

IMPACT

Connections Summit 2026

2026 VIZIENT CONNECTIONS SUMMIT POSTERS

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P102 | Beyond Greenwashing: Holding Healthcare Vendors Accountable for Measurable Sustainability Impact

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Colleen Olson, Manager of Contracting, UW Medicine, Seattle, WA

Keywords: vendor accountability, measurable impact, sustainability metrics, procurement leverage

Learning Objectives:

- Compare vendor sustainability credibility using procurement data, benchmarking tools and standardized evaluation criteria.
- Outline practical steps to embed vendor sustainability accountability into procurement workflows to improve environmental outcomes, reduce risk and strengthen supplier partnerships.

Overview: Sustainability claims are everywhere, but how do you know which vendors truly deliver? This session shows how UW Medicine transformed procurement into a powerful lever for vendor accountability. Learn how sustainability moved from marketing language to a scored, decision-making criterion across supplies and capital equipment. Through data, governance and supplier transparency, UW Medicine is reshaping vendor behavior, reducing risk, and aligning partnerships with public and environmental health goals. Attendees will gain practical tools to cut through greenwashing and embed sustainability credibility into everyday sourcing decisions.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P103 | Rightsizing Orthopedic Implant Inventory Through Advanced Analytics

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Gerald Tisdale, System Associate Vice President-Supply Chain Operations – Logistics & Distribution, Rush Medical Center, Chicago, IL

Keywords: implant inventory, demand forecasting, cost reduction, standardization

Learning Objectives:

- Apply data-driven methodologies to quantify and reduce excess physician preference item inventory.
- Discuss process improvements that enhance inventory controls, vendor accountability and cross-functional governance.

Overview: This initiative optimized orthopedic total joint implant inventory by aligning on-hand stock with actual clinical consumption patterns. Using advanced analytics, statistical modeling and structured process improvements, the team identified excess inventory, guided burn down schedules and supported contract negotiations with vendors. The initiative produced multimillion dollar financial improvements, reduced holding costs, and strengthened accountability across clinical, supply chain and vendor stakeholders. This work demonstrates a scalable model for rightsizing physician preference items while improving operational efficiency and financial sustainability.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P104 | Safe, Secure and Sanitized: A Better Dispenser for Behavioral Health

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Curtis Martin, CHFM, Director Plant Operations & Maintenance, SSM Health St. Anthony Hospital - Oklahoma City, Oklahoma City, OK

Carrie Tracy, MA, BS, RN, Regional Director Behavioral Health, SSM Health Oklahoma, Oklahoma City, OK

Denise Wilson, DNP, RN, MHA, CPPS, CJCP, HACF, CCRN, System Director Regulatory Compliance and Accreditation, SSM Health, St. Louis, MO

Keywords: behavioral health safety, contraband prevention, tamper-resistant design, risk mitigation

Learning Objectives:

- Describe how ligature-resistant product design can improve patient safety and regulatory readiness in behavioral health environments.
- Explain how interprofessional collaboration drives successful systemwide implementation of behavioral health-specific safety innovations.

Overview: Behavioral health units have long faced a difficult safety gap: patients had far less access to safe hand hygiene options than medical-surgical units, largely due to ligature, ingestion and weaponization risks. This created a tension between infection-prevention imperatives and patient safety design. To solve this, our system partnered with a hand hygiene vendor to develop a custom, ligature resistant, hand sanitizer and soap dispenser.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P105 | From Chaos to Consistency: Clinician-Led Crash Cart Innovation

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LaTonya Perry, MS, RN, FNP-C, Director of Nursing, Houston Methodist, Houston, TX

Keywords: cart standardization, readiness checks, point-of-care supply, clinician ownership

Learning Objectives:

- Describe the methods employed to standardize an adult crash cart for a hospital system.
- Discuss the quality and cost benefits of a collaborative approach to redesigning and standardizing an adult crash cart.

Overview: Our systemwide initiative standardized more than 700 adult crash carts to improve safety, efficiency and readiness. Baseline analysis revealed significant variation, with only 0.8% of supplies and 31.3% of medications aligned across sites. Through a road show, survey participation and in-person collaboration with over 40 multidisciplinary experts, we developed a unified cart model supported by 91% of frontline staff. The final design introduces custom supply trays based on utilization patterns and standardized medications, generating an estimated \$482,026.51 in total savings. Attendees will gain practical insights into change management and clinical engagement, as well as achieving system-level standardization.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P106 | Optimizing Sugammadex Use: A Pharmacy-Anesthesia Collaboration To Improve Stewardship and Reduce Cost

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Austin-Phong Nguyen, PharmD, Pharmacy supervisor, Huntington Hospital, Pasadena, CA

Keywords: neuromuscular reversal, dose standardization, waste reduction, operating room-pharmacy alignment

Learning Objectives:

- Describe how standardized dosing strategies and pharmacy-led, aliquot-specific repackaging of high-cost medications can reduce drug waste and overall medication spend in the perioperative setting.
- Apply an interprofessional, data-driven approach to evaluate medication utilization patterns and implement sustainable stewardship interventions.

Overview: This project describes a pharmacy-led collaboration with anesthesia to optimize sugammadex utilization in the operating room through dose standardization and aliquot-specific repackaging. The initiative aimed to reduce medication waste and drug expenditures while maintaining clinical efficacy and patient safety, supporting institutional goals of medication stewardship and high-value perioperative care.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P107 | Breaking Geographic Barriers Through Strategic Out-Of-State Licensure

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Adeel Faruki, MD, MBA, Medical Director, Department of Licensure Strategy, Assistant Professor, UT MD Anderson Cancer Center, Houston, TX

Keywords: interstate licensure, virtual oncology, regulatory compliance, hybrid care model

Learning Objectives:

- Describe the core components of a team-based, centralized licensure strategy designed to enable scalable interstate virtual practice.
- Explain how data-driven prioritization and stewardship practices can be used to align licensure investment with patient demand and utilization.

Overview: As a comprehensive cancer center expands virtual care, state-based licensure requirements emerged as a critical constraint on patient access, capacity and continuity of oncology care. Across industries, consumers increasingly anticipate seamless, flexible access via hybrid models, virtual when appropriate and in person when it matters most — highlighting a growing gap between patient expectations and healthcare delivery. To address this challenge, the organization implemented a centralized, team-based, out-of-state licensure strategy program to preserve continuity of oncology care for patients residing outside of Texas. Aligned with the institution's strategic plan and access priorities, this approach enables physicians and advanced practice providers to deliver compliant, virtual care across prioritized states while reducing provider burden. This overview highlights the program framework, governance model and early outcomes supporting scalable, patient-centered access through interstate virtual practice.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P108 | Empathy-Driven Strategies That Reduce Workplace Violence

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Scott Crespy, PhD, LSSBB, Master Improvement Advisor, Hospital of the University of Pennsylvania, Philadelphia, PA

Keywords: staff assault reduction, de-escalation, trauma-informed response, behavioral escalation

Learning Objectives:

- Describe how empathy-driven, patient-centered strategies, such as anticipatory guidance, can be used to proactively reduce inpatient workplace violence.
- Discuss practical steps to implement empathy-driven workplace violence prevention strategies across inpatient units.

Overview: Healthcare workers face disproportionately high rates of workplace violence (WPV), contributing to increased employee burnout and turnover and compromised patient care. Our institution implemented an empathy-driven, patient-centered WPV prevention pathway grounded in anticipatory guidance and phased, unit-level deployment. Across 12 medicine and neuroscience units, WPV rates declined by 51% over three years, while usual care units experienced a 10% increase. Measured using rate-based outcomes per 1,000 patient days, the intervention demonstrated scalable, sustained impact. This session will share a practical, replicable model that

shifts WPV prevention upstream — improving patient experience, strengthening workforce safety and reinforcing leadership commitment to violence prevention.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P109 | Breaking the Sitter Cycle: A Smarter Approach to Patient Safety

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Keywords: constant observation, delirium mitigation, risk screening, resource stewardship

Learning Objectives:

- Describe the key components of a multilevel observation model, including decision tree criteria and the Age-Friendly 4Ms framework integration, for successful implementation across adult inpatient units.
- Explain at least three strategies to optimize observation resource utilization within your organization to reduce default reliance on CO without compromising patient safety.

Overview: Hospitalized patients ages 65 and above face elevated safety risks from medication effects, increased length of stay, altered mental status and other complications. Traditionally, patient care technicians (PCTs) provide constant observation (CO) at the bedside. This session describes how an urban academic medical center transformed its observation culture by implementing an innovative four-tier model that integrates the Age-Friendly 4Ms (What Matters, Medication, Mentation and Mobility) framework, virtual observation, and nonpharmacologic interventions. These efforts resulted in a 21% reduction in CO utilization, a 20% savings in overtime and improved PCT availability — all without adding additional full-time equivalents or capital investment. This project demonstrates how standardized protocols and leadership accountability can optimize safety while improving resource utilization.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P110 | Living, Learning and Leading: A Scalable Workforce Solution for Rural Healthcare

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Keywords: rural staffing, pipeline program, retention strategy, training pathways

Learning Objectives:

- Describe how to integrate education, housing and employment commitments for a sustainable, data-driven, healthcare workforce pipeline.

- Examine the financial and workforce impact of an upstream investment model by applying retention, hiring conversion and return-on-investment metrics within rural or underserved healthcare settings.

Overview: The Phoebe Living & Learning Community is a \$50 million workforce innovation that integrates education, housing and employment to address critical healthcare staffing shortages in rural Georgia. Developed in partnership with Albany Technical College, the model removes housing and financial barriers for Associate of Science in Nursing, licensed practical nurse, certified nursing assistant, phlebotomy and allied health students by providing on-site housing in exchange for a work commitment. This upstream, data-driven strategy shifts workforce development from reactive recruitment to pipeline ownership, producing measurable return on investment, improved retention, and long-term workforce stability while strengthening community health and economic vitality.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P111 | From 25th Percentile to 75th Percentile: A Data-Driven, Interdisciplinary Prebill Model

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Tina Danko, RHIT, Director of Coding, UConn Health, Farmington, CT

Keywords: CC/MCC capture, case mix index, provider queries, coding accuracy

Learning Objectives:

- Outline methods to identify trends that optimize CC/MCC opportunities prior to bill drop.
- Explain collaborative strategies to address industry changes in coding, documentation and reimbursement.

Overview: Low complication or comorbidity/major complication or comorbidity (CC/MCC) capture rates can obscure patient acuity and significantly limit organizational revenue. In 2024, UConn Health implemented a targeted, interdisciplinary prebill review program focused on high-opportunity cases prior to bill drop. Leveraging Vizient Clinical Data Base benchmarking and close collaboration between clinical documentation improvement and coding, the program improved capture rates from the 25th percentile to the 75th percentile and generated over \$300,000 in incremental monthly revenue. This program outlines a scalable, member-tested approach to documentation integrity, operational efficiency and sustainable financial performance.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P112 | From Variability to Reliability: Building a Scalable Clinic Activation Framework

Kunal Sachdeva, MCS, Program Manager, Ambulatory Operational Excellence, UCLA Health, Los Angeles, CA

Darrielle Ehrheart, MBA, Director, UCLA Health, Los Angeles, CA

Keywords: clinic activation, project management, resource planning, standard work

Learning Objectives:

- Distinguish between individual versus a systems approach to transform recurring organizational processes.

- Construct a looped continuous improvement system infrastructure to improve operational efficiencies over time.

Overview: UCLA Health transformed clinic activations from unpredictable, resource-draining events into a reliable operational engine. Starting in July 2023, we replaced ad hoc clinic activations with a systematic project management framework that integrates standardized tools, cross-functional partnerships and continuous improvement. Over 18 months, we activated 9 complex clinics across more than 13 specialties, achieving 100% stakeholder satisfaction. Our innovation lies not in managing projects better, but in building a system that captures lessons learned and feeds them back into improving standards. This session demonstrates how to convert operational variability into strategic capability, enabling scalable growth without proportional increases in coordination burden or activation risk.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P113 | Creating Safety Through Accountability: Patient Misconduct Review

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Amber Styles, MSM, HACCP, Senior Director, Accreditation, Risk Management & Regulatory Compliance, Risk Management, The University of Kansas Health System, Kansas City, KS

Keywords: accountability system, safety culture, staff engagement, leader rounding

Learning Objectives:

- Describe the key components of the patient misconduct review process to guide fair, consistent responses to disruptive behavior.
- Explain use of a standardized, multidisciplinary approach to address patient misconduct.

Overview: The patient misconduct review process applies just culture principles to consistently address disruptive behaviors. This system-level approach evaluates, tracks and responds to patient misconduct, including threats, harassment and violence toward staff. By integrating clinical, behavioral, ethical, legal and leadership expertise, the process strengthens employee safety, improves communication and guides strategies for risk mitigation. Standardized decision-making reduces variation, supports frontline teams and ensures consistency. Attendees will learn how this multidisciplinary process effectively manages patient misconduct and reinforces a safer, more supportive environment for both patients and employees.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P114 | AI-Enabled, Team-Based RPM Reduces Heart Failure Readmissions

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Tracey Bishop, BSN, BSW, Director, Population Health Care Management, ThedaCare, Neenah, WI

Keywords: remote monitoring, AI triage, heart failure, transition support

Learning Objectives:

- Explain how AI-enabled remote patient monitoring analytics integrates with interprofessional teams.

- Interpret the impact of a CHF remote patient monitoring pilot on patient self-monitoring behaviors.

Overview: A clinic initiated a congestive heart failure (CHF) remote patient monitoring (RPM) pilot to proactively identify clinical deterioration before hospitalization is required. High-risk CHF patients are enrolled directly from ambulatory practices. A virtual nursing team gathers daily physiologic and symptom data via Bluetooth devices that are analyzed using artificial intelligence (AI)-driven analytics to identify early deterioration. An interprofessional care team (including a nurse practitioner) applies human clinical judgement by delivering timely interventions, such as medication optimization, education, in-home assessment, and escalation, to a community paramedic or cardiology care management. This model aims to prevent avoidable hospitalizations, improve self-management and reduce total cost of care.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P115 | Expanding Diabetic Eye Screening Access Through Autonomous AI in Primary Care

Andrea Atkinson, BSHA, RRT, LSSGB, Director of Quality Outcomes, WVU Medicine Uniontown Hospital, Uniontown, PA

Janean Lubich, Practice Administrator WVU Medicine Primary Care Uniontown Area, WVU Medicine Uniontown Hospital, Uniontown, PA

Keywords: retinopathy detection, rural outreach, bedside imaging, referral closure

Learning Objectives:

- Describe how autonomous AI technology can be integrated into primary care workflows to improve diabetic eye screening access and compliance.
- Discuss key operational, quality and patient engagement strategies necessary to implement and sustain AI-supported preventive care programs.

Overview: Diabetic retinopathy remains a leading cause of preventable blindness, particularly in rural and underserved populations with limited access to specialty eye care. Our hospital and ambulatory clinics implemented an artificial intelligence (AI)-supported diabetic eye screening program utilizing a Food and Drug Administration-cleared autonomous diagnostic system to deliver retinal screening directly within primary care and population health workflows. This innovative model enables real-time detection of diabetic eye disease during routine visits, eliminating referral barriers and improving preventive care access. The program demonstrated significant gap closure and improved screening compliance, operational efficiency, and scalability, offering a replicable approach for organizations seeking to advance population health, equity and value-based care outcomes.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P116 | Agent Orion: An Agentic AI Model for Mortality Risk Capture Optimization

Olubusayo D. Famutimi, MBBS, MPH, Director, Artificial Intelligence & Machine Learning, University of Missouri Healthcare, Columbia, MO

Adam Kell, PhD, Data Scientist III, University of Missouri Healthcare, Columbia, MO

Keywords: mortality risk capture, diagnosis specificity, AI assistance, risk adjustment

Learning Objectives:

- Describe how foundation large language models can be operationalized within existing CDI workflows to prioritize high-impact mortality risk capture.
- Compare traditional CDI review approaches with AI-assisted CDI workflows to prioritize diagnoses documentation.

Overview: Clinical documentation improvement (CDI) programs are increasingly challenged to accurately capture high-impact diagnoses while minimizing low-value documentation burden. We developed and retrospectively validated an agent-based artificial intelligence (AI) model to identify missed opportunities for expected mortality risk capture at our institution (as defined by the Vizient Risk Model), focusing on congestive heart failure, chronic kidney disease, encephalopathy and malnutrition. The model demonstrated high sensitivity across all targeted conditions. It was subsequently integrated into the CDI workflow to support focused audits, resulting in a reduction of the mortality index to 19% within the first month of implementation. This work demonstrates a pragmatic, data-driven framework to integrate AI into CDI workflows and offers a scalable approach for health systems seeking measurable and sustainable quality improvement.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P117 | From Reactive to Predictive: Optimizing OR Supply Chain

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Keywords: predictive analytics, supply chain, inventory forecasting, perioperative services

Learning Objectives:

- Explain how integrated forecasting dashboards can proactively align OR inventory with scheduled surgical cases, minimizing shortages and reducing purchase order volume.
- Interpret supply utilization data to optimize PAR levels, improve operational efficiency and enhance patient care readiness.

Overview: In the operating room (OR), having the right supplies for every case is critical to patient care. To eliminate uncertainty and strengthen materials reliability, our materials and information services teams built an integrated forecasting and turn-time dashboard that ties scheduled surgical cases directly to supply demand. The tool provides forward-looking visibility, ensuring on-hand quantities truly align with upcoming procedures. It proactively flags shortages; identifies impacted cases and surgeons; and streamlines communication, purchase orders and freight. The results? Fewer disruptions, reduced overnight shipping, measurable cost savings, and a shift from reactive inventory management to confident, predictive supply chain performance.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P118 | The Foundation of AI Integrity: Model Monitoring in Healthcare

Josiah Chung, MS, Data Scientist, University of Chicago Medical Center, Chicago, IL
Alex Osier, MA, Data Scientist Engineer, University of Chicago Medical Center, Chicago, IL

Keywords: drift detection, performance dashboards, governance controls, Python pipeline

Learning Objectives:

- Discuss how to build a scalable, Python-based approach that works autonomously across diverse patient groups and model architectures.
- Examine continuous model monitoring metrics to satisfy organizational mandates around AI governance and foster clinician trust.

Overview: In an era of rapid artificial intelligence (AI) adoption, deployment is only the beginning. This session features a Python-based model monitoring framework designed to track multiple clinical AI solutions simultaneously and automatically. Attendees will learn how we built a completely internal pipeline to benchmark various AI tools, satisfy AI governance mandates and foster clinician trust through transparent accountability. For those navigating AI skepticism or struggling to identify model metrics and associated benchmarks for their organization, this is a must-see blueprint for transforming “black-box” models into reliable, long-term solutions.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P119 | From Stalled to Scalable: AI-Enabled Surgical Operations Improvement

Sachin Pawar, MD, Surgical Medical Informatics Officer, Froedtert & Medical College of Wisconsin, Wauwatosa, WI

Keywords: surgical operations analytics, AI enablement, throughput optimization, block utilization

Learning Objectives:

- Describe a repeatable operating model that combines AI-enabled internal development, domain expertise, operational coordination and SME decision authority to accelerate governance-heavy operational work.
- Discuss practical leadership considerations to enable internal AI-assisted tool-building without replacing clinical judgment.

Overview: AI development tools are changing what’s possible for clinicians with domain expertise. When our surgical procedure library optimization effort stalled using standard vendor workflows, a surgeon informaticist used artificial intelligence (AI)-assisted development tools to rapidly build an internal collaboration and analytics workspace tailored to our governance needs. The workspace centralized utilization and billing data and enabled distributed subject matter experts (operating room nursing/service coordinators, surgeons/advanced practice providers, and coding experts) to review procedures, document decisions and standardize the catalog efficiently. Within months, we achieved measurable progress and unlocked downstream operational initiatives. This approach creates a repeatable internal capability that can be applied to other governance-heavy operational problems.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P120 | An Integrated Approach To Strengthen Discharge Safety and Reduce Readmissions

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Sameh Samy, MBBCh, MSA, CPHQ, CSSBB, Chief Quality Officer; Maimonides Medical Center, Brooklyn, NY

Keywords: transition bundle, medication reconciliation, follow-up outreach, unplanned returns

Learning Objectives:

- Describe how aligning postacute services into an integrated PACFU portfolio can improve 30-day readmission performance.
- Explain how an affinity methodology can be used to organize complex postdischarge workflows, clarify ownership and align resources across postacute care services.

Overview: Reducing hospital readmissions requires more than isolated or diagnosis-specific interventions; it demands a coordinated, system-level approach that strengthens the postdischarge continuum. At Maimonides Medical Center (MMC), a 711-bed acute care tertiary hospital in Brooklyn, New York, the baseline Centers for Medicare & Medicaid Services all-cause readmission rate was 16.7% — statistically worse than the national average. Persistent gaps in postacute follow-up indicated the need for a unified strategy. MMC designed and implemented an integrated postacute care follow-up (PACFU) portfolio that aligned transitional care services, standardized workflows, and expanded postdischarge support across inpatient, home-based and community settings. Longitudinal and pretest-posttest analyses demonstrated statistically significant reductions in 30-day all-cause readmissions.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P121 | Reducing Postpartum Readmission Through Standardized Hypertension Management

Ayelet Ruppin-Pham, RN, MN, ONQS-BC, Clinical Quality Improvement Specialist, UC San Diego Health, San Diego, CA

Maryam Tarsa, MD MAS, Medical Director, Perinatal Quality, UC San Diego Health, San Diego, CA

Keywords: postpartum hypertension, standardized management, follow-up completion, avoidable returns

Learning Objectives:

- Explain the elements of a standardized approach to postpartum hypertension management.
- Describe the impacts of standardized postpartum hypertension management on reducing hospital readmission.

Overview: This project aims to reduce postpartum readmission, specifically due to hypertensive disorders of pregnancy. By standardizing postpartum hypertension management through medication initiation and at-home blood pressure monitoring, we reduced hospital readmissions by 18.6%. This represents 4.8 bed days saved per month.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P122 | Insight to Impact: Integrating the Patient Voice To Advance Quality, Efficiency and System Capacity

Amber Washington, MHA, Patient Advisory Coordinator, Tampa General Hospital, Tampa, FL
Sandra Genao, PMP, Manager, Medical Excellence, Tampa General Hospital, Tampa, FL

Keywords: patient voice, capacity insight, efficiency improvement, quality alignment

Learning Objectives:

- Explain how patient partnerships can support ambulatory pathway redesign and improve system capacity, patient preparation and care transition outcomes.
- Describe how embedding PFAC advisors with interprofessional teams supports identification of patient-centered quality, safety and access improvement opportunities.

Overview: Like many health facilities in urban areas of the country where population is growing, our academic health system has capacity challenges. We created a postacute care system called “Think Ambulatory First” to deliver acute and transitional care in lieu of hospitalization. This program was created in close collaboration with Tampa General Hospital’s Patient and Family Advisory Council (PFAC), which collaborates on systemwide initiatives (e.g., patient education, care coordination and inpatient flow) to enhance quality, safety, patient experience and operational efficiency.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P123 | Nurse-Led Discharge Lounges: A High Return-On-Investment Throughput Strategy

Kelly Bodesinsky, MSN, BSN, Nurse Manager, Patient Flow Manager, Atlantic Health, Morristown, NJ

Keywords: discharge lounge, nurse-led model, patient throughput, bed availability

Learning Objectives:

- Describe the operational components and patient eligibility criteria recommended to implement a safe, nurse-led discharge lounge.
- Explain how cost-avoidance metrics and real-time data dashboards can be used to evaluate return on investment and sustain discharge optimization initiatives.

Overview: Hospital overcrowding continues to affect emergency department access and inpatient capacity nationwide, emphasizing the critical need for scalable, discharge-focused strategies to improve system throughput. This presentation highlights implementation of a nurse-led interdisciplinary discharge lounge at a large academic medical center to reduce discharge delays, improve patient flow and generate measurable financial value. Using standardized eligibility criteria, workflows led by registered nurses, real-time data dashboards and C-suite sponsorship, the discharge lounge program reclaimed inpatient capacity and produced a meaningful return on investment within its initial year of operation. Actionable strategies will be discussed during this presentation.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P124 | The Upright Revolution: Improving Throughput and Satisfaction With Split Flow

Patricia L. Primmer, MAS, BSN, RN, Nursing Director, Atlantic Health Morristown Medical Center, Morristown, NJ

Keywords: rapid intake, queue reduction, waiting time, flow redesign

Learning Objectives:

- Describe the principles and operational benefits of a vertical split-flow model for Emergency Severity Index Level 3 patients.
- Apply quality improvement and interprofessional collaboration strategies to optimize ED workflow and drive changes that enhance efficiency and patient experience.

Overview: Emergency department (ED) crowding continues to challenge healthcare systems globally, with nearly half of EDs nationwide operating above capacity and over 90% of hospitals reporting boarding of admitted patients. This operational strain compromises timely care, patient safety and satisfaction. Capacity challenges often revolve around limited human resources and bed availability, as well as inappropriate ED utilization or visits. Process-related challenges encompassed issues with communication, test results, primary care access, transitions of care and low-acuity patients. Implementing a nurse-led, vertical, split-flow model improved key ED performance metrics for door-to-provider times and aspects of patient satisfaction.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P125 | MRI Turnaround Titans: Faster Access Through Collaborative Flow Redesign

Robyn Malone-Koch, MHA, CRA, RT(R), ARDMS (AB), RVT, Imaging Manager, Houston Methodist Sugar Land Hospital, Sugar Land, TX

Anifa Andrade, RN, MSN, CMSRN, Nurse Manager, Houston Methodist Sugar Land Hospital, Sugar Land, TX

Keywords: MRI turnaround, flow redesign, cross-team coordination, access acceleration

Learning Objectives:

- Describe how MRI nursing collaboration, one-piece flow and standard work redesign measurably improve MRI turnaround time and inpatient throughput.
- Explain a practical change management and education model that enables interdisciplinary teams to adopt, sustain and spread operational improvements.

Overview: Prolonged MRI turnaround times delayed discharge and constrained inpatient capacity. Through a cross-disciplinary kaizen, the MRI team partnered closely with nursing to redesign the order-to-scan process using one-piece flow, bedside clearance via a workstation on wheels, standardized implant workflows, and bidirectional education that aligned expectations between MRI and nursing. Change management tactics — daily team huddles, real-time feedback loops and visible progress metrics — helped hardwire new behaviors. Inpatient order-to-begin time dropped from 27 hours to 10 hours and order-to-schedule time improved from 16 hours to two hours. This replicable model enhances throughput, improves patient experience and strengthens MRI–nursing collaboration.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P126 | Transforming Perinatal Substance Use Care Into Equitable Standard Practice

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Shawnecca Burke, MD, Medical Director, Denver Health, Denver, CO

Jessica Bull, MD, Medical Director, Denver Health, Denver, CO

Keywords: perinatal substance use, integrated maternity care, care standardization, maternal outcomes

Learning Objectives:

- Describe the core components of an integrated perinatal SUD care model and analyze key outcome measures used to evaluate programs.
- Explain one scalable intervention applicable to your institution by outlining a specific next step that could be implemented within six to 12 months.

Overview: Through multidisciplinary collaboration and integrated care delivery, Perinatal Addiction and Recovery (PEAR) reduces barriers and provides a holistic, patient-centered approach for individuals at highest risk for maternal morbidity and mortality due to substance use disorder (SUD). Designed with scalability and sustainability as core principles, PEAR embeds evidence-based screening and referral and treatment tools into the electronic health record, thereby standardizing care. Clinicians across 15 clinics were trained in stigma-free, trauma-informed practices, while continuous performance measurement and quality improvement frameworks guided iterative refinement. Together, these strategies transformed best practices into standard care, demonstrating that equitable, integrated perinatal SUD treatment is achievable within a large public health system.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P127 | Postpartum Visits: Improving Access, Scheduling and Billing

Victoria Hague, MHA, MS, CPHQ, Quality Improvement Manager, Ohio State Wexner Medical Center, Columbus, OH

Keywords: telehealth follow-up, patient navigation, coding workflow, maternal health

Learning Objectives:

- Discuss methods to identify barriers to postpartum visit completion and implement quality improvement interventions that enhance access, scheduling reliability and billing accuracy.
- Explain how to improve postpartum visit completion rates and reduce disparities among Medicaid patients.

Overview: This project aimed to increase postpartum visit completion rates by addressing barriers related to access, scheduling and billing. Using quality improvement tools, we identified root causes and high-impact interventions. These interventions included implementing standardized billing and coding workflows, expanding access through telehealth postpartum visits, using a patient navigator to conduct proactive outreach to patients who had not completed a postpartum visit, partnering with the mom-baby dyad care clinic to reduce appointment burden, and scheduling postpartum appointments during the 36-week prenatal care visit for patients with planned inductions or cesarean section deliveries to ensure timely follow-up.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P128 | Modernizing Pediatric Cardiology Billing Through Workflow and Documentation Redesign

Kiah Miller, MA, Program Director, Clinical & Operational Excellence, University of Colorado, School of Medicine, Aurora, CO

Erin Martin, BSN, RN, CPN, Senior Process Improvement Specialist, Children's Hospital Colorado, Aurora, CO

Christopher Newman, PA-C FCCM, Vice Chair, Clinical Performance, University of Colorado, School of Medicine, Aurora, CO

Keywords: pediatric cardiology billing, coding modernization, charge accuracy, revenue optimization

Learning Objectives:

- Describe successful methods to improve coding accuracy and ensure more complete capture of complex inpatient cardiology care.
- Explain how to replicate three interventions and apply them to your own specialty or service line.

Overview: The pediatric cardiology section at Children's Hospital Colorado cares for a diverse, high-acuity population across inpatient consult services and serves as the primary service in the cardiac progressive care unit and cardiac intensive care unit. Complex, frequently changing billing guidelines led to a high number of coding errors and frequent changes or additions by coders due to documentation gaps. These errors resulted in substantial missed or delayed revenue. To address this, the team implemented three interventions: standardized documentation help texts, time-based billing for advanced practice provider shared visits and a redesigned charge capture list — thus improving accuracy, reducing cognitive burden and strengthening financial performance.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P129 | Decreasing 7-Day Revisits After Pediatric Tonsillectomy: A Quality Improvement Initiative

Pavithra R. Ellison, MD, MMM, FASA, Associate Chief Quality Officer, WVU Medicine Golisano Children's, Morgantown, WV

Nicole Henderson, MD, LSSBB, Quality Outcomes Manager, WVU Medicine Hospital, Morgantown, WV

Keywords: postoperative follow-up, pediatric, phone outreach, discharge standardization

Learning Objectives:

- Outline the impact of the three Plan-Do-Study-Act (PDSA) cycles on reducing seven-day revisit rates for tonsillectomy and adenoidectomy patients.
- Discuss the process and balancing measures used in the PDSA cycles to reduce seven-day revisit rates and improve patient outcomes.

Overview: Pediatric tonsillectomy is among the most common ambulatory procedures in children. An important aspect of serving this patient population is appropriate postoperative care and follow-up. In early 2025, our institution identified a seven-day revisit rate in post-tonsillectomy patients that exceeded those of similar institutions nationally. We identified possible areas of improvement, including improved hydration, postoperative pain management and clear instructions for postoperative care.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P130 | Shattering Silos: A Collaborative Approach To Reduce Heart Failure Readmissions

Carrie Melcher, RN, BSN, Clinical Quality Specialist, Methodist Jennie Edmundson Hospital, Council Bluffs, IA

Igor Volk, DNP, MA, RN, Patient Care Operations Service Leader, Methodist Jennie Edmundson Hospital, Council Bluffs, IA

Morgan Keysor, MSN, RN, Progressive Care Unit Service Leader, Methodist Jennie Edmundson Hospital, Council Bluffs, IA

Keywords: heart failure readmissions, care continuity, cross-department alignment, discharge support

Learning Objectives:

- Construct a multidisciplinary governance structure that effectively integrates inpatient nursing, quality and outpatient clinics to eliminate care fragmentation.
- Apply Lean Six Sigma and Plan-Do-Study-Act methodologies to identify and mitigate systematic process gaps within the heart failure discharge transition.

Overview: At Jennie Edmundson, heart failure (HF) readmissions persisted at 20.38%, despite distinct departmental interventions. We identified this as a failure of care continuity rather than clinical competency. Transitioning from a general committee structure, we established a specialized, chief nursing officer-sponsored HF Collaborative Task Force. By aligning inpatient nursing, cardiology, quality, operations and academic partners under a Lean Six Sigma framework, we shifted from fragmented pilots to standardized systems. This operational alignment reduced HF readmissions to 13.76% (outperforming the comparison group) and achieved an estimated \$260,000+ in cost avoidance in 2025.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P131 | Bridging the Gap: Multidisciplinary Strategies To Reduce 30-Day Diabetes Readmissions

Kathryn Lawler, Performance Improvement Specialist 1, Tampa General Hospital, Tampa, FL

Amy Ozier, MEM, LSSBB, Performance Improvement Specialist 4, Tampa General Hospital, Tampa, FL

Keywords: diabetes readmissions, transition planning, outpatient follow-up, multidisciplinary care

Learning Objectives:

- Explain the importance of an interprofessional approach to readmission reduction, impacting the patient from admission to outpatient follow-up.
- Discuss high-risk diabetic patient populations and the key factors contributing to 30-day readmissions.

Overview: Thirty-day hospital readmissions for patients with diabetes mellitus has been a persistent problem at Tampa General Hospital, averaging 16.5% from January 2024 to February 2025. A multidisciplinary quality improvement project began in March 2025 to reduce rates to 15% by December 2025. A root cause analysis identified major gaps in inpatient management, transitions of care and outpatient follow-up. The multidisciplinary team implemented targeted interventions through two Plan-Do-Study-Act cycles targeting the highest-risk diabetic patients, including diabetic ketoacidosis/hyperosmolar hyperglycemic and diabetic soft tissue/foot infections. With the creation of a unique, high-risk order set, early outcomes show improved coordination, with follow-up rates of 54% to 77% and a decrease in the average readmission rate to 13% from March 2025 to December 2025.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P132 | From Data to Decisions: Care Management Impact

Raylene Gomez, MSN, RN, Vice President of Care Management, OU Health, Oklahoma City, OK
Becky Johnson, DNP, RN, CPN, AVP Care Management Inpatient, OU Health, Oklahoma City, OK
Stacey Sharp, BSN, RN, AE-C, AVP Care Management Ambulatory, OU Health, Oklahoma City, OK
Caroline Coleman, Clinical Data Manager, Care Management, OU Health, Oklahoma City, OK

Keywords: risk stratification, utilization reduction, care coordination, outcome tracking

Learning Objectives:

- Describe a data-driven approach around application of care management metrics that contribute to hospital quality measures.
- Explain how care management contribution metrics provide increased awareness and recognition across the organization.

Overview: A data-driven care management (CM) model was established to contribute to improvement in key quality metrics such as mortality, length of stay and readmissions. The approach used CM lead measures and multidisciplinary structure to integrate performance data into daily practice. The model offers a scalable framework to align CM with quality and provider teams around actionable CM metrics that contribute to system-level outcomes. Attendees will gain practical insights into building reliable workflows, elevating CM's impact and leveraging coordinated lead and lag measures to advance organizational quality performance.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P133 | From Hospital to Home: Optimizing Oncology Transitions Through Predictive Analytics

Sana M. Mohayya, PharmD, MHS, BCPS, Oncology Quality Data Analyst, Robert Wood Johnson University Hospital, New Brunswick, NJ
Kathleen Arcidiacono, DNP, RN, OCN, Vice President of Nursing, Robert Wood Johnson University Hospital, New Brunswick, NJ

Keywords: discharge risk stratification, nonhome placement, early planning, care coordination, oncology

Learning Objectives:

- Describe targeted, data-driven interventions to mitigate barriers to home discharges and enhance the efficiency of oncology patient care transitions.
- Apply predictive analytics to integrate advanced insights into operational and clinical workflows, supporting sustained improvement in patient care outcomes.

Overview: Discharge to home is the ideal outcome for oncology patients, yet demographic and clinical barriers may delay or prevent a safe transition. To address this challenge, Robert Wood Johnson University Hospital and Rutgers Cancer Institute developed a predictive tool to identify patients at risk for nonhome discharge early in their hospitalization. In collaboration with the Oncology Transitions Operations Committee, including transitions specialists, oncologists, hospitalists, physical therapists and case managers, targeted interventions were implemented with a focus on mobility and access to home care. This data-driven, team-based approach significantly improved the rate of home discharges.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P134 | Enhanced Surgical Outcomes Associated With the Introduction of a Preoperative Clinic

Alden Blake Daniels, MD, Chief Division of Anesthesia, Baptist Memorial Hospital, Memphis, TN

Brennan P. McCullar, MD, Director of Medical Pre-Optimization Clinic, Baptist Memorial Hospital, Memphis, TN

Keywords: preoperative optimization, readiness clinic, complication reduction, pathway adherence

Learning Objectives:

- Outline the impact of a standardized optimization clinic on core quality metrics.
- Describe the strategic blueprint for the preoperative clinic as a fundamental driver to optimize perioperative efficiency.

Overview: This session is a must-see for leaders focused on healthcare value. Learn how Baptist Memorial Hospital successfully implemented a physician-led Medicine Pre-Optimization Clinic, standardizing the perioperative process for elective surgery patients. Our study demonstrated the profound impact of this strategic blueprint — including an 84% reduction in readmissions and a 54% reduction in mortality — all while maintaining costs. Discover how this fundamental shift from traditional preanesthesia evaluation drives superior patient outcomes and improves clinical workflow while substantially increasing healthcare value.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P135 | From Gaps to Grace: Creating a Sustainable Inpatient Hospice Model

Megan Malladi, MSN, RN, NE-BC, CMSRN, Director, Patient Experience, Northwestern Medicine, Chicago, IL

Chris French, MBA, BSN, RN, NE-BC, CCRN, Director, Operations, Northwestern Medicine, Chicago, IL

Kournie Williams, MSW, LCSW, Director, Social Work, Northwestern Medicine, Chicago, IL

Keywords: comfort care pathway, symptom management, family support, referral triggers

Learning Objectives:

- Describe the elements necessary to establish a standardized general inpatient hospice program that provides holistic physical, emotional and spiritual support.
- Explain how a structured end-of-life model of care can reduce mortality and improve length of stay and patient experience for multiple specialties.

Overview: This quality improvement initiative aims to standardize a general inpatient hospice program at an academic medical center, enhancing end-of-life care for patients unable to transition to home or hospice facilities. By collaborating with a local hospice provider, the program ensures compassionate support through private rooms, unrestricted visitation and a home-like environment. Key strategies include streamlined admissions, interprofessional collaboration and enhanced resources, leading to improved patient experiences and outcomes. Since its pilot in November 2024, the program expanded to multiple inpatient areas, achieving 108 enrollments, a 22% reduction in mortality ratios and a 17% decrease in overall length of stay.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P136 | Protocolized Preoperative Optimization To Reduce Total Joint Complications

Ashton Gilbert, BSN, Director Quality Outcomes, UAB Medicine, Birmingham, AL
Megan Allmendinger, MSN, NP-C, RN-BC, Nurse Practitioner- APP Supervisor Orthopaedics, UAB Medicine, Birmingham, AL

Keywords: preoperative optimization, risk stratification, complication reduction, pathway adherence

Learning Objectives:

- Describe how benchmarked complication data and multidisciplinary process mapping can identify drivers of THA/TKA complications and guide targeted interventions.
- Discuss an impact/effort prioritization framework used to implement a standardized, APP-led preoperative optimization checklist that reduces total joint complications.

Overview: Complications following elective primary total hip and knee arthroplasty (THA/TKA) adversely affected performance in both the Vizient Quality and Accountability scorecard and Centers for Medicare & Medicaid Services value-based quality programs. Using Vizient complication data to identify key drivers and applying a structured quality improvement methodology rooted in brainstorming and process-mapping techniques, we engaged more than 50 stakeholders across the perioperative continuum to prioritize improvement opportunities. A standardized, advanced practice provider (APP)-led preoperative optimization checklist was implemented to ensure reliable, right patient, right time readiness. This project showcases the effectiveness of a multidisciplinary design and a protocolized optimization strategy in achieving meaningful improvements in THA/TKA complication outcomes.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P137 | Breaking the Cycle of Prolonged Mechanical Ventilation in the ICU

Erin Ruth, RN, MSN, Project Manager, Adventhealth, Orlando, FL
Brett Kolb, Business Analyst, Adventhealth, Orlando, FL

Keywords: mechanical ventilation reduction, weaning protocols, critical care optimization, length of stay

Learning Objectives:

- Describe how standardizing tracheostomy timing, daily mobility and sedation practices can reduce ICU length of stay, mortality and cost for prolonged mechanical ventilation patients.
- Explain how multidisciplinary governance, metric ownership and data-driven decision-making support reliable ICU practice change and sustained performance improvement.

Overview: Prolonged mechanical ventilation in high-acuity intensive care unit (ICU) patients drives excess length of stay, cost and mortality across many health systems. Learn how an academic medical center redesigned care for nonextracorporeal membrane oxygenation mechanically ventilated patients by standardizing tracheostomy decision-making, daily mobility, sedation practices and interdisciplinary coordination. Using Vizient benchmarking and electronic medical record data, this multidisciplinary initiative reduced hospital length of stay by four days, improved mortality and generated \$1.14 million in length-of-stay-related cost avoidance. Attendees will gain practical insights into leading ICU practices, governance structures, and scalable strategies to reduce variation and improve outcomes in complex critical care populations.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P138 | Commanding the Chaos: Teletrauma Simulation Elevates Rural Response

Brittania Doxstader, MSN, BS HAS, RN, Clinical Regulatory Operations Manager, Intermountain Health, Salt Lake City, UT

Jessica Tanner, MBA, CPPS, Clinical Risk and Safety Operations Manager, Intermountain Health, Salt Lake City, UT
Alta Ludlow, MSN, RN, Clinical Risk and Safety Manager, Intermountain Health, Salt Lake City, UT

Keywords: remote specialist support, trauma workflow, workflow drills, systems gap analysis

Learning Objectives:

- Describe key workflow, technology and resource gaps that impact trauma readiness in rural emergency departments and evaluate how simulation can proactively surface and mitigate these risks.
- Outline a structured TeleTrauma implementation framework and return-on-investment modeling to improve clinical outcomes, reduce unnecessary transfers and strengthen operational performance.

Overview: Intermountain Health implemented a multisite TeleTrauma simulation project to proactively identify system gaps, strengthen trauma workflows and accelerate adoption of real-time specialist support in rural emergency departments. Six high-fidelity adult and pediatric trauma scenarios demonstrated activation times, communication pathways, technology reliability and resource readiness, revealing barriers that could delay care for critically injured patients. This project provides a scalable, evidence-informed model to improve trauma readiness, reduce avoidable transfers and enhance frontline decision support. The resulting blueprint offers a nationally adaptable framework to optimize rural trauma systems.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P139 | Clinical Effectiveness Through Data-Driven Clinician Engagement

Donna Lawson, BSN, MBA, MSHA, CPHQ, Vice President/Chief Quality & Patient Safety Officer, Atlantic Health, Morristown, NJ

Cynthia Dugan, MAS, RN, CPHQ, Director Quality & Patient Safety, Atlantic Health Morristown Medical Center, Morristown, NJ

Keywords: clinician engagement, care standardization, variation reduction, outcomes improvement

Learning Objectives:

- Discuss successful strategies that can be used to improve efficient and effective delivery of care.
- Explain how leveraging data-driven insights can enable interprofessional teams to improve delivery of care and reduce resource utilization.

Overview: Atlantic Health System (AHS) embarked on a journey to improve the efficiency and effectiveness of care delivered. This was accomplished through implementation of a clinical effectiveness structure and process. Leveraging Vizient Clinical Data Base Resource Manager, the AHS clinical effectiveness team identified opportunities to reduce resource utilization while maintaining optimal clinical outcomes. Through this focused review process and bringing clinical teams together, the organization realized reduced diagnostic testing and pharmaceutical use. During the initial year, projects included drug utilization and radiologic and lab testing. One project targeting utilization of respiratory panel testing resulted in over \$400,000 in annual savings. This structured, data-driven approach enabled clinical teams to come together to effect change in care processes, reducing resource utilization while maintaining optimal clinical outcomes.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P140 | From Hospital to Home: Redesigning OPAT for Better Patient Outcomes

Ashley Long, PharmD, Clinical Pharmacist II, Memorial Hermann-Texas Medical Center, Houston, TX

Eric Wucki, PharmD, MBA, MS, BCPS, Director of Pharmacy-340B, Memorial Hermann-Texas Medical Center, Houston, TX

Keywords: OPAT redesign, home infusion, transition coordination, complication reduction

Learning Objectives:

- Describe strategies to set up a successful OPAT program.
- Outline gaps in care for OPAT patients, as well as implementable solutions to bridge the gap.

Overview: The outpatient parenteral antimicrobial therapy (OPAT) process is designed to provide patients with lengthy intravenous antimicrobial therapy the option to have their therapy performed in a home or outpatient setting. Deficiencies were observed in the current OPAT process at an academic hospital (part of a large health system), including delays with home health and skilled nursing facility approvals, medication/pharmacy issues, and care coordination gaps with infusion centers and hemodialysis. These issues resulted in increased patient length of stay and readmissions and decreased patient satisfaction. A multidisciplinary team was created to address these issues.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P141 | Unlocking Better Outcomes: The Power of Prehabilitation in Value-Based Care

Karen Lehnherr, BSN, RN, CNML, Nurse Manager, University of Colorado Health System, Fort Collins, CO

Teresa Jensen, BSN, RN, CPAN, NE-BC, Clinical Director, Perioperative Services, University of Colorado Health System, Fort Collins, CO

Keywords: prehabilitation, surgical outcomes, functional optimization, perioperative care

Learning Objectives:

- Outline the impact of proactive preoperative optimization on value-based performance metrics such as cost, quality outcomes and reimbursement.
- Explain how multidisciplinary care pathways and community partnerships reduce postoperative complications, readmissions and length of stay.

Overview: As value-based payment models replace fee-for-service models, positive postoperative outcomes will be financially incentivized over surgical volume. Optimization of patients before surgery impacts their postoperative course and contributes to more equitable reimbursement for healthcare services. The Impact Clinic was designed to assist surgical teams in the prehabilitation of complex surgical candidates. Evaluations focus on

medical comorbidities, nutritional deficits, mobility challenges and psychosocial needs. The Impact Clinic also provides patient education and supports transitions of care. This proactive approach improved care coordination across the surgical continuum and reduced the rate of postoperative complications for our patients.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P142 | Leveraging Virtual Nursing To Optimize Care Delivery and Outcomes

Rebecca Honor, MS, FNP, CCRN, Clinical Professional Development Educator, North Shore University Hospital, Manhasset, NY

Denise Ross, MSN, RN, MEDSURG-BC, Nurse Manager, North Shore University Hospital, Manhasset, NY

Keywords: remote registered nurse support, telesitting workflows, escalation protocols, documentation standard work

Learning Objectives:

- Describe how virtual nursing can effectively decouple administrative tasks from direct patient care to mitigate nurse workload and enhance efficiency.
- Outline key quantitative and qualitative metrics to evaluate the impact of virtual nursing on staff experience, patient satisfaction and operational outcomes.

Overview: Learn more about a virtual nursing pilot on a 36-bed surgical telemetry unit leveraging telehealth technology for admissions and discharges. This initiative decoupled administrative and educational tasks from physical bedside care, significantly optimizing clinical workflows and mitigating staff workload. Evaluation results show a 201% improvement in staff workload manageability, enhanced operational efficiency, and a significant 14-point increase in patient “likelihood to recommend” scores. This presentation will demonstrate virtual nursing's proven value, scalability and transformative potential to address staffing challenges, improve quality and enhance nurse retention.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P143 | From Deficit to Precision: Multidisciplinary Anemia Management

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Jerry Rebo, PharmD, MBA, BCPS, BCCCP, D-PLA, Director, Pharmacy Value and Outcomes, Novant Health, Winston-Salem, NC

Sandra Carbone, MBA, Senior Sourcing Manager, Pharmacy, Novant Health, Winston-Salem, NC

Keywords: anemia management, multidisciplinary pathway, optimization protocol, transfusion avoidance

Learning Objectives:

- Describe the key components of an evidence-based anemia management program.
- Explain how pharmacy-led step therapy processes align clinical efficacy with payer requirements and financial optimization.

Overview: A multidisciplinary team developed and implemented a comprehensive anemia management program across surgical navigation, obstetrics and primary care settings to reduce blood transfusions and improve patient

outcomes. The pharmacy team led development of an innovative step therapy process for intravenous iron that aligns clinical efficacy with payer requirements and financial optimization. Through December 2025, the program treated 2,128 patients and generated \$1,157,910 in increased margin. This initiative demonstrates how interprofessional collaboration, evidence-based protocols and strategic payer alignment can simultaneously improve clinical outcomes, operational efficiency and financial performance while preventing transfusions and surgical complications.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P144 | Strategic Biosimilar Optimization: A Quarterly, Data-Driven Approach to Reimbursement

Lacie McKamey, PharmD, BCIDP, D-PLA, Clinical Pharmacy Outcomes Manager, Novant Health, Charlotte, NC

Jerry Rebo, PharmD, MBA, BCPS, BCCCP, D-PLA, Director, Pharmacy Value and Outcomes, Novant Health, Winston-Salem, NC

Sandra Carbone, MBA, Senior Sourcing Manager, Pharmacy, Novant Health, Winston-Salem, NC

Keywords: biosimilar strategy, reimbursement optimization, quarterly review, margin protection

Learning Objectives:

- Describe a systematic quarterly framework for biosimilar evaluation incorporating payer policy analysis, reimbursement data and denial pattern monitoring.
- Explain how multicriteria optimization (acquisition cost, patient copay, organizational margin) improves biosimilar formulary decisions while maintaining patient access.

Overview: A multidisciplinary team established a systematic quarterly review process to optimize biosimilar formulary decisions across 11 drug classes, aligning clinical pathways with payer reimbursement policies and contract pricing. Through collaborative analysis of margin data, payer policies and denial patterns, the team strategically selects preferred products that balance acquisition cost, patient out-of-pocket expenses and organizational margin. This data-driven approach achieved reimbursement rates ranging from 84% to 102% across biosimilar products, significantly exceeding typical buy-and-bill benchmarks. The reproducible framework demonstrates how pharmacy can lead cross-functional optimization efforts that simultaneously improve financial performance, reduce administrative burden and maintain patient access to high-cost specialty medications.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P145 | Double Down on Refills: A Self-Sustaining Pharmacist Model Improves Care

Kassi Bugg, PharmD, MBA, BCACP, Pharmacist Manager, UC Davis Health, Sacramento, CA

Manvir Dhaliwal, PharmD, Staff Pharmacist, UC Davis Health, Sacramento, CA

Matthew Muramoto, PharmD, Staff Pharmacist, UC Davis Health, Sacramento, CA

Keywords: refill optimization, pharmacist-led care, adherence support, access continuity

Learning Objectives:

- Outline a scalable, pharmacist-led refill authorization model, including centralized workflows, collaborative practice agreements, standard clinical protocols and integrated telehealth visits.

- Interpret the operational, workforce and financial outcomes of a centralized refill program.

Overview: Clinical pharmacist-led refill authorization services reduce physician workload while improving patient care and provider wellness, yet some health systems have not yet operationalized a fully scaled, cost-neutral model. UC Davis Health transformed a centralized refill service covering approximately 7% of refills into a full-system primary care program supporting approximately 300,000 refills annually. Key takeaways include describing the structured approach to achieving full system implementation, including developing innovative telehealth comprehensive medication review visits, tracking clinical outcomes, partnering with other departments and explaining how financial sustainability was achieved within four years.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P146 | A 73.5% Relative Reduction in Urgent Care Antibiotics: Without Alerts

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Nicole Pavlick, MPH, Clinical Quality Leader, Academic Medical Center Medical Group, Northwestern Medicine, Chicago, IL

Keywords: antibiotic stewardship, prescribing reduction, urgent care protocols, clinical guidelines

Learning Objectives:

- Describe how to implement a CDC Core Elements-aligned, noninterruptive, ambulatory, antibiotic stewardship program for urgent care.
- Apply behavioral science tactics and practical measurement to replicate and sustain reductions in inappropriate antibiotic prescribing in ambulatory settings.

Overview: Northwestern Medicine Immediate Care Centers reduced unnecessary antibiotic prescribing from 34% (15,283 of 45,520) to 9% (6,930 of 73,777) without using interruptive alerts. By combining Centers for Disease Control and Prevention (CDC) Core Elements with practical behavioral science, the team implemented peer comparison feedback, 18x24-inch public commitment posters in every exam room, clinician education and patient-facing materials. This approach preserved clinician autonomy and workflow while achieving a 73.5% relative reduction across all regions. Attendees will gain a low-cost, scalable playbook that dispels patient satisfaction myths, drives measurable improvement and offers actionable strategies for sustainable ambulatory stewardship.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P147 | Emergency Department Pharmacy Services Optimization Across the Medication Use Continuum

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Keywords: ED pharmacy, medication use continuum, order optimization, safety support

Learning Objectives:

- Describe a risk-based triage model to prioritize pharmacist review of high-risk medication histories.
- Discuss strategies to implement automated dispensing cabinet profiling in the emergency department.

Overview: Given the acuity and fast-paced environment of the emergency department (ED), medication safety risks are prevalent, increasing the need for pharmacy oversight across the medication use continuum. In recent years, the health system implemented a longitudinal ED pharmacy services redesign combining technician competency development, risk-based pharmacist triage of medication histories and automated dispensing cabinet (ADC) safeguards. This coordinated strategy improved home medication list accuracy, profiled ADCs to enhance medication safety and reclaimed pharmacist time to expand clinical services. The initiative demonstrates how pharmacy workforce optimization and technology-enabled controls can sustainably enhance both safety and efficiency in the ED.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P148 | Driving Green Initiatives Through Paperless Patient Education

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Keywords: digital education, paper reduction, portal delivery, sustainability practices

Learning Objectives:

- Describe how paperless patient education can reduce paper, toner and environmental waste.
- Calculate labor and cost savings associated with eliminating routine printing of medication education materials.

Overview: Printed medication education sheets and medication guides generate substantial paper waste, toner use and staff labor across many health care facilities. UC San Diego Health retail pharmacies implemented a paperless patient education model using QR Code access to digital medication information and education. From January 1, 2025 through December 31, 2025, this initiative reduced paper and toner consumption across nine pharmacy locations while saving staff time previously spent printing, folding and collating multipage documents. This abstract highlights the environmental and operational value created through a scalable green pharmacy initiative.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P149 | From Script to Support: Boosting Oral Oncology Capture Rate

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Keywords: oral oncology, adherence support, financial navigation, pharmacist outreach

Learning Objectives:

- Discuss how research opportunities enhance patient care while improving health system revenue.

- Explain how to apply Lean project management principles to create operational synergies between the health system and oncology clinics.

Overview: The internal prescription capture rate for oncology patients filling prescriptions at University of California (UC) San Diego Health pharmacies from all UC San Diego Health oncology clinics is approximately 28%. This low capture rate results in underutilization of pharmacy services and loss of potential revenue. Many patients are unaware that UC San Diego Health operates retail pharmacies, highlighting the need for stronger collaboration with oncology clinics to increase awareness. Patients who use health system pharmacies typically experience better clinical care outcomes, particularly because our pharmacists have direct access to the care team and integrated patient records. For patients who face financial challenges, our pharmacies are better positioned than community retail to leverage charity care programs. Improving prescription retention represents a major opportunity to enhance both patient outcomes and health system revenue.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P150 | Interdisciplinary Teamwork Sustains Improvements in Admission Medication Reconciliation Compliance

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Keywords: home medication list, pharmacist-led review, accountability model, safety goal

Learning Objectives:

- Describe a scalable, technology-enabled approach to improve admission medication reconciliation compliance at the point of care.
- Outline key components of an effective accountability structure to help sustain improvements in medication reconciliation compliance.

Overview: Admission medication reconciliation is a critical component of The Joint Commission's National Patient Safety Goals. However, many large hospital systems face compliance and accountability challenges with this process. At a 600-bed safety net hospital, our interdisciplinary task force (comprising a pharmacist, a hospitalist, a nurse administrator and a biostatistician) deployed an intervention that sustainably raised hospitalwide reconciliation rates from 67% to 93%. Scheduled service team reconciliation compliance reports were generated and sent to selected stakeholders using an expandable Plan-Do-Study-Act model. This was accomplished by using existing structures to sustainably enhance communication, collaboration and efficiency between administration, providers and patients across services.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P151 | Proactive Remote Patient Monitoring Enrollment Improves Diabetes Outcomes

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Keywords: A1c reduction, nurse telehealth, EMR identification, home glucometer

Learning Objectives:

- Describe how EMR reporting and value-based attribution can identify and prioritize adults with poorly controlled diabetes for proactive RPM enrollment.
- Interpret preclinical/postclinical, utilization, and cost metrics to evaluate RPM impact and guide iterative care improvement.

Overview: Nebraska Medicine implemented a proactive remote patient monitoring (RPM) strategy to improve diabetes control among adults with A1c > 9% in primary care. Through electronic medical record (EMR)-based identification, value-based attribution sequencing, and structured, nurse-led telehealth monitoring, high-risk patients received 30 days to 90 days of focused coaching and clinical oversight. Early outcomes show improved diabetes and hypertension control, reduced inpatient utilization, and decreased cost of care. This session provides a replicable model for population identification, outreach workflows, and operational practices that strengthen chronic disease management and support value-based care performance while improving patient outcomes.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P152 | Drill-Down-Powered Initiatives Improve Hypoglycemia Through Patient-Centered Multidisciplinary Collaboration

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Keywords: hypoglycemia prevention, high-risk alerts, process reliability, safety culture

Learning Objectives:

- Explain how combining PDCA cycles and A3 problem-solving tools can strengthen glycemic safety and reduce hypoglycemia events.
- Apply strategies to replicate best-decile hypoglycemic outcomes using drill-down data, electronic health record-based insulin timing reports and transparent performance-sharing.

Overview: This project illustrates how a fragmented glycemic management process was transitioned into a coordinated, high-reliability system through multidisciplinary collaboration, workflow design, disciplined use of Plan-Do-Check-Act (PDCA) and A3 problem-solving tools, manual chart reviews, real workflow observation, and role clarification across the care team. Shared consistently with units and leadership, the organization drove measurable improvement, achieved a steady decline in hypoglycemic fallout and surpassed best-decile Vizient performance. This work offers a scalable, replicable model that strengthens safety, elevates frontline practice, and demonstrates how data-driven teamwork can deliver meaningful, sustainable outcomes for patients and health systems.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P153 | Bridging Care and Technology To Advance Emergency Department Patient Experience

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Keywords: digital intake, patient updates, wait transparency, ED communication

Learning Objectives:

- Construct a customized, transparent and patient-centered program integrating technology with clinical information to keep patients and family members informed throughout the ED visit.
- Discuss a data-driven feedback loop and evaluation framework to track experience, engagement and resource utilization to drive iterative improvements and sustainability.

Overview: Emergency departments (EDs) are facing rising volumes, increasing acuity and growing expectations for transparency, patient experience and service. To respond to this evolving landscape, NYU Langone Health created a comprehensive program cosponsored by information technology, patient access, and ED clinical/operations teams focused on improving patient experience. We will highlight how we collected patient and clinician feedback to understand the patient experience, challenges, and opportunities; prioritized focus areas; and leveraged existing technical capabilities to improve the experience while providing exceptional clinical care. Attendees will learn practical strategies adaptable to other EDs that are grounded in patient feedback, available technologies and measurable outcomes.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P154 | Linking Insights, Communication and Ownership To Elevate Patient Experience

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Keywords: HCAHPS domains, communication training, service recovery, discharge follow-up calls

Learning Objectives:

- Describe how data-driven strategies can be used to improve patient experience and key HCAHPS domains.
- Discuss sustainable, unit-level practices that build local ownership, strengthen communication and embed a culture of continuous improvement in patient experience.

Overview: Improving patient experience metrics can be challenging, given the multiple stakeholders involved and the many variables shaping each patient's experience. We share a real-world example from an acute care unit at The Ohio State University Wexner Medical Center. In this example, data-guided interventions (e.g., enhanced patient experience coordinator rounding, communication training for staff and structured discharge phone calls) produced sustainable increases across multiple key Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) domains over a 12-month period. Attendees will gain practical insights into strategies that build local ownership, address barriers, and support continuous improvement in patient experience and quality.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P155 | From “C” to “A:” Quality-Driven Leapfrog Safety Transformation

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Keywords: harm reduction, safety culture, bundle compliance, executive sponsorship

Learning Objectives:

- Describe how quality and performance improvement principles can be applied to improve Leapfrog Hospital Safety Grades.
- Discuss governance and dashboard strategies that support sustained safety performance and accountability.

Overview: Harris Health, the nation’s fourth-largest safety net system, transformed its Leapfrog Hospital Safety Grades by integrating the survey into existing quality operations after years of nonparticipation due to limited resources. A board directive and executive commitment launched systemwide governance, real-time data transparency and multidisciplinary accountability to strengthen patient safety. Within two years, the system advanced from a “C” to an “A” at its Lyndon B. Johnson Hospital and from a “C” to a “B” at its Ben Taub Hospital Level 1 trauma center. This session highlights a scalable model for resource-constrained organizations seeking sustainable, data-driven improvements in national safety performance.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P156 | Systemwide Diagnostic Stewardship With EMR Support Reduces Hospital-Onset Clostridioides Difficile

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Keywords: diagnostic stewardship, C. diff, test appropriateness, infection reduction

Learning Objectives:

- Discuss the methods employed to reduce hospital-onset C. difficile infection in a 12-hospital system.
- Describe tests of change implemented for EMR optimization.

Overview: Hospital-onset Clostridioides difficile infection (HO-CDI) is a major driver of patient harm, regulatory risk and excess cost. A 12-hospital integrated health system implemented a diagnostic stewardship initiative integrating multidisciplinary leadership, standardized testing and treatment guidelines, real-time data transparency, and targeted electronic medical record (EMR) decision support. Over four years, this approach resulted in sustained reductions in HO-CDI incidence and standardized infection ratios. We describe a scalable and data-driven framework to reduce HO-CDI through alignment of clinical practice, analytics and systemwide accountability.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P157 | From Alarm Flood to Safer SpO2 Monitoring: Curbing Alarm Fatigue

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Keywords: CPO utilization, order optimization, alarm reduction, nurse workflow

Learning Objectives:

- Describe the impact of standardizing SpO2 low alarm thresholds and delays on alarm burden, staff workload and patient safety.
- Explain how provider behavior changes, supported by OPA alerts and order redesign, reduce unnecessary CPO use and overall alarm burden.

Overview: University of California San Francisco (UCSF) Parnassus Campus launched a multiyear initiative to reduce alarm fatigue and improve safety by optimizing continuous pulse oximetry (CPO) monitoring. We first addressed overutilization through provider ordering reforms and OurPractice Advisory (OPA) enhancements to standardize indications and promote timely de-escalation. In parallel, we implemented technical and workflow improvements, including standardized alarm delays, SpO2 averaging algorithms and equipment-focused Plan-Do-Study-Act (PDSA) cycles. These combined strategies produced a 29% to 70% reduction in CPO alarms and improved ordering behavior without compromising safety. This session will explore how UCSF addressed high alarm volumes, leveraged predictive modeling, and applied PDSA cycles to drive scalable, sustainable improvements.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P158 | One Team: Scoring Big in VTE Reduction

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Keywords: VTE reduction, risk stratification, prophylaxis compliance, care standardization

Learning Objectives:

- Describe how interprofessional collaboration between clinicians, coding/CDI teams, executive leadership, and patients can improve VTE surveillance, data accuracy and prevention outcomes.
- Apply a structured, data-driven governance and patient-centered education model to design or strengthen VTE prevention and quality improvement initiatives within your own organization.

Overview: MedStar Washington Hospital Center is a 910-bed academic medical center in Washington, D.C. In mid-2024, rising venous thromboembolism (VTE) rates prompted a multidisciplinary, hospitalwide VTE reduction

project. The initiative utilized the Patient Safety Indicator (PSI)-12 measure and the MedStar Health comprehensive VTE rate, an internal metric aligned with PSI-12 that expands surveillance to medical patients across all payers. Interventions included clinician collaboration with coding and clinical documentation integrity (CDI) teams, targeted patient and staff education informed by the patient voice, and executive-supported governance. This data-driven approach reduced hospital-acquired VTE events and improved patient outcomes.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P159 | Hospice Index: Improving Hospice Access and Observed-To-Expected Mortality

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Keywords: end-of-life care, referral timing, observed-to-expected analysis, palliative consults

Learning Objectives:

- Explain how measuring hospice utilization relative to acute inpatient deaths provides a more clinically meaningful benchmark than discharge-based utilization rates.
- Apply a data-driven hospice index framework to assess mortality performance, identify access gaps and guide leadership decisions within your own organization.

Overview: When patient prognosis and goals align, timely hospice access is essential to delivering high-value, patient-centered care. Yet some organizations lack actionable methods to evaluate hospice utilization beyond simple rates. This session introduces the hospice index, a measure we developed using Vizient Clinical Data Base data to benchmark hospice use in relation to outcomes. By shifting focus from utilization rates to the relationship between hospice and acute inpatient deaths, organizations can more accurately assess performance, guide operational investment and improve mortality outcomes. Attendees will learn how this approach drove significant mortality improvement at a large academic medical center and how it can be replicated.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P160 | Reducing Hospital Mortality Through Systematic Best Practice Implementation in a High-Volume Community Hospital

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Keywords: mortality reduction, systematic reviews, care standardization, clinical oversight

Learning Objectives:

- Explain how structured clinical and utilization practices can help reduce hospital mortality.
- Describe practical strategies that other hospitals can use to improve care quality with limited resources.

Overview: Onslow Memorial Hospital, a 162-bed community hospital, implemented a structured, multidisciplinary approach to reduce mortality through evidence-based practices, accurate level-of-care utilization and early goals-of-care alignment. Interventions included strict application of the Two Midnight Rule, real-time identification of high-risk patients, timely hospice activation and daily interdisciplinary huddles. Over 28 months, the mortality index dropped 52.9% (2.78 to 1.31), including 10 months below the Vizient benchmark of 1.0 and a record low of 0.64 — reflecting a 77% improvement. This scalable, resource-efficient model demonstrates that community hospitals can achieve significant mortality reduction without additional staffing or technology.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE

P161 | Turning the Ship: Making Waves in Expected Mortality

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Keywords: mortality improvement, performance turnaround, comparative metrics, leadership focus

Learning Objectives:

- Discuss the strategies a large institution used during its first year to improve the quality of care through collaboration.
- Apply the insights gained from rapid, small-scale Plan-Do-Study-Act tests of change to develop strategies for enhancing systemwide agility and integration.

Overview: In our first year with Vizient data, the organization identified critical discrepancies in observed outcomes versus risk-adjusted performance. Internal reviews confirmed documentation and capture issues. With executive sponsorship, we launched machine learning-driven clinical documentation improvement (CDI) nudges at two hospitals to prompt capture of clinically present comorbidities, while implementing targeted education on severe sepsis/septic shock and high-impact diagnoses at another site. As a result, sepsis mortality index decreased from 1.56 in January 2025 to 0.88 by October 2025. One specific CDI nudge test hospital showed an improvement from 13.84% to 33.88% in fluid and electrolyte disorder documentation, as well as positive physician feedback.

Credits Available: CPHQ, Nursing, Pharmacy, Pharmacy Technician, Physician, Physician Associate, Dietitian, Dietetic Technician, IACET, IPCE