, combined with the thousands of SKUs contained in healthcare item masters, leaves healthcare executives with the nearly impossible burden of ensuring supply stability in an environment that lends itself to sheer chaos and risk susceptibility. So what is the answer? A criticality-based supply chain resiliency strategy. Join us to learn more.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T73 | Specialty Measure Scorecard: A Comprehensive Approach to Academic Medicine Quality

Tuesday, 2:45-3:15 p.m. | Meursault

Dan Kawa, Clinical Data Analyst, Froedtert & Medical College of Wisconsin, Milwaukee, Wis.

Samuel Zielke, MSIE, Director of Process Improvement, Froedtert Health, Milwaukee, Wis.

Sid Singh, MD, MS, MBA, Vice President, Chief Quality Officer/Safety Officer, Froedtert & Medical College of Wisconsin, Milwaukee, Wis.

Keywords: specialty quality measures, performance benchmarking, data-driven improvement, healthcare scorecard development

Learning Objectives:

- Describe the process of gaining buy-in and developing a scorecard for specialty metrics.
- Explain the complexities of bringing together disparate data sources in an organized fashion.

Overview: In academic medical systems, quality assessment often fails to fully capture the advanced specialty care provided to patients. Froedtert and The Medical College of Wisconsin set out to implement a specialty quality measures scorecard to highlight the excellence of care delivered by specialized teams that is often overlooked in traditional quality scorecards. By adopting a more inclusive approach, we aim to answer some key questions, such as “What are we doing well? Where can we improve? How can we drive those

improvements?” Our goal is to present these insights in a clear, centralized way across clinical specialties, offering a comprehensive view of performance.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T74 | Excellence Through Collaboration: Advancing Patient Care, Safety and Experience

Tuesday, 2:45-3:15 p.m. | Castillon

Doreen Timm, MSN, RN, APRN/CNS-BC, Director, Clinical Quality & Patient Experience, FHN, Rockford, Ill.
Kathryn Martinez, DHA, MSN, RN, FACHE, Chief Operating Officer/Chief Nursing Officer, FHN, Rockford, Ill.

Keywords: cross-system alignment, quality collaboratives, leadership empowerment, transitional care management

Learning Objectives:

- Describe two benefits of aligning quality improvement efforts across a system.
- Explain the unique leadership characteristics that are essential to improve results.

Overview: Agile and adaptable — two words we embraced during COVID-19. Our organizations vowed never to return to slow processes, but post-pandemic daily tasks made agility harder. At FHN, we stayed agile by aligning strategies with our true north — our Journey of Excellence. We empowered leaders to act without seeking permission using Plan-Do-Study-Act cycles. Leadership was defined by qualities, not titles. We embraced learning from others — especially those with higher Vizient Clinical Data Base scores — and remained committed to sharing our story. Most importantly, we never wavered in our mission: delivering healthcare excellence to our communities.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T75 | Commitment to Wellbeing Elevates Employee Engagement, Fuels Financial Performance

Tuesday, 2:45-3:15 p.m. | Fleurie

Jake Lancaster, MD, MSHA, Chief Medical Officer, Baptist Memorial Health Care, Memphis, Tenn.
Lia Lansky, MS, MHA, Chief Wellbeing Officer, Baptist Memorial Health Care, Memphis, Tenn.

Keywords: employee wellbeing, population health management, health plan cost reduction, chronic disease prevention

Learning Objectives:

- Outline the characteristics of a successful employee wellbeing program.
- Describe the benefits of a long-term, holistic wellbeing program.

Overview: Baptist Memorial Healthcare launched a holistic wellbeing program over seven years ago targeting a triple aim: measurably improve the overall wellbeing of our self-insured health plan members, launch a longitudinal research study to measure results and integrate the program into our primary care physician practice to find a medical home for our members. A core leadership team oversees and operationalizes the program. Our measurable and significant outcomes and long-term commitment to employee wellbeing led to

increased engagement and culture and decreased health plan costs. We have monthly, quarterly and annual reporting on medical claim and pharmacy spend to measure our outcomes. We also have annual clinical biometric data and subjectively reported individual assessment data.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T76 | Leveraging APP Capacity To Address Ambulatory Patient Access Challenges

Tuesday, 2:45-3:15 p.m. | Musigny

Daniel A. Norville, MBA, CSSGB, Prosci, Senior Consultant, UC Davis Health, Sacramento, Calif.

Veerpal Sanga, MBA, Clinical Informatics Specialist, UC Davis Health, Sacramento, Calif.

Debbie Aizenberg, MD, MBA, Chief Medical Officer, UC Davis Health, Chief Physician Executive, UC Davis Medical Group, Sacramento, Calif.

Keywords: APP utilization, ambulatory access, workforce optimization, patient throughput

Learning Objectives:

- Describe measures to support management of APP resources.
- Explain steps to take to standardize APP templates and utilization in the ambulatory setting.

Overview: As a critical lever of improving ambulatory access and efficiency, our organization endeavored to better understand existing advanced practice provider (APP) utilization and leverage any available capacity to meet access demands. Likewise, to ensure the work is sustainable, we wanted to ensure that all billable work was being properly captured to optimize revenue. Utilizing internal and external data sources, such as Clinical Practice Solutions Center reporting, our organization was better able to assess the current state of APP visit capacity. We then increased access systemwide through improved APP utilization, which led to 20,690 more patients seen year-over-year in fiscal year 2025.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T77 | Speed Rounds, Big Wins: How We're Shaking Up Quality Improvement

Tuesday, 2:45-3:15 p.m. | Hermitage

Margaret Hogan, MSN, UChicago ADAMS Center Quality Advisor, University of Chicago Medical Center, Chicago, Ill.

Thomas Spiegel, MD, MBA, MS, FACEP, Vice President and UCM System Chief Quality Officer, University of Chicago Medical Center, Chicago, Ill.

Keywords: quality improvement, leadership engagement, staff innovation, rapid-fire reporting

Learning Objectives:

- Describe an engaging, scalable platform for sharing quality improvement initiatives within large organizations.
- Outline strategies to foster leadership-staff connections and promote the cross-departmental application of successful projects.

Overview: Quality Connections is a dynamic, reality-show-inspired meeting in which hospital staff present quality improvement projects in 60-second, rapid-fire report-outs to a panel of rotating leadership “quality sharks.” The sharks then ask probing questions while encouraging advancements in each workstream. This engaging platform fosters organizational innovation by showcasing successful initiatives, connecting staff with executives and promoting actionable improvements across departments. With audience voting and celebratory interactions, this initiative exemplifies how large-scale organizations can make quality improvement collaborative, entertaining and impactful.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T78 | Transforming Indirect Spend: A New Frontier In Expense Reduction

Tuesday, 2:45-3:15 p.m. | Pomerol

Blaine Douglas, Senior Vice President/General Manager, Indirect Spend and Purchased Services, Vizient, Irving, Texas

Keith Gregory, Senior Principal, Indirect Spend, Vizient, Irving, Texas

Tom Swapp, Senior Principal, Indirect Spend, Vizient, Irving, Texas

Keywords: healthcare purchased services, indirect spend management, AI analytics, healthcare expense optimization

Learning Objectives:

- Identify high-impact areas of indirect spend and apply data-driven strategies to optimize contracts and reduce expenses.
- Discover strategies to engage executive leadership and stakeholders in driving system-wide, sustainable savings initiatives.

Overview: This session will explore how healthcare organizations can take a smarter, more strategic approach to managing indirect spend — a decentralized and often overlooked expense category. Using AI-enabled analytics, organizations are uncovering hidden savings and driving meaningful change. Attendees will hear real-world case studies and learn how leading health systems are applying data, governance and technology to reduce expenses and improve performance at the system level.

This session does not award accredited CE credit.

T79 | Implementing a Nurse Leader-Directed, Protocol-Based Telephone Triage Process in Primary Care

Tuesday, 2:45-3:15 p.m. | Avignon

Mishalene Fisher, DNP, RN, CPN, Associate Vice President, Ambulatory Nursing, Temple Faculty Physicians, Philadelphia, Pa.

Mary Ellen Schlaak, MSN, RN, Nurse Manager, Temple Faculty Physicians, Philadelphia, Pa.

Elena Drak, MSN, RN, Nurse Manager, Temple Faculty Physicians, Philadelphia, Pa.

Keywords: nurse telephone triage, Schmitt-Thompson protocols, provider workload reduction, ambulatory workflow efficiency

Learning Objectives:

- Describe standardized, nurse-led telephone triage using evidence-based protocols in ambulatory care settings.
- Discuss application of the PDSA framework and clinical decision support tools in integrating nurse-led triage models.

Overview: In primary care ambulatory clinics, nurses face challenges in managing high call volumes for medical advice, often leading to provider burnout and delays in patient care. This project implemented a protocol-based nurse telephone triage system using Schmitt-Thompson protocols and the Plan-Do-Study-Act (PDSA) framework to standardize telephone triage, reduce unnecessary provider escalations and improve efficiency. Results demonstrated an 88.9% reduction in provider escalations and a shift toward nurse-led triage management, ensuring timely, evidence-based care. This session is a must-see for attendees seeking innovative, scalable solutions to optimize ambulatory workflows, improve patient access and reduce provider workload in high-demand settings.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T81 | From Data to Action: Multidisciplinary Collaboration To Improve Mortality

Tuesday, 3:30-4 p.m. | Bandol 1

Alyson Dare Kelleher, BSN, RN, CCRN-K, CPHQ, Manager of Clinical Quality, University of Colorado Hospital, Aurora, Colo.

Li-Kheng Ngov, MD, Associate Chief Medical Officer of Inpatient Services, University of Colorado Hospital, Aurora, Colo.

Keywords: mortality index, clinical deterioration, rapid response teams, hospice discharges

Learning Objectives:

- Explain the use of a multidisciplinary approach to effectively reduce mortality rates.
- Discuss data-driven strategies to enhance care quality, improve documentation accuracy and contribute to improved mortality performance.

Overview: In 2022, a comprehensive academic medical center launched a mortality implementation steer to improve hospital mortality rates by addressing key drivers. Led by the chief medical officer and chief operating officer, the initiative included focused Vizient service lines, as well as hospitalwide initiatives. Key strategies included identifying and aligning with patient goals of care; selecting appropriate patients for admission and transfer; detecting and responding to clinical deterioration; and partnering with clinical documentation, integrity and coding. As a result, the organization saw significant improvements in mortality index, rapid response team activations, hospice discharges and overall patient care quality.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T82 | Orchestrating Quality Excellence: A Strategic Management Model for Multihospital Systems

Tuesday, 3:30-4 p.m. | Bandol 2

Phillip Chang, MD, MBA, FACS, Chief Medical and Quality Officer, CommonSpirit Health, Chicago, Illinois
Zarrina Bobokalonova, RN, MSN, BEc, CPHQ, Vice President, Quality and Safety, Memorial Hermann Health System, Houston, Texas

Keywords: healthcare governance, quality improvement, hospital system leadership, QUAD model

Learning Objectives:

- Describe the components of a three-tiered quality management structure that effectively drives systemwide clinical improvement.
- Explain using integrated leadership models to accelerate quality improvement initiatives.

Overview: This initiative demonstrates how strategic reorganization of quality management structure across a 17-campus health system established an effective governance framework for quality improvement. Through successful implementation of a hierarchical committee structure with clearly defined domains and a novel QUAD leadership model integrating quality, physician, nursing/operations and process improvement leaders, our system achieved significant improvements in key quality metrics within the first year. The approach is supported by dedicated analytics and monitoring teams, ensuring data integrity and regulatory compliance.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T83 | Leveraging the Electronic Health Record To Identify Workplace Violence

Tuesday, 3:30-4 p.m. | Meursault

Sarah Gardiner, MSN, RN, CENP, Associate Chief Nursing Officer Inpatient, Denver Health Hospital Authority, Denver, Colo.

Amy Fielding, MSN, NI-BC, Nursing Informatics, Denver Health Hospital Authority, Denver, Colo.

Keywords: workplace violence, EHR reporting, nurse safety, data-driven prevention

Learning Objectives:

- Describe the steps to develop and implement EHR documentation for workplace violence events.
- Explain how workplace violence reporting in the EHR improves reporting culture.

Overview: Workplace violence (WPV) is often underreported by healthcare professionals. To address underreporting of WPV against nurses, our organization integrated WPV reporting into the electronic health record (EHR). A new EHR flow sheet was created as part of the patient assessment, enabling easier documentation of WPV events. Data collected from August 2023 to January 2024 showed a 980.6% increase in WPV reports. This quality improvement initiative highlights the effectiveness of EHR integration in enhancing WPV reporting and the need for organizational support. Accurate WPV data allows healthcare leaders to make informed decisions regarding prevention, resource allocation and policy development.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T85 | No Cane, No Gain: How We Fixed DME in the ED

Tuesday, 3:30-4 p.m. | Fleurie

Jessica Joseph, MBA, Senior Project Manager, Yale New Haven Health System, New Haven, Conn.

Claudia Ortiz, Systems Analyst III, Digital & Technology Solutions, Yale New Haven Health System, New Haven, Conn.

Keywords: durable medical equipment, discharge efficiency, supply chain optimization, cost savings

Learning Objectives:

- Describe two strategies to standardize DME workflows in the emergency department using technology-driven improvements.
- Discuss the use of customized medical record workflows to optimize procurement, inventory visibility and distribution.

Overview: Managing durable medical equipment (DME) in the emergency department (ED) at Yale New Haven Health System was inefficient, delaying patient discharges, wasting resources and increasing costs. By implementing a standardized process, we streamlined DME workflows to ensure patients received the right mobility equipment at the right time. Through collaboration with corporate contracting, the department of technology services, project management, operational leadership, and vendors, we optimized procurement, inventory visibility, and distribution using customized electronic medical record workflows. This work resulted in faster discharges and improved patient care. During the first phase, the project saved approximately \$500,000.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T87 | Utilizing Clinical Ethics Screening To Improve Patient Outcomes

Tuesday, 3:30-4 p.m. | Hermitage

Avraham Rovinsky, PT, DPT, MBA, FACHE, CPHQ, Senior Process Engineering Program Director, Banner Health, Phoenix, Ariz.

Adrienne Jones-Adamczyk, MBE, RN, ACNP-BC, ACHPN, HEC-C, Senior Clinical Ethics Specialty Program Director, Banner Health, Phoenix, Ariz.

Keywords: ethics screening, ICU length-of-stay reduction, goals-of-care alignment, cost avoidance in critical care

Learning Objectives:

- Discuss using an ethics screening tool to improve patient outcomes by reducing mortality and LOS indexes in ICU settings.
- Explain successful implementation of the ethics screening tool across multiple facilities to improve care quality and operational efficiency.

Overview: This session highlights the impact of clinical ethics integration in intensive care unit (ICU) care using a unique, structured and standardized screening tool. By identifying and addressing ethical issues early, the initiative significantly improved patient outcomes — including mortality and length of stay (LOS) indexes — while reducing costs by more than \$4 million. This data-driven intervention provides a model for expanding clinical ethics programs across facilities. Attendees will learn how early ethics intervention optimizes care,

reduces unnecessary hospital days, decreases patient mortality and improves patient quality of life. This session is crucial for those looking to improve ICU care efficiency and ethics integration.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

T88 | Advanced Therapies and Overcoming the Associated Challenges: A Conversation From the Front Lines

Tuesday, 3:30-4 p.m. | Pomerol

Brian Pinto, Associate Principal, Cell and Gene Therapy Program, Vizient, Irving, Texas

Carina Dolan, Associate Vice President, Market Insights and Oncology, Vizient, Irving, Texas

James Klauck, MS, RPh, FASHP, FACHE, Senior Vice President, Ancillary Services, Froedtert & Medical College of Wisconsin, Milwaukee, Wis.

Justin Konkol, PharmD, MHA, DPLA, Executive Director, Acute Care and Oncology Pharmacy Services, Froedtert & Medical College of Wisconsin, Milwaukee, Wis.

Keywords: cell and gene therapy, CGT, spend management

Learning Objectives:

- Describe the current landscape of cell and gene therapies, including market trends, and what to expect over the next three to five years.
- Discuss solutions using best practices while supporting health systems as they address the complex operational and financial demands of high-cost therapies.

Overview: Join us for a conversation with a leading healthcare organization that has established a robust cell and gene therapy (CGT) program. Learn about their journey as this session addresses the multifaceted challenges of operationalizing and expanding CGT services, including pipeline monitoring, logistics coordination, financial considerations and infrastructure development. Attendees will gain actionable insights and strategies for building or enhancing their own program and how Vizient can help with that process.

This session does not award accredited CE credit.

T89 | The Hybrid Way: Building Centralized Procurement in Decentralized Organizations

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

Rich Rinaldi, MBA, PMP, Senior Director of Administration, Devereux, Villanova, Penn.

Keywords: centralized procurement, supply chain efficiency, cost savings, contract compliance

Learning Objectives:

- Identify the key components of a matrix approach when centralizing procurement in a decentralized organization.
- Describe the implementation of a hybrid procurement strategy.

Overview: Attendees will learn about Devereux's matrix approach to centralizing procurement, including the implementation of an annual planning process, a centralized contract database, and best practices for

contracting and compliance. We will address key challenges solved, such as improving visibility and collaboration across departments, and share valuable lessons learned in change management. Anyone looking to drive procurement savings, streamline processes and foster strategic value creation within their organizations will benefit from this session.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W11 | Successfully Reducing Clinical Variation in Large Systems: The Precision Model

Wednesday, 8:00-8:30 a.m. | Bandol 1

Claire Meyer Corbett, MMS, MBA, FAB, Senior Director of Clinical Optimization and Strategy for Safety and Quality, Novant Health, Winston-Salem, N.C.

Samara Llewellyn, MD, MBA, Senior Physician Executive, Novant Health, Winston-Salem, N.C.

Keywords: clinical variation reduction, evidence-based care, cost reduction, quality improvement

Learning Objectives:

- Discuss strategies to establish a systemwide clinical variation reduction program.
- Describe specific strategies to reduce unwarranted clinical variation, improve patient outcomes and reduce healthcare costs.

Overview: Novant Health, a healthcare organization with 19 acute care facilities, implemented a successful, real-world clinical variation reduction program aimed at improving patient outcomes and reducing costs of care. This program integrated pockets of excellence into a systemwide model rooted in improvement and implementation science, data analytics, change leadership and technology optimization. With a patient-centric approach, the program ensured evidence-based care, addressed workflow challenges, and empowered providers to align with clinical guidelines. In its first two years, this scalable model achieved significant success across multiple specialties, overcoming complex system challenges.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W12 | A Multidisciplinary Approach Transforms Sepsis Care Across a Large Academic Health System

Wednesday, 8:00-8:30 a.m. | Bandol 2

Tami Garcia, MSN, RN, Sepsis Team Manager, Michigan Medicine, Ann Arbor, Mich.

Jessie E. King, MD, PhD, Medical Director for Sepsis Initiatives, Ambulatory Diagnostic and Treatment Unit, Assistant Professor, Michigan Medicine, Ann Arbor, Mich.

Keywords: sepsis management, multidisciplinary collaboration, SEP-1 compliance, ICU length of stay

Learning Objectives:

- Describe the key components of a multidisciplinary sepsis program to enhance early recognition and treatment.
- Outline strategies for cross-functional collaboration and to leverage real-time data to drive continuous quality improvement and patient outcomes in sepsis care.

Overview: Sepsis is a life-threatening medical emergency requiring rapid intervention, yet inconsistent protocols can lead to preventable mortality. To improve outcomes, Michigan Medicine launched a multidisciplinary sepsis program, integrating predictive analytics, standardized workflows and nursing-driven education. This initiative significantly increased SEP-1 (Severe Sepsis and Septic Shock Management Bundle) compliance from 39.7% to 59.4%, reduced intensive care unit (ICU) stays and decreased sepsis mortality. Attendees will gain insights into implementing data-driven sepsis protocols, fostering cross-functional engagement and addressing health disparities. This session offers actionable strategies to enhance sepsis management, empower nursing teams, and drive systemwide improvements in patient care and equity.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W14 | Continuous Supply Valuation: Partnering for Patient Outcomes and Financial Stewardship Wednesday, 8:00-8:30 a.m. | Castillon

Ashley Shepherd, MSHS, BSN, RN, Director of Strategic Sourcing, The Children's Hospital of Philadelphia, Philadelphia, Pa.

Keywords: value analysis, central line-associated bloodstream infection prevention, CLABSI prevention, cost-effective product evaluation, supply chain optimization

Learning Objectives:

- Describe the importance of continuous product evaluation in healthcare settings to ensure sustained value and effectiveness and minimize unnecessary costs.
- Explain how to utilize product supply interruptions as opportunities for reassessing existing products and optimizing clinical outcomes and financial savings.

Overview: Healthcare value analysis often prioritizes the introduction of new products and devices, with less focus on the continuous evaluation of those already in use. Over time, products may not improve patient outcomes as expected, potentially increasing costs without delivering true value. This presentation outlines the success of a children's hospital in leveraging a product back order into an opportunity to reassess an existing product's value, partnering with clinical staff to optimize both patient outcomes and achieve \$400,000 in financial stewardship savings.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W15 | Pressure Injury AI and Quality Improvement Tools: Millions in Cost Avoidance Wednesday, 8:00-8:30 a.m. | Fleurie

Ashley Caceres, MSN, RN, Director of Nursing, Department of Emergency Medicine, Mount Sinai Hospital, New York, N.Y.

Kim-Anh-Nhi Nguyen, M.Sc., Senior Data Scientist, Clinical Data Science Division, Mount Sinai Healthcare System, New York, N.Y.

Keywords: pressure injury prevention, AI in healthcare, quality improvement, cost avoidance

Learning Objectives:

- Discuss the role of quality improvement in pressure injury management.
- Explain the integration of AI in predictive risk models.

Overview: A balance of contemporary quality improvement and novel artificial intelligence (AI) may be the right recipe. Emergency department pressure injury discovery and inpatient predictive machine learning models are resulting in millions of dollars in cost avoidance for our health system. This presentation will highlight one health system's journey to improve pressure injury detection and prevention and become the first hospital in the country to implement an internally developed AI product to detect risk of hospital-acquired pressure injury.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W16 | Unlocking Team Potential: A Matrix Management Approach

Wednesday, 8:00-8:30 a.m. | Musigny

Manish Deopura, Chief Executive Officer, Cottage Caregivers, Hanover, Mass.

Kanta Deopura, Owner, Cottage Caregivers, Hanover, Mass.

Karen Carroll, President & Chief Operating Officer, Cottage Caregivers, Hanover, Mass.

Keywords: matrix management, workforce optimization, leadership development, team collaboration

Learning Objectives:

- Explain a matrix management structure for small healthcare organizations by outlining the specific steps to create manager and task-doer roles across six core operational functions.
- Describe a cross-training program that identifies and develops team members' capabilities by applying the "Get it, Want it, Capable" framework to existing staff roles.

Overview: Building upon our successful implementation of an entrepreneurial operating system presented at the 2024 summit, Cottage Caregivers evolved to create a sophisticated, yet agile, matrix management structure. Our innovative approach transforms a six-person office team into a high-performing engine that manages more than 100 caregiving professionals. By identifying and developing unrecognized capabilities, implementing cross-functional responsibilities, and fostering leadership at all levels, we've created a model that maximizes efficiency while building team cohesion. This presentation demonstrates how small healthcare organizations can achieve operational excellence through strategic team structuring and talent development.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W17 | The Unknown Challenges of the Bill-Only Process

Wednesday, 8:00-8:30 a.m. | Hermitage

Alisha Beringer, MA, Director, Supply Chain, Northwestern Medicine, Chicago, Ill.

Keywords: bill-only process, supply chain automation, vendor-managed inventory, expense management

Learning Objectives:

- Identify common challenges related to the bill-only process.
- Discuss effective strategies to manage the bill-only process to help align clinical and financial information.

Overview: Representative-managed inventory, or bill-only, can represent a large percentage of healthcare supply chain expenses, yet supply chain leaders have almost no visibility into that spend. Northwestern Medicine's journey began when faced with challenges and a lack of visibility in their own manual bill-only process. After several attempts to fix the problem by improving their manual process and evaluating all available solutions in the marketplace, Northwestern recognized the importance of building an automation tool with a vision to align clinical and financial information.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W18 | Are Health Systems Truly Ready For AI?

Wednesday, 8:00-8:30 a.m. | Pomerol

Robert Lord, MD, Senior Vice President, Data & Digital New Ventures, Vizient, Irving, Texas

Philip Payne, PhD, FACMI, FAMIA, FIAHSI, FAIMBE, Vice Chancellor for Biomedical Informatics and Data Science, and Chief Health AI Officer, BJC Healthcare, St. Louis, Mo.

Deborah Cray, VP, Chief Data & Analytics Officer, Froedtert & MCW Health Network, Milwaukee, Wisc.

Keywords: AI, transformation, technology

Learning Objectives:

- Explain why AI pilots often stall at the proof-of-concept stage.
- Discuss practical strategies for building internal readiness, beyond merely purchasing technology.

Overview: Artificial intelligence (AI) has arrived in healthcare — but implementation often outpaces readiness. Many health systems have launched pilots, signed vendor contracts and allocated budgets for AI-driven tools, yet few have achieved meaningful or sustained impact. Why? This session challenges conventional assumptions about AI adoption in healthcare. It explores the organizational, cultural and technical barriers that prevent promising technologies from translating into operational improvements. Drawing on real-world examples — from documentation and throughput to workforce management — we'll examine what separates systems that make AI work from those that don't.

This session does not award accredited CE credit.

W21 | From Discharge to Follow-Up: Closing Gaps in Care Transitions

Wednesday, 8:45-9:30 a.m. | Bandol 1

Wendy Simon, MD, CPHQ, Medical Director, Inpatient Quality, Department of Medicine Quality Team, UCLA Health, Los Angeles, Calif.

Brian Le, MPH, CPHQ, Program Manager, UCLA Health, Los Angeles, Calif.

Terri Ashmeade, MD, MSMS, CLSSBB, Vice President of Medical Affairs, USFTGP and Chief Medical Officer & Vice Dean for Clinical Affairs, USF Health MCOM, University of South Florida Tampa General Physicians (USFTGP), Tampa, Fla.

Christine Hutchinson, BSN, RN, AMB-BC, Director of Quality, Patient Safety, & Population Health, University of South Florida Tampa General Physicians (USFTGP), Tampa, Fla.

Ella Elizee, APRN, FNP-C, MBA, CCDS, Manager - Population Health Department, University of South Florida Tampa General Physicians (USFTGP), Tampa, Fla.

Keywords: postdischarge care, readmissions, care transitions, learning health system

Learning Objectives:

- Describe a data-driven learning system approach for improving care transitions.
- Outline a standardized framework for heart failure patients to improve hospital follow-up rates within seven days.

Overview: Learn how two organizations improved postdischarge follow-up and reduced readmissions by using data and collaborative approaches to care. UCLA Health’s learning system approach aligns multidisciplinary teams to track interventions and outcomes over time, leading to measurable gains in care transitions. In parallel, a heart failure initiative from University of South Florida Tampa General Physicians focuses on patient engagement, care coordination and standardized follow-up within seven days of discharge — showing marked improvement in visit adherence and reduced admissions. Together, these efforts offer a road map for building sustainable, data-informed approaches to timely postdischarge care across patient populations.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W22 | Systemness in Action: Scaling Quality Improvement Across the Enterprise

Wednesday, 8:45-9:30 a.m. | Bandol 2

Kristin Kimberly Dascomb, MD, PhD, Senior Medical Director for Infection Prevention and Epidemiology, Intermountain Health, Salt Lake City, Utah

Cherie L. Frame, RN, MSN, CIC, Senior Director Infection Prevention, Intermountain Health, Salt Lake City, Utah
Alfredia Williams, MSN, MHA, BSN, RN, CPHQ, CPPS, HACP, Senior Quality Outcome Specialist, Houston Methodist, Houston, Texas

Archana R. Sadhu, MD, FACE, Director, System Diabetes Program, Houston Methodist, Houston, Texas

Keywords: systemness, infection prevention, glycemic control, clinical governance

Learning Objectives:

- Describe how systemwide governance and leadership support can sustain clinical improvement.
- Explain the role of real-time data tracking in driving hospital performance outcomes.

Overview: Making quality “stick” at scale takes structure, data and shared accountability. This session highlights two health systems that built sustained, systemwide improvements in patient safety. Intermountain Health aimed to reduce hospital-acquired infections across 23 hospitals through leadership alignment, weekly metrics and evidence-based practices. Houston Methodist formed a System Diabetes Action Council that drove improvements in glycemic control across nine hospitals using dashboards, governance and collaboration. Both show how long-term improvement depends on coordinated action across facilities. Join this session to learn how systemness can elevate outcomes and create lasting change.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W23 | Regulatory and Accreditation Forum — Leadership in Action: Navigating Compliance in Women's Health

8:45-9:30 a.m. | Meursault

Diana Scott, MHA, RN, CPHQ, Principal, Regulatory & Accreditation Services, Vizient, Irving, TX

Drew Halperin, MD, Regulatory & Accreditation Advisor, Vizient, Irving, TX

Patti Vaccaro, RHIA, CPHQ, CJCP, HACP-CMS, Regulatory & Accreditation Manager, Woman's Hospital, Baton Rouge, La.

Ashley Boltrek, MS, LSSBB, CPHQ, Administrator for Patient Safety & Regulatory Affairs, Stony Brook Medicine, Stony Brook, N.Y.

Susan Robbins, MS, RN, CPPS, Senior Clinical Administrator for Patient Safety, Stony Brook Medicine, Stony Brook, N.Y.

Keywords: regulatory compliance, accreditation standards, healthcare compliance, patient safety, quality of care, women's health, leadership

Learning Objectives:

- Explain the relevance of regulatory compliance in promoting and ensuring patient safety and structures to support success.
- Discuss challenges and solutions for achieving accreditation compliance in women's services.

Overview: Regulatory and accreditation compliance in healthcare is complex and essential for ensuring patient safety, enhancing the quality of care, and safeguarding both the integrity and financial/legal standing of healthcare organizations. This session will explore the fundamental principles that underscore the importance of regulatory and accreditation compliance, highlighting the need for leadership-driven initiatives. We will also outline effective strategies for building a robust compliance framework, with a particular focus on addressing the unique challenges within women's health.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W24 | Strengthening Pediatric Sepsis Response Through Analytics and Culture

Wednesday, 8:45-9:30 a.m. | Castillon

Rhea Vidrine, MD, Medical Director, Pediatric ICU, UK HealthCare - Children's Hospital, Lexington, Ky.

Emily Eichinger, PharmD, Clinical Facilitator, UK HealthCare, Lexington, Ky.

Christopher Thomas, MD, Vice President, Chief Quality Officer, Franciscan Missionaries of Our Lady Health System, Baton Rouge, La.

Tonya Jagneaux, MD, MSHI, MSA, FCCP, Chief Medical Analytics Officer, Franciscan Missionaries of Our Lady Health System, Baton Rouge, La.

Keywords: pediatric sepsis, predictive analytics, EMR alerting, safety culture

Learning Objectives:

- Explain how ghost alert testing and refined criteria can improve EMR-based pediatric sepsis alerts.
- Describe how a foundation of high-reliability science and safety culture amplifies quality improvement methodology.

Overview: Redesigning sepsis alert systems for pediatrics is complex — and critical. This session shares how Our Lady of the Lake Children's optimized electronic medical record (EMR)-based alerts using refined criteria, ghost alerting and structured feedback to boost accuracy and nursing acceptance. Complementing this, Kentucky Children's Hospital demonstrates how integrating a predictive analytics tool and a high-reliability safety approach improved inpatient sepsis recognition and mortality outcomes. Join this session to explore how technology, teamwork and thoughtful redesign can move pediatric sepsis care forward.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W25 | Starting Early: Growing Talent Through Community Partnerships

Wednesday, 8:45-9:30 a.m. | Fleurie

Patrick Ishler, MME, MEd, Health Professions Education Coordinator, Geisinger, Danville, Pa.

Andrew Capalong, MSN, RN, Director of Nursing Workforce Development, Geisinger, Danville, Pa.

Bryan Sisk, DNP, MPH, RN, NE-BC, CENP, Senior Vice President, Chief Nursing Executive, Memorial Hermann Health System, Houston, Texas

Keywords: educational pathways, talent development, community partnerships, nursing workforce

Learning Objectives:

- Describe healthcare career pathway strategies in partnership with community education organizations.
- Discuss nursing pipeline programs that support recruitment and transition to practice.

Overview: What happens when health systems stop waiting for talent to show up — and start helping to shape it? In this session, Memorial Hermann shares how it partnered with high school educators to launch healthcare career pathways that reflect the community it serves. Geisinger highlights nursing-specific pipeline programs — externships, internships and NCLEX (National Council Licensure Examination) support — that connect students to practice and ease workforce entry. Both initiatives show how long-term workforce strategies can start early, build local talent, and strengthen ties between hospitals and their communities. If you're looking to grow from the ground up, this session offers two compelling models.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W26 | Maximizing Financial Success in Healthcare

Wednesday, 8:45-9:30 a.m. | Musigny

Allison Stock, JD, RN, CNOR, CASC, CAIP, Chief Operations Officer, Surgical Management Professionals, Saint Clair Shores, Mich.

Keywords: revenue cycle management, specialty optimization, cost reduction, payer contracting

Learning Objectives:

- Identify key revenue optimization strategies, including specialty expansion and payer contracting improvements.
- Discuss cost management techniques, including staffing efficiencies and supply chain optimization, to drive financial success.

Overview: The healthcare landscape faces increasing financial pressures due to shifting reimbursement models, rising operational costs, regulatory changes and evolving patient expectations. This session will explore a strategic approach to innovative financial strategies that help optimize revenue, control expenses and enhance operational efficiency across care delivery organizations. Attendees will gain insights into revenue cycle management, specialty optimization, staffing models and supply chain improvements to drive financial success in today's evolving healthcare environment.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W27 | From Procedure to Progress: Coordinated Care That Reduces Setbacks

Wednesday, 8:45-9:30 a.m. | Hermitage

Alexey Lyapin, DNP, Manager of Advanced Practice, Stanford Health Care, Palo Alto, Calif.

Falin Schaefer, DNP, Transcatheter Valve Program, Stanford Health Care, Palo Alto, Calif.

Nathalie Cheng, MS, CQA, LSSBB, Senior Quality Consultant, Stanford Health Care, Palo Alto, Calif.

Lisa Mangino-Blanchard, CRNP, Nurse Practitioner, Penn Medicine, Philadelphia, Pa.

Mary Malitas, CRNP, PhD, Nurse Practitioner, Penn Medicine, Philadelphia, Pa.

Keywords: post-procedure care, length of stay, readmissions, TAVR

Learning Objectives:

- Discuss multidisciplinary approaches that improve post-procedure progression and reduce inpatient length of stay.
- Identify care standardization strategies that lower readmission risk for TAVR patients.

Overview: What does better postoperative progression look like — and how do you get there? Penn Medicine tackled discharge delays for transcatheter aortic valve replacement (TAVR) patients by improving communication, resource use and care team coordination — cutting postoperative stays from two days to one. Stanford Health Care focused on the transition after discharge, introducing stronger cardiology support and standardizing post-TAVR care to decrease readmissions. Together, these efforts show how thoughtful process design and multidisciplinary teamwork can improve recovery, reduce setbacks and optimize resource use. If you're looking to improve post-procedure care pathways, this session offers tested strategies that can translate across specialties.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W28 | Quality as a Strategic Asset: How To Unlock Smarter Growth

Wednesday, 8:45-9:30 a.m. | Pomerol

Shannon Sims, MD, PhD, FAMIA, Senior Vice President, Product, Data & Digital, Vizient, Irving, Texas
Sameer Badlani, MD, FACP, Executive Vice President and Chief Strategy Officer and Digital Officer; Fairview Health Services, Minneapolis, Minn.

Keywords: strategy, growth, care quality, quality analytics

Learning Objectives:

- Discuss how leading health systems use quality metrics to inform and accelerate strategic growth decisions.
- Explain integrating benchmarking data into service line planning to better match community needs.

Overview: Not all growth is created equal. As margins tighten and quality shapes reimbursement, health systems must pursue growth strategies that elevate performance — not compromise it. In this session, we will explore how aligning quality and strategy can transform care delivery into a competitive advantage. Learn how real-time performance insights and market forecasting can guide smarter investments and sustainable growth.

This session does not award accredited CE credit.

W31 | From Prognosis to Purpose: Tools for Better End-of-Life Care

Wednesday, 9:45-10:30 a.m. | Bandol 1

Robert S. Crupi, MD, Medical Director, Population Health and Ambulatory Care and Palliative Care Services, NewYork-Presbyterian Queens, Flushing, N.Y.

Melissa Patterson, MD, MBA, Director of Inpatient Geriatric and Palliative Care Services, NewYork-Presbyterian Allen Hospital, New York, N.Y.

Mbonu Ikezuagu, MD, FACP, CPE, Chief Quality and Safety Officer, Froedtert ThedaCare Health North Region, Neenah, Wis.

Imran Andrabi, MD, FAFM, President and Chief Executive Officer, Froedtert ThedaCare Health, Neenah, Wis.

Keywords: end-of-life care, prognostic tools, Human Dignity Index, hospice referral

Learning Objectives:

- Identify gaps in end-of-life care that can be addressed through dignity-focused measures.
- Describe how to use prognostic indicators to guide early intervention and referral to palliative services or hospice.

Overview: Improving end-of-life care starts with timely recognition and meaningful measures. This session brings together two innovative approaches: a system-level Human Dignity Index that addresses inequities and supports dignity and comfort, and a novel prognostic tool designed to improve early identification of patients for hospice and palliative care. Presenters will explore how these tools enhance clinical decision-making, align care with patient values and reduce avoidable mortality. Learn how predictive tools and dignity-focused measures can work together to improve end-of-life experiences.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W32 | Care Redesign: Integrating Wearable Technology at the Bedside

Wednesday, 9:45-10:30 a.m. | Bandol 2

Kerrie Guerrero, DNP, MBA, RN, NE-BC, Vice President of Operations/Chief Nursing Officer, Houston Methodist The Woodlands Hospital, The Woodlands, Texas

Nicole Twine, PhD, APRN, ACNP-BC, NE-BC, Vice President of Operations/Chief Nursing Officer, Houston Methodist Willowbrook Hospital, Houston, Texas

Laura Espinosa, PhD, RN, ACNS-BC, NE-BC, Vice President of Operations/Chief Nursing Officer, Houston Methodist West Hospital, Houston, Texas

Andrea Harrow, DNP, RN, CENP, FACHE, Vice President of Operations/Chief Nursing Officer, Houston Methodist Clear Lake Hospital, Houston, Texas

Sarah Fleming, DNP, MBA, BSN, RN, NE-BC, Vice President and Chief Nursing Officer, Houston Methodist Sugar Land Hospital, Sugar Land, Texas

Keywords: wearable technology, remote patient monitoring, nursing workflow, patient safety

Learning Objectives:

- Discuss the implementation of remote patient monitoring, combined with telenursing support in acute care.
- Describe the ability of wearable technology to enhance patient safety measures and improve nursing workflow efficiencies.

Overview: Post-pandemic nursing shortages have increased the need for technology to enhance patient care. Remote patient monitoring has become essential in automating vital signs collection and improving patient surveillance, leading to earlier identification of deterioration. This session will provide insight into how a large hospital system implemented wearable technology at the bedside to help redesign care and increase patient safety. This innovation allows nurses to spend more time with patients — practicing the art and science of nursing — while enhancing patient satisfaction and improving outcomes.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W33 | Optimizing Heart Failure Care: Collaboration Across Teams and Care Transitions

Wednesday, 9:45-10:30 a.m. | Meursault

Gregory Jacobs, MSHIM, LSSBB, Performance Improvement Specialist IV, Tampa General Hospital, Tampa, Fla.

Amanda Martinez, PharmD, BCACP, CPh, Pharmacotherapy Specialist - Transitions of Care, Tampa General Hospital, Tampa, Fla.

Asa Oxner, MD, Vice President, Associate CMO for Ambulatory Services, Tampa General Hospital, Tampa, Fla.

Delilah Blanco, PharmD, BCACP, CPh, Transitions of Care Pharmacotherapy Specialist, Tampa General Hospital, Tampa, Fla.

Lisa Phillips, MSN, RN, CPHQ, LSSBB, Director of Clinical Outcomes, AdventHealth Celebration, Kissimmee, Fla.

Abhay Patel, PharmD, Clinical Pharmacy Manager, AdventHealth Celebration, Kissimmee, Fla.

Eric Esden, BSN, RN, Senior Nurse Manager - Cardiology, AdventHealth Celebration, Kissimmee, Fla.

Jocelyn Casimir, BSN, RN, HF Clinical Coordinator, AdventHealth Celebration, Kissimmee, Fla.

Keywords: heart failure, readmissions, interdisciplinary collaboration, medication reconciliation

Learning Objectives:

- Discuss the impact of interdisciplinary collaboration and targeted interventions on heart failure readmissions.
- Describe how a pharmacist-led, prospective medication reconciliation can reduce discharge errors and readmissions.

Overview: Tackling heart failure readmissions takes both big-picture strategy and focused action.

AdventHealth Celebration shares how its interdisciplinary Heart Failure Program used standardized processes and data-driven teamwork to lower readmission rates and raise the bar on patient care. Adding a sharper lens, Tampa General Hospital spotlights a pharmacy-led initiative that catches medication errors before discharge — protecting patients and reducing readmissions. Join this session to explore practical approaches clinical teams, pharmacists and data experts are using to strengthen heart failure care across the patient journey.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W35 | Smarter Sepsis Care Starts Here: Standardized Tools and Code Response

Wednesday, 9:45-10:30 a.m. | Fleurie

Christopher Thomas, MD, Vice President, Chief Quality Officer, Franciscan Missionaries of Our Lady Health System, Baton Rouge, La.

Tonya Jagneaux, MD, MSHI, MSA, FCCP, Chief Medical Analytics Officer, Franciscan Missionaries of Our Lady Health System, Baton Rouge, La.

Josee M. Gill, DNP, RN, CPHQ, Director of Quality, Bellin Region, Emplify Health, Green Bay, Wis.

Melissa Abts, BSN, RN, Sepsis Coordinator for Bellin and Gundersen Health, Emplify Health, Green Bay, Wis.

Keywords: sepsis, emergency department, early detection, clinical pathways

Learning Objectives:

- Identify how standardized emergency department (ED) workflows and team structures can accelerate sepsis treatment.
- Describe how novel diagnostics and triage tools impact early sepsis detection and patient outcomes.

Overview: Improving sepsis care means addressing both speed and diagnostic precision. Two health systems are advancing these goals in complementary ways. Franciscan Missionaries of Our Lady Health System improved early detection and outcomes with a nurse-led triage model combining clinical logic and novel diagnostics. Bellin Health launched ED code sepsis teams to accelerate treatment using a coordinated, multidisciplinary approach. Together, these initiatives highlight how standardizing ED workflows and focusing on diagnostic accuracy can reduce mortality, treatment delays and care variation. Join this session to explore real-world strategies that are reshaping emergency sepsis care from reactive to responsive.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W36 | Optimizing Supply Chain Efficiency Through MMIS Transformation

Wednesday, 9:45-10:30 a.m. | Musigny

Star Kirchner, Purchasing Manager, Advanced Dermatology and Cosmetic Surgery, Maitland, FL

Keywords: MMIS transformation, procurement automation, inventory management, financial oversight

Learning Objectives:

- Understand how MMIS transformation improves supply chain efficiency and data accuracy.
- Identify key metrics and benchmarks for measuring supply chain optimization success.

Overview: As supply chain complexities continue to grow, ADCS has undertaken a transformative initiative to standardize processes and enhance operational efficiency through a consolidated Materials Management Information System (MMIS). This session will explore how the MMIS transformation has streamlined procurement, improved data accuracy, and optimized supply chain management, setting a new industry standard for best practices.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W37 | Reducing Readmissions: Targeted Approaches for Vulnerable Patients

Wednesday, 9:45-10:30 a.m. | Hermitage

Teri Savage, MS, LSSMBB, CPHQ, CPPS, Interim Director, Performance Excellence, JPS Health Network, Fort Worth, Texas

Devon Armstrong, MSN, RN, AMB-BC, CCM, Executive Director of Care Management, JPS Health Network, Fort Worth, Texas

Steven Roumpf, MD, Faculty, Emergency Physician, Indiana University Health, Indianapolis, Ind.

Andrew O'Brien, MD, Faculty, Hematology, Indiana University Health, Indianapolis, Ind.

Jason Russ, MD, Hospitalist and Assistant Professor of Clinical Medicine, Indiana University Health, Indianapolis, Ind.

Keywords: readmissions, individualized care, vulnerable populations, care coordination

Learning Objectives:

- Describe how to apply data analysis to identify a target population for reducing readmissions.
- Explain the methods used to decrease 30-day readmissions in frequently admitted patients with sickle cell disease.

Overview: Reducing avoidable hospital readmissions requires a targeted and individualized approach. JPS Health Network tackled frequent readmissions by creating a focused strategy for multi-visit patients. The organization embedded alerts in the electronic medical record (EMR) and coordinated daily multidisciplinary reviews to address clinical and social needs, yielding an estimated cost avoidance of \$3.6 million. Similarly, Indiana University Health developed individualized acute care plans for patients with sickle cell disease, reducing unnecessary admissions through consistent, patient-specific treatment approaches embedded in the EMR. Join this session to hear how tailored interventions and strong care team collaboration can drive measurable improvements for vulnerable populations.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W38 | Beyond the Traditional GPO: Resiliency Strategies in an Era of Disruption

Wednesday, 9:45-10:30 a.m. | Pomerol

Katie Korte, Vice President, Strategy and Program Lead, Vizient Reserve, Vizient, Irving, Texas

Fran Maddox, Senior Vice President, Client Delivery Services, Vizient, Irving, Texas

Vincent Aguilera, Program Services Director, Assurance, Vizient, Irving, Texas

Keywords: GPO, spend management, supply strategy

Learning Objectives:

- Discuss how data insights, contractual safeguards and supplier accountability can reduce volatility in pricing and supply.
- Describe implementing high-resiliency supply strategies to safeguard against geopolitical and environmental disruptions.

Overview: As healthcare costs soar and disruptions intensify, traditional group purchasing organization (GPO) models fall short in delivering the resilience health systems need. This session reveals how an innovative spend management strategy empowers organizations to secure protected inventory, mitigate risk and achieve long-term savings. Attendees will learn how leading systems are transforming uncertainty into strategic advantage through data-driven insights and proactive supply chain solutions.

This session does not award accredited CE credit.

W41 | Driving Value Through Supply Chain Transformation and Clinical Engagement

Wednesday, 10:45-11:15 a.m. | Bandol 1

Kristen Podein, DPT, Manager, Clinical Sourcing, Corewell Health, Grand Rapids, Mich.

Emily Bailey, MPA, Senior Director, Clinical Sourcing, Corewell Health, Grand Rapids, Mich.

Keywords: supply chain optimization, physician preference items, supplier/physician partnership, cost savings

Learning Objectives:

- Identify strategies to engage senior leadership and gain surgeon buy-in for the successful implementation of supply chain initiatives.
- Discuss methods to streamline decision-making to achieve clinical standardization and operational efficiencies.

Overview: Corewell Health embarked on a transformative journey through an external partnership with a supply chain solution sourcing model to reduce costs and minimize clinical variations, achieving an initial \$20.1 million in annualized savings. Despite early successes, challenges arose due to contract flexibility, impacting supplier relations and pace of decision-making. To address these, Corewell Health secured senior leadership approval early, modified the category review process and gained surgeon buy-in by adjusting the gainshare program. These steps streamlined decision-making, improved supplier relations and enhanced operational efficiencies. Corewell Health is continuing the partnership in 2025, anticipating additional savings, as well as further improvements in clinical and operational outcomes.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W42 | Optimizing Infusion Center Utilization: Redirecting Low-Acuity Services to the Clinic Setting **Wednesday, 10:45-11:15 a.m. | Bandol 2**

Catherine Terrell, MSN, RN, OCN, Director, Clinical Services, Clinics & Patient Access, UVA Health, Charlottesville, Va.

Katie Lassiter, BSN, RN, OCN, Director, Clinical Services, UVA Health, Charlottesville, Va.

Keywords: space utilization, infusion center optimization, care redirection, operational efficiency

Learning Objectives:

- Explain how to analyze and implement methods for reallocating low-acuity services to alternative care settings.
- Discuss how to foster collaboration between clinic and infusion center leadership to maximize resource utilization, improve staff satisfaction and achieve measurable financial outcomes.

Overview: This quality improvement project aimed to optimize space utilization by redirecting routine, low-acuity services from the infusion center, staffed by registered nurses with a higher scope of practice, to the clinic setting. This change allows the infusion center to accommodate more complex, high-acuity services. The shift was driven by a growing volume of targeted and cellular therapies moving from inpatient to outpatient infusion care, which strained available space and resources. By aligning service complexity with staff expertise and physical space, the team increased operational efficiency while maintaining patient safety and care quality.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W43 | Office of Transformation Ensures Systemwide Alignment, Continuous Improvement **Wednesday, 10:45-11:15 a.m. | Meursault**

Bri DuBose, PhD, MHI, RN, LSSBB, Lean Six Sigma Black Belt, Sharp HealthCare, San Diego, Calif.

Kathy Summers, CAPT, USN (Ret), MSN, LSSBB, Vice President, Lean Six Sigma and Office of Transformation, Sharp HealthCare, San Diego, Calif.

Keywords: healthcare transformation, Lean Six Sigma, operational efficiency, financial performance optimization

Learning Objectives:

- Describe essential components of a governance structure and strategic approach to drive systemwide improvements.
- Explain how data-driven decision-making, Lean Six Sigma methodologies and structured accountability measures contribute to measurable improvements in financial performance, operational efficiency and patient care outcomes.

Overview: Sharp HealthCare's Office of Transformation leads enterprisewide initiatives to enhance patient care, operational efficiency, financial performance and strategic growth. Governed by executive leaders, this office oversees 10 integrated workstreams, ensuring alignment across the health system. Progress is monitored and reported weekly through a transformation tracker, driving accountability and continuous improvement. This session will provide insights into the governance structure, key successes and lessons learned, offering attendees actionable strategies for executing large-scale healthcare transformation within their own organizations.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W45 | Straight to the Heart: Optimizing Telemetry Utilization With Physician Collaboration

Wednesday, 10:45-11:15 a.m. | Fleurie

Thomas Lew, MD, Medical Director/Physician, Stanford Health Care Tri-Valley, Pleasanton, Calif.

Jingkun Yang, MD, Hospitalist/Senior Medical Director of Patient Safety, Infection Control, and AR&L, Stanford Health Care Tri-Valley, Pleasanton, Calif.

Weihan Chu, MD, Associate Chief Medical Officer, Stanford Health Care Tri-Valley, Pleasanton, Calif.

Jeffrey Ketchersid, MD, Clinical Assistant Professor of Medicine, Stanford Health Care Tri-Valley, Pleasanton, Calif.

Laura Derry, MD, MBA, Clinical Assistant Professor of Medicine, Stanford University School of Medicine, Palo Alto, Calif.

Keywords: telemetry reduction, physician-led review, cost savings, alarm fatigue reduction

Learning Objectives:

- Discuss the impact of an innovative, physician-driven telemetry review process.
- Outline cost savings and patient care enhancements associated with telemetry monitoring optimization.

Overview: Telemetry is an essential resource, especially for cardiovascular patients, but its overuse can increase costs and patient discomfort while compromising care quality. To improve this, we initiated a physician-led review of telemetry utilization across two campuses. One is a complex care community hospital and the other is a quaternary care academic center. We created guidelines based on cardiologist and interdisciplinary input. Following implementation, telemetry usage decreased by more than 25%, translating to improved patient satisfaction and adding the potential for cost savings. Additionally, early work to leverage machine learning to identify overuse and serve as decision support tools is in process.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W46 | The Translator: Successfully Engaging Your Frontline Team to Company Initiatives

Wednesday, 10:45-11:15 a.m. | Musigny

Jared Beckmann, Vice President of Culinary & Dining Services, Resort Lifestyle Communities, Lincoln, Neb.

Keywords: leadership communication, employee engagement, organizational change, performance improvement

Learning Objectives:

- Describe the components of the TIP-C-TOP (talk into position-coaching-talk out of position) coaching model.
- Identify improvement needs of frontline team members.

Overview: In this session you will learn techniques to take big-picture company initiatives and translate them into frontline team member coachable behaviors. Discover how to break down the ambitious goals of your organization into singular behavioral focuses and team rally cries. Take away best practices for breaking down the intimidation of moving mountains into continuous relocation of boulders. This session will provide real examples and a helpful framework to improve how you communicate with your team.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W47 | Understanding and Impacting Care Variations Across a Multihospital System

Wednesday, 10:45-11:15 a.m. | Hermitage

Elizabeth Thorn, PT, DPT, MHA, Assistant Vice President, Acute Care Quality & Clinical Data Management, Endeavor Health, Evanston, Ill.

Bruce McNulty, MD, Chief Medical Officer, Swedish Hospital, Endeavor Health, Evanston, Ill.

Alya Ahsan, DO, FHM, CLHM, Associate Division Chief, NorthShore and Swedish Hospitalists, Endeavor Health, Evanston, Ill.

Keywords: care variation, standardized metrics, data-driven decision-making, cost savings

Learning Objectives:

- Explain a standard approach to data, insights and improvement across several acute care hospitals.
- Describe strategies for reducing variation, specifically surrounding costs associated with labs, imaging and drugs.

Overview: Healthcare mergers and acquisitions pose challenges but also offer opportunities to enhance performance, align practices, and improve care quality and value. Using a standard data platform and framework, we identified care variations and developed standard practices for better stewardship while maintaining and improving patient safety and quality standards. Within a year, this structure saved over \$2 million and accelerated metric performance across facilities. This model provided a solid foundation for data analysis, provider engagement, and rapid, effective change.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W48 | How To Communicate Quality and Strategic Imperatives to Financial Decision-Makers

Wednesday, 10:45-11:15 a.m. | Pomerol

Matthew Bates, Managing Director, Strategy & Business Transformation, Kaufman Hall, a Vizient company, Chicago, Ill.

Christen Hunt, DNP, FNP-C, CPNP-AC, Senior Vice President, Clinical Consulting, Kaufman Hall, a Vizient company, Chicago, Ill.

Keywords: Kaufman Hall, clinical strategy, business transformation

Learning Objectives:

- Discuss strategies for more effectively communicating clinical quality and strategy perspectives to financial leaders within your organization.
- Identify the metrics and messaging that are most impactful to the financially focused audience.

Overview: Kaufman Hall, now part of Vizient through last year's merger and subsequent integration, brings a deep financial expertise to complement an enhanced performance improvement portfolio. Their financial perspective can help quality and strategy leaders become more effective in introducing topics like service line expansion, variable staffing to demand and other imperatives to financial audiences within your organization. This panel conversation will include Kaufman Hall leaders from both clinical and financial areas to discuss the struggles and potential solutions for how best to align and partner on ideas that can advance your health system's success.

This session does not award accredited CE credit.

W51 | Turning the Tide: A Strategic, Sustainable Approach to Improve Mortality Outcomes

Wednesday, 11:30 a.m.-Noon | Bandol 1

Ashli Semones, MPA, PMP, Senior Director, Project Management, Process Improvement, Outcomes and Mortality, Carilion Clinic, Roanoke, Va.

Branden Robertson, MPH, NR-P, CPHQ, CPPS, CPHRM, Senior Director, Quality and Patient Safety, Carilion Clinic, Roanoke, Va.

Lara Richards, MSN, RN, Quality Improvement Facilitator - Mortality, Carilion Clinic, Roanoke, Va.

M. Suzanne "Suzy" Kraemer, MD, FACP, Chief Quality Officer, Carilion Clinic, Roanoke, Va.

Keywords: mortality index improvement, real-time mortality review, sepsis mortality reduction, quality analytics

Learning Objectives:

- Discuss an intuitive and sustainable evidence-based mortality review process.
- Explain how to leverage a strategic focus to prioritize quality improvement work.

Overview: Systematic evaluation of inpatient mortalities allows health care organizations to identify and mitigate patient safety risk and drive patient outcomes. Carilion Clinic's strategic focus, organizational process improvement and innovative approaches led to the development of a robust mortality program with measurable impact. The Carilion team streamlined previously labor-intensive and fragmented workflows through data platform integration with the electronic health record. Automated escalating reviews enable immediate engagement with frontline teams to address system opportunities; data aggregation from thousands of patient reviews to drive progress; and timely collaboration among multiple hospitals, departments and team members.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W52 | Utilizing 5S To Enhance Patient Care and Maximize Cost Avoidance

Wednesday, 11:30 a.m.-Noon | Bandol 2

Ericka Zuleta, MBA, PMP, Project Manager, Houston Methodist, Houston, Texas

Ami Patel, MBA, Project Manager, Houston Methodist, Houston, Texas

Mustafa Quraishi, MBA, Manager, Supply Chain Finance and Analytics, Houston Methodist, Houston, Texas

Keywords: 5S methodology, Lean healthcare, cost avoidance, supply chain efficiency

Learning Objectives:

- Outline the 5S method by optimizing PAR levels to reduce stockouts and calls to central supply.
- Discuss nurse-friendly supply categories to reduce time spent searching for supplies.

Overview: This initiative aimed to enhance supply room efficiency using 5S methodology by optimizing periodic automatic replenishment (PAR) levels and establishing nurse-friendly supply categories. By reducing stockouts and calls to central supply, the project minimized workflow disruptions and improved nursing satisfaction. Utilizing ABC XYZ segmentation, inventory was tailored to demand, ensuring critical supplies remained available while reducing waste. Clinicians spent 25% less time searching for supplies and calls to central supply dropped by 20%, resulting in \$207,979.74 in annualized labor cost avoidance. Given its success, the initiative will expand systemwide in 2025.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W53 | Patient Safety Indicator Makeover: From Turmoil to Triumph

Wednesday, 11:30 a.m.-Noon | Meursault

Ayodeji Gbotosho, MD, FHM, CHCQM, Medical Director, Utilization Management & Physician Advisory Services, Cook County Health, Chicago, Ill.

Jennifer Rozenich, MBA, Associate Chief Data Officer, Cook County Health, Chicago, Ill.

Antoinette Terrazas, RHIT, CCS, CCS-P, Clinical Documentation Specialist, Cook County Health, Chicago, Ill.

Keywords: PSI-90 reduction, data validation, interdisciplinary collaboration, coding accuracy

Learning Objectives:

- Describe effective methods for clinical data validation, ensuring reporting accuracy.
- Discuss system integration issues to implement better processes.

Overview: At Cook County Health, providing safe and efficient care is at the heart of our mission. Improving our Patient Safety and Adverse Events Composite (PSI 90) score is a key component of our strategic initiatives and goals. System integration issues, fragmented processes and unclear objectives were hindering progress toward our goals. Under executive leadership guidance, we embarked on a revamping journey by focusing on best practices and safety protocols. This journey led to a remarkable reduction in adverse events and a significant boost in patient safety, resulting in lower PSI 90 scores.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W55 | Transforming Hospital Operations With Automation: NYU Langone's Innovative Approach

Wednesday, 11:30 a.m.-Noon | Fleurie

Andrew Munfakh, MHSA, Director, Comprehensive Transfer Center and Patient Flow Operations, NYU Langone Health, New York, N.Y.

Jonah Feldman, MD, FACP, Medical Director, Clinical Transformation and Informatics, NYU Langone Health, New York, N.Y.

Keywords: process automation, robotic process automation, operational efficiency, hospital workflow

Learning Objectives:

- Describe how to integrate AI-enabled and RPA bots across various hospital departments to automate business processes, enhance efficiency and standardize care.
- Identify and address specific operational bottlenecks to improve patient flow and operational performance.

Overview: Process automation technologies have the potential to transform hospital operations. NYU Langone Health implemented artificial intelligence (AI)-enabled and robotic process automation (RPA) bots to enhance efficiency and patient care across various departments, including the emergency department (ED) and operating rooms (ORs). Notification bots in the ED alert leaders to activate surge plans when criteria are met, while OR cleaning bots expedite turnover by automating cleaning requests. Our success demonstrates the opportunities automation creates to enhance operational performance and improve patient outcomes.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W56 | Move Your Support Model From Chaos to Control

Wednesday, 11:30 a.m.-Noon | Musigny

Kristine Krause, Vice President of Supply Chain, Sono Bello, Bellevue, WA

Keywords: field support, enterprise service management, ESM, supply chain optimization, ticketing system

Learning Objectives:

- Explain how an enterprise service management platform can improve field support.
- Describe the three aspects of an enterprise service management platform.

Overview: Field support is important for enterprise functions such as supply chain. People in the field have constant questions, some critically urgent. Inquiries through random emails, messages, chats and phone calls create an environment of chaos. This leads to inefficient use of resources and frustration for the field and the support team. By implementing an enterprise service management (ESM) system, chaos can be converted into control. An ESM is a type of ticketing system that requires all requests for support to be input in the same manner. Our 2024 ESM implementation resulted in improved satisfaction for people in field positions and our support team.

Credit(s) Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IPCE

W58 | From Dashboards to Decisions: Making AI Agentic in Healthcare Operations

Wednesday, 11:30 a.m.-Noon | Pomerol

Robert Lord, MD, Senior Vice President, Data and Digital New Ventures, Vizient, Irving, Texas
Srinath Adusumalli, MD, MSHP, MBMI, FACC, Vice President and Chief Health Information Officer, University of Pennsylvania Health System, Philadelphia, Penn.
Bradley Crotty, MD, MPH, FACP, FAMIA, President (Interim), Inception Health, VP, Chief Digital Engagement Officer, Froedtert & MCW Health Network, Milwaukee, Wis.

Keywords: AI, transformation, technology, protected health information

Learning Objectives:

- Discuss “agentic” AI solutions in the current marketplace.
- Describe key considerations around explainability, safety and clinician trust in agentic systems.

Overview: As the industry shifts from static analytics to “agentic” artificial intelligence (AI) systems — those that act, learn and assist autonomously — healthcare leaders must rethink their approach to digital tools. This session defines what makes an AI system agentic, explores where these systems are gaining traction (e.g., coding, prior authorization), and surfaces the real opportunities and limits of agent-based transformation.

This session does not award accredited CE credit.