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IMPACT

Connections Summit 2026

2026 VIZIENT CONNECTIONS SUMMIT EDUCATION

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T11 | From Data to Action: Scaling Care Standardization

Thursday, 8-8:30 a.m. | Lido 3004 and 3005

Kavita V. Dharmarajan, MD, Professor, Radiation Oncology, Geriatrics, Palliative Medicine, Mount Sinai Health System, New York, NY
Doran Ricks, MSN, RN, MBA, Vice President, Clinical Data Insights and Analytics, Mount Sinai Health System, New York, NY

Keywords: enterprise standard work, practice variation, spread strategy, reliability scaling

Learning Objectives:

- Describe how embedding utilization benchmarking within executive governance structures can accelerate care standardization and clinician adoption across a multihospital health system.
- Use a data-driven framework employing peer benchmarking to identify unwarranted variation and design scalable interventions targeting laboratory and imaging utilization.

Overview: In 2025, Mount Sinai Health System launched its first systemwide Nudge Unit, the Value and Outcomes Committee, to drive care standardization and value-based outcomes across a multihospital academic system. Embedded within executive governance and operational committees, the Nudge Unit applies behavioral science principles and Vizient benchmarking to identify unwarranted variation, align provider behavior with evidence-

based pathways and reduce total cost of care. This initiative demonstrates how integrating utilization benchmarking into core operations enables rapid clinician alignment, scalable interventions and measurable improvements in resource utilization and quality outcomes.

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

T12 | Accelerating Learning and Spread for Clinical Excellence

Thursday, 8-8:30 a.m. | Lido 3001A and 3002

Chase Bennion, MHA, CPHQ, Director of Quality & Patient Safety, Sutter Medical Center Sacramento, Sacramento, CA
Phillip Yu, MD, MBA, Chief Medical Executive, Sutter Medical Center Sacramento, Sacramento, CA
Lisa Schilling, RN, MPH, CPHQ, Executive, Acute Quality & Patient Safety, Sutter Health System Office, Emeryville, CA
Krista Lopes, MBA, Vice President Quality & Patient Safety, Sutter Health, Sacramento, CA

Keywords: learning system, rapid spread, standard work, enterprise adoption

Learning Objectives:

- Explain how to accelerate learning and spread at scale using system-level structures and processes that drive real-time improvement across multiple hospitals.
- Discuss using an integrated quality and safety dashboard consolidated into a single platform to reduce administrative burden and accelerate transparent, sustainable improvement.

Overview: Sutter Health set an enterprise goal to achieve top-decile performance by aligning all 24 hospitals under a unified improvement strategy. In 2025, the organization adopted Vizient as its primary, real-time, benchmarking and performance platform, supported by a clinical excellence approach to accelerate learning and spread and enabled by standardized goals, driver diagrams, playbooks and aligned governance. Sutter Medical Center, Sacramento (SMCS) exemplifies how this system strategy was operationalized locally, translating enterprise priorities into consistent frontline behaviors through real-time analytics, integrated dashboards and standardized audit processes. This combined system-to-local model enabled SMCS to accelerate performance across multiple Vizient domains, most notably the safety domain, demonstrating that sustained improvement requires not only strong local execution but also a clear, aligned system strategy that guides, simplifies and standardizes improvement work across the enterprise.

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

T13 | All in on Trust: Risk-Tiered AI Governance Accelerates Deployment

Thursday, 8-8:30 a.m. | Murano 3204 and 3205

Jaimie L. Weber, MD, Associate Chief Medical Informatics and AI Strategy Officer, Tampa General Hospital, Tampa, FL
Tom Larkin, MHA, Director of Enterprise Analytics, Tampa General Hospital, Tampa, FL

Keywords: risk-tiered governance, model oversight, safe deployment, monitoring framework

Learning Objectives:

- Explain how tiered AI governance reduces time to approval by matching oversight to risk.

- Describe the importance of life cycle monitoring for risk mitigation in AI tools.

Overview: Hospitals and healthcare organizations face increasing pressure to deploy artificial intelligence (AI) capabilities quickly — without compromising patient safety, privacy or regulatory compliance. We designed and implemented a risk-tiered "fast lane" intake and governance model for AI and algorithmic tools that accelerates low- and medium-risk deployments while preserving rigorous oversight for high-risk use cases, with defined escalation triggers and measurable cycle time outcomes.

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

T14 | Leadership Infrastructure Aligns Primary Care Clinics

Thursday, 8-8:30 a.m. | Murano 3201A and 3202

Cory Hedwall, MBA, CPHQ, Program Manager, UCLA Health- Department of Medicine Quality, Los Angeles, CA
Nika Harutyunyan, MD, Medical Director of Ambulatory Quality, UCLA Health- Department of Medicine Quality, Los Angeles, CA
Anna Dermenchyan, PhD, RN, CCRN, CPHQ, FAAN, Interim Chief Quality Officer/Director of Quality, UCLA Health- Department of Medicine Quality, Los Angeles, CA

Keywords: clinic alignment, operating cadence, shared priorities, management system

Learning Objectives:

- Describe how a dyad-based leadership forum can serve as a governance infrastructure across a distributed ambulatory clinic network.
- Identify practical strategies to achieve voluntary standardization and leadership alignment without relying on top-down mandates.

Overview: UCLA Health's Department of Medicine developed the Ambulatory Care Leadership Forum (ACLF), a structured leadership alignment model uniting physician and administrative dyads across 33 primary care clinics. Rather than mandating standardization, the ACLF created a cross-site governance framework that enabled voluntary adoption of shared best practices. Through 15 workshops, six strategy meetings and a leadership retreat, 60 to 100 leaders per session engaged in collaborative problem-solving, dashboard review and operational design. This session shares how structured leadership infrastructure can drive cultural alignment, spread best practices, and sustain engagement across a geographically distributed ambulatory network while supporting consistent operational and quality practices.

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

T15 | Utilizing Standard Work To Improve First-Case On-Time Starts in the Operating Room

Thursday, 8-8:30 a.m. | Murano 3301A and 3302

Andrew Harris, MD, Associate Quality Officer, University of Kentucky Medical Center, Lexington, KY
Sandra Myers, DNP, APRN-CNS, CCNS, CNS-CP, CNOR, CSSM, CPHQ, NP, Enterprise Director, University of Kentucky Medical Center, Lexington, KY

Keywords: on-time starts, block utilization, turnover readiness, perioperative flow

Learning Objectives:

- Outline the necessary skills to work with frontline stakeholders to develop and pilot standard work.

- Use data to measure process and outcome measures to ascertain if the new process affects the outcome.

Overview: First-case on-time starts (FCOTS) are a key indicator of operating room (OR) efficiency and reliability. Delayed first-case starts result in lost prime-time OR capacity, downstream delays and increased labor costs. At our institution, inconsistent workflows and unclear accountability contributed to low FCOTS performance. A multidisciplinary frontline team partnered with executive leadership to design and implement standard work and a defined FCOTS timeline. Using a data-driven approach and staff engagement, FCOTS performance improved from 39% to 74% over five months for this team, enhancing OR efficiency, workforce alignment and patient access while maintaining high-quality perioperative care.

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

T16 | Road Map to Success for Academic Medical Centers: Rural Health Rebirth
Thursday, 8-8:30 a.m. | San Polo 3405 and 3406

Keely Dwyer-Matzky, MD, MSBA, Associate Chief Medical Officer of Patient Flow and Capacity Management, University of Rochester Medical Center, Rochester, NY
Debra Ogie, MD, Associate Medical Director of UR Medicine Consult and Transfer Center, University of Rochester Medical Center, Rochester, NY
John Teeters, MD, President/CEO, UR Medicine| Noyes Health, Dansville, NY

Keywords: regional network, digital coordination, community access, human capital

Learning Objectives:
- Describe how targeted regionalization contributes to the financial success of rural hospitals.
- Discuss three strategies for patient transfer load balancing within a regional healthcare system.

Overview: University of Rochester Medicine offers a replicable blueprint for healthcare systems (including those with an academic medical center), including digital coordination, human capital investment and regional empowerment, that delivers care closer to home, protects tertiary capacity for high-acuity cases, and encompasses value-based purchasing. Maintaining an overarching vision of one integrated system is critical, with clear communication and a consistent focus on improving access to the right care, in the right place at the right time.

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

T17 | Cost Management-Driven Facilities: Sourcing To Control Costs and Preserve Mission
Thursday, 8-8:30 a.m. | San Polo 3403 and 3404

Todd Turner, Executive Director, Supply Chain Strategic Sourcing, Mass General Brigham, Somerville, MA
Christopher Linsky, Corporate Manager, Supply Chain Strategic Sourcing, Mass General Brigham, Somerville, MA

Keywords: strategic contracting, category savings, supplier consolidation, purchased services

Learning Objectives:
- Explain how a sustainble, data-based sourcing framework can reduce facilities and real estate expense growth while preserving mission-critical investment in patient care, research and education.

- Identify practical methods to standardize and optimize facilities-related spend that are scalable and replicable across large, complex health systems.

Overview: Mass General Brigham (MGB) is advancing a facilities and real estate strategic sourcing initiative under the nonclinical supplies and purchased services Sustain Program. Sustain is a cost management program at MGB focused on driving fiduciary responsibility throughout the organization in both labor and nonlabor expense management. The project focuses on systemwide resource stewardship to address rising expense growth that outpaces revenue. By targeting facilities-related spend categories, such as task chairs, elevator maintenance, construction and outsourced services, the initiative seeks to standardize sourcing, optimize supplier utilization and preserve financial capacity to support MGB's mission of patient care, research, education and community service.

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

T18 | From Boardroom to Breakroom: Communicating for True Alignment
Thursday, 8-8:30 a.m. | San Polo 3401B

Jared Beckmann, AA of Culinary Arts and Restaurant Management, Vice President of Culinary & Dining Services, Resort Lifestyle Communities, Lincoln, NE

Keywords: strategic communication, cascading messages, frontline alignment, change adoption

Learning Objectives:
- Identify communication behaviors that directly influence alignment, satisfaction and growth.
- Describe a repeatable communication approach that aligns daily behaviors with organizational mission, values and goals.

Overview: This session explores how senior leaders can ensure every message reflects their organization's mission, core values, goals and purpose. When communication is consistent and value driven, teams at every level understand not just the "what," but the "why." This session highlights how repetition, clarity and translation of big-picture initiatives into frontline behaviors build trust, strengthen culture and create true organizational alignment.

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

T21 | Redesigning Hospital Operations: Data-Driven Strategies That Work
Thursday, 8:45-9:30 a.m. | Lido 3004 and 3005

Joyce Kim, MD, Associate Chief of Clinical Affairs, Hospital Medicine, Hospital of the University of Pennsylvania, Philadelphia, PA
Karen D Brooks, DNP, RN, Nurse Manager, Advanced Medicine, Hospital of the University of Pennsylvania, Philadelphia, PA
Elizabeth Mitchell, MPA, RN, NE-BC, Clinical Director, Memorial Hermann-Texas Medical Center, Houston, TX
Daniel Thurik, MHA, BSN, RN, Director, Patient Care, Memorial Hermann-Texas Medical Center, Houston, TX
Andreea Xavier, MD, ACMO, AVP Medical Ops, Memorial Hermann-Texas Medical Center, Houston, TX

Keywords: capacity modeling, multidisciplinary throughput, ED boarding, hospital operations

Learning Objectives:

- Describe how capacity modeling and admitting structures improve inpatient access.
- Explain how multidisciplinary, data-driven interventions improve throughput performance.

Overview: What does it take to improve hospital operations at scale? At the Hospital of the University of Pennsylvania, Project ELEVATE (Enhancing Learning, Efficiency, Value, Access and Team Experience) reshaped hospital medicine with capacity modeling, dedicated admitting teams and geographic cohorting — improving access, reducing emergency department (ED) boarding, and supporting both care delivery and teaching. At Memorial Hermann-Texas Medical Center, a multidisciplinary service line used real-time data and Lean methods to redesign discharge processes, communication and workflows — increasing capacity without adding beds. These examples show how different approaches can better align systems to meet demand, offering useful ideas to apply in your own setting.

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

T22 | Beyond the Hospital: Scalable Models to Expand Access and Capacity

Thursday, 8:45-9:30 a.m. | Lido 3001A and 3002

Richard Leuchter, MD, Assistant Professor of Medicine, UCLA Health, Los Angeles, CA
Randi Hissom, MBA, Clinical Director, Primary Care Network, Immediate Care, and Behavioral Health, UCLA Health, Los Angeles, CA
Maria Han, MD, MS, CMO Ambulatory Care, UCLA Health, Los Angeles, CA
Marie Iannelli, MSN, Manager, Oncology Evaluation Center, Clinical Practices of The University of Pennsylvania, Philadelphia, PA
Jordan Long, BSN, RN Manager, Oncology Evaluation Center, The Hospital of the University of Pennsylvania, Philadelphia, PA
Andrew Matthews, MD, Medical Director, Oncology Evaluation Center & Capacity Management, The Hospital of the University of Pennsylvania, Philadelphia, PA

Keywords: ED diversion, hospital substitution, outpatient care models, oncology throughput

Learning Objectives:

- Discuss evidence supporting hospital substitution clinics as alternatives to inpatient care.
- Describe how a 24/7 outpatient oncology model improves access and throughput.

Overview: As capacity constraints intensify, health systems are exploring scalable alternatives to inpatient care. At UCLA Health, the Next Day Clinic delivers high-acuity outpatient care within 20 hours of emergency department (ED) discharge, with randomized trial results showing more days at home, lower costs and no increase in readmissions. In a related approach, the Hospital of the University of Pennsylvania expanded an oncology evaluation center into a 24/7 advanced practice provider-led unit, integrating electronic medical record workflows to reduce ED boarding and length of stay. Join us to discover how rethinking care settings can improve access, throughput and patient outcomes.

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

T23 | Sustaining Quality Through Leadership Transition: Insights From 2 Contrasting Health Systems

Thursday, 8:45-9:30 a.m. | Murano 3204 and 3205

Renuka Gupta, MD, FHM, FACP, EMBA Candidate, Chief Clinical Officer and VP, Mary Washington Healthcare, Fredericksburg, VA
Peter Silver, MD, MBA, FCCM, FAAP, SVP, CQO, ACMO, Northwell Health, New Hyde Park, NYChetan Pai, DO, MBA, President of Medical Staff, Mary Washington Healthcare, Fredericksburg, VA
Karen L. Nelson, RN, MBA, CPHQ, SVP & Deputy Chief Quality Officer, Northwell Health, Manhasset, NY

Keywords: succession planning, governance model, change management, culture alignment

Learning Objectives:

- Describe leadership structures and safety culture practices that support quality performance during executive transitions and organizational change.
- Explain how quality leaders promote stability, strengthen accountability and support data-informed decision-making to sustain quality outcomes during periods of disruption.

Overview: Two contrasting health systems faced leadership transitions that risked disrupting culture and quality. A smaller system with low safety performance and fragmented efforts redesigned its approach, while a large, high-performing system navigated multiple executive and operational changes. One organization built three pillars: a multidisciplinary quality and patient safety team; a daily, executive-led safety huddle; and a structured governance framework. The other strengthened existing pillars by intensifying use of quality data and outcomes. Experiences from both systems demonstrate that strong clinical quality leadership, disciplined governance, and relentless attention to data and processes can stabilize performance and sustain quality during organizational change.

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

T24 | Sustaining Zero Harm: What It Takes To Keep Infections at Bay

Thursday, 8:45-9:30 a.m. | Murano 3201A and 3202

Diana Fregia, MSN, BSN, RN, CPHQ, Director, Quality & Outcomes, Houston Methodist Baytown Hospital, Baytown, TX
Nishant Prasad, MD, Chief, Infectious Diseases, NewYork-Presbyterian Queens, Flushing, NY
Jessica Sutterfield, DNP, MBA, RN, NE-BC, Director of Nursing and Education, Houston Methodist Baytown Hospital, Baytown, TX
Janice Burns, MSN, RN, CIC, Director, IP&C, Vascular Access, Nursing Quality, NewYork-Presbyterian Queens, Flushing, NY
Apoorv Broor, MD, MBA, FACP, SFHM, Chief Medical Officer/Chief Quality Officer, Houston Methodist Baytown Hospital, Baytown, TX
Anna Floyd, MPH, CIC, CHOP, HACP-IC, Manager, System Infection Prevention & Control, Houston Methodist System, Houston, TX

Keywords: CAUTI prevention, CLABSI reduction, infection prevention, standard work

Learning Objectives:

- Describe standard work processes that support sustained CAUTI prevention.
- Discuss proactive processes that support effective central line stewardship.

Overview: Sustaining zero harm requires more than short-term success — it necessitates consistency, discipline and shared accountability. At Houston Methodist Baytown Hospital, a structured approach to standard work, education and feedback has maintained zero catheter-associated urinary tract infections (CAUTIs) since 2022

while supporting broader reductions in hospital-acquired infections. At NewYork-Presbyterian Queens, a decade-long effort to strengthen central line stewardship and hardwire best practices has resulted in over two years without a central line-associated bloodstream infection (CLABSI). These experiences highlight how reliable processes and vigilant teams can sustain high performance over time — demonstrating what it takes to move from improvement to enduring excellence.

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

T25 | Building Hospital Capacity Through Care-At-Home Programs
Thursday, 8:45-9:30 a.m. | Murano 3301A and 3302

Ron Li, MD, Medical Director, Stanford Health Care at Home, Stanford Health Care, Palo Alto, CA
Sophia Loo, MHA, BSN, RN, Senior Director, Stanford Health Care at Home, Stanford Health Care, Palo Alto, CA
Nyssa El-Amin, MPH, FNP-BC, APP Lead, Stanford Health Care at Home, Stanford Health Care, Palo Alto, CA
Jared Huber, MD, Medical Director, UHealth Heal at Home, University of Utah Health, Salt Lake City, UT
Abigail Pape, MD, Assistant Professor Clinical Medicine, Physician and Innovation Lead for Internal Medicine, Hospitalist Group Heal at Home, University of Utah Health, Salt Lake City, UT

Keywords: hospital-at-home, acute care at home, capacity expansion, home-based care

Learning Objectives:
- Discuss different operational models for care-at-home programs to determine the best fit for your organization's resources and strategic goals.
- Describe the essential components and team structures required to implement a sustainable care-at-home program using existing reimbursement mechanisms.

Overview: With uncertainty surrounding the Centers for Medicare & Medicaid Services Hospital at Home waiver, health systems need sustainable alternatives to deliver acute care at home. This panel features two academic medical centers — University of Utah Health and Stanford Health Care — who independently developed nonwaiver care-at-home programs that increased hospital capacity using existing reimbursement mechanisms. University of Utah Health Heal at Home program partners with an integrated home health agency and a dedicated transitions of care team, while Stanford's virtual-first model leverages advanced practice providers, 24/7 virtual nursing, case managers and home health partnerships. Attendees will learn practical implementation strategies applicable to their own health systems.

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

T26 | Driving Patient Safety Through a Systemwide Regulatory and Accreditation Compliance Strategy
Thursday, 8:45-9:30 a.m. | San Polo 3405 and 3406

Angela Ware Norris, RN, BSN, MBA, LSSBB, Executive Director, JPS Health Network, Fort Worth, TX
Phyllis Morris-Griffith, PhD, MHA, RN, AVP, Regulatory Readiness, MedStar Georgetown University Hospital, Washington, DC
Diana Scott, MHA, RN, CPHQ, Principal, Regulatory and Accreditation Services, Vizient, Irving, TX

Keywords: executive leadership, survey deficiencies, healthcare quality governance, accreditation

Learning Objectives:

- Explain why executive leadership engagement is critical for effective regulatory and accreditation success.
- Discuss practical strategies for systematizing accreditation readiness and responding to survey deficiencies.

Overview: Regulatory and accreditation oversight has become increasingly complex, requiring active engagement from executive leadership to ensure organizational compliance, patient safety and operational resilience. This session will explore why C-suite involvement is essential in driving accountability, prioritizing resources and sustaining a culture of continuous compliance across the organization. Attendees will hear how one health system successfully systematized its accreditation approach by implementing standardized structures, clear governance, and enterprisewide collaboration to improve consistency and reduce risk.

In addition, the session will provide practical guidance on developing an effective framework to manage survey deficiencies, including prioritization, ownership, communication strategies, corrective action planning and long-term monitoring. Through real-world examples and panel discussion, participants will gain insights into aligning leaders, accreditation teams and operational stakeholders to strengthen compliance efforts and improve organizational performance. Attendees will leave with actionable strategies to enhance executive engagement, create more sustainable accreditation processes, and implement best practices for responding to regulatory and accreditation findings with greater efficiency and accountability.

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

T27 | Level Up the Nursing Workforce: Building Confidence, Competence and Leaders

Thursday, 8:45-9:30 a.m. | San Polo 3403 and 3404

Erika Millsaps, MSN, RN, SCRN, Manager of Clinical Excellence, Reid Health, Richmond, IN
Stacey Wattier, MSN, RN, NEA-BC, Director of Nursing, University of Kansas Health System, Kansas City, KS
Beth A. Smith, MSN, RN, NPD-BC, Associate Chief Nursing Officer, Hospital of the University of Pennsylvania, Philadelphia, PA
Evy Olson, MSN, MBA, RN, VP Nursing Programs, Vizient, Irving, TX

Keywords: nurse residency, leadership readiness, workforce retention, transition to practice

Learning Objectives:

- Describe key components of a longitudinal transition framework that supports nurses from newly licensed practice through early leadership roles.
- Explain how data and executive sponsorship can be used to strengthen nurse retention and leadership readiness.

Overview: Health systems often struggle to sustain their nursing workforce beyond initial licensure and into leadership. This session features nursing leaders from Reid Health, the University of Kansas and the Hospital of the University of Pennsylvania who collaborated with Vizient to implement a structured, longitudinal pathway supporting nurses from newly licensed practice through early leadership roles. Attendees will learn how intentional transition programs, leadership development and shared accountability improved retention, engagement and readiness for nurse leader roles. This is a must-see session for organizations seeking scalable, data-informed strategies to stabilize the workforce and grow future nurse leaders.

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

T28 | From Zero to Hero: Maximizing Data-Driven Savings
Thursday, 8:45-9:30 a.m. | San Polo 3401B

Angela Walton, MBA, Vice President, Supply Chain, Emerus, The Woodlands, TX

Keywords: GPO optimization, spend analytics, savings identification, supplier engagement

Learning Objectives:
- Use practical steps to expand GPO utilization beyond traditional spend categories.
- Describe the importance of cross-functional collaboration and internal education in driving supply chain value.

Overview: This session explores how Emerus, a microhospital healthcare organization, leveraged data connectivity and strategic engagement with its group purchasing organization (GPO) to unlock new savings opportunities, optimize indirect and capital spend, and drive organizational culture change around supply chain value.

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

T31 | Pharmacists Expand Access and Strengthen Care Transitions
Thursday 9:45-10:30 a.m. | Lido 3004 and 3005

Christine C. Chan, BS Pharm, BCPS, BCCCP, Area Clinical Pharmacy Director, Sutter Health, Oakland, CA
Laura Zhang, PharmD, BCPS, Area Clinical Pharmacy Director, Sutter Health, Pleasanton, CA Stacie Sakauye, PharmD, Manager - Ambulatory Pharmacy, Hawaii Pacific Health, Honolulu, HI
Melissa Goto, PharmD, BCPS, Clinical Pharmacist, Hawaii Pacific Health, Honolulu, HI

Keywords: comprehensive medication management, transitions of care, pharmacist-led care, readmission reduction

Learning Objectives:
- Describe key workflows of a pharmacist-led, comprehensive medication management clinic for chronic disease management.
- Outline how a pharmacy transitions-of-care program helps reduce heart failure readmissions.

Overview: Pharmacists are playing an expanding role in both ambulatory care and care transitions. At Hawaii Pacific Health, a pharmacist-run, comprehensive medication management clinic supports chronic disease management through collaborative practice agreements, increasing patient touchpoints for follow-up and medication optimization while reducing provider burden. At Sutter Health, a standardized pharmacy transitions-of-care program defines core activities, introduces a hybrid staffing model and consistently measures outcomes to reduce heart failure readmissions. Together, these approaches highlight how structured pharmacist involvement strengthens access and transitions across the continuum.

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

T32 | Turning the Tide on Mortality: Practical Approaches That Work
Thursday 9:45-10:30 a.m. | Lido 3001A and 3002

Henry A. Pitt, MD, Chief of Oncologic Quality, Rutgers Robert Wood Johnson University Hospital New Brunswick, New Brunswick, NJ
Joseph S. Hanna, MD, PhD, Associate Chief Quality Officer, Rutgers Robert Wood Johnson University Hospital New Brunswick, New Brunswick, NJ
C. Conley, MBA, BSN, RN, CPHQ, Clinical Quality and Safety Specialist Senior, UCHealth, Colorado Springs, CO
Jonathan C. O'Neil, MD, Neuroscience Section Chair; MPL Neuro-Hospitalist; Neuro-Hospitalist; Sleep Medicine, UCHealth, Colorado Springs, CO
Stephanie C. Russell, MBA, BSN, RN, CEN, NE-BC, Director of Neurosciences and Spine, UCHealth, Colorado Springs, CO

Keywords: mortality reduction, DMAIC methodology, mortality review, clinical documentation

Learning Objectives:
- Explain how DMAIC methodology can improve mortality performance in a service line.
- Describe tactics used to improve oncology mortality outcomes.

Overview: When mortality performance lags, meaningful change can be produced through targeted, service line-driven strategies. At UCHealth, a neuroscience-focused initiative applied Define, Measure, Analyze, Improve and Control (DMAIC) methodology; structured documentation; and care pathway adjustments to improve observed-to-expected mortality. At Robert Wood Johnson University Hospital, a comprehensive oncology effort combined 100% mortality review, expanded critical care, a sepsis focus and enhanced palliative care to move from bottom- to top-quartile performance. These experiences highlight how disciplined review processes, documentation accuracy and multidisciplinary alignment can shift mortality outcomes over time.

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

T33 | Centralized Command: Improving Hospital Flow Through Visibility and Coordination
Thursday 9:45-10:30 a.m. | Murano 3204 and 3205

Ambili John, MSN, APRN, ACNP-BC, NE-BC, Director, Advanced Practice Provider Services, Capacity Management and Analytics and Neuroscience Serviceline, Houston Methodist Willowbrook Hospital, Houston, TX
Nicole L. Twine, PhD, APRN, ACNP-BC, NE-BC, Vice President and Chief Nursing Officer, Houston Methodist Willowbrook Hospital, Houston, TX
Sonali Patel, MD, Medical Director, Department of Hospital Medicine, Houston Methodist Willowbrook Hospital, Houston, TX
Ekundayo S. Osho, PharmD, MBA, Director of Operation and Pharmacy, Houston Methodist Willowbrook Hospital, Houston, TX
Charles Kast, MD, FACP, SFHM, Associate Medical Director, North Shore University Hospital | Northwell Health, Manhasset, NY
Nicole Karanicolas, MBA, Senior Manager, Financial Operations, Perioperative Services, North Shore University Hospital | Northwell Health, Manhasset, NY

Keywords: capacity center, operations center, patient progression, hospital throughput

Learning Objectives:
- Discuss patient progression strategies to reduce delays across hospital settings.
- Describe the structure and function of a centralized hospital operations center.

Overview: What happens when hospitals centralize decision-making for patient movement? At Houston Methodist Willowbrook Hospital, a capacity center brought together teams and real-time analytics to better coordinate progression, reduce delays and improve throughput. At Northwell Health, a centralized operations center created shared visibility into flow, supporting faster problem-solving and measurable gains in length of stay, discharge timing and emergency department boarding. These efforts highlight how visibility and coordination can reshape daily operations — offering new ways to think about managing hospital capacity.

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

T35 | Beyond Boarding: Rethinking Behavioral Health Care in the ED
Thursday 9:45-10:30 a.m. | Murano 3301A and 3302

Lindsey J. Jasinski, PhD, MHA, FACHE, Chief Hospital Administrative Officer, University of Kentucky Healthcare, Lexington, KY
Kailey Wales, MBA, Continuous Improvement Manager, Loma Linda University Health, Loma Linda, CA
Ara Anspikian, MD, Chair of Department of Psychiatry, Loma Linda University Health, Loma Linda, CA
Cathy Emverda, RN, Manager - BMC Intake, Loma Linda University Health, Loma Linda, CA

Keywords: behavioral health, LOS reduction, ED boarding, multidisciplinary collaboration

Learning Objectives:
- Describe the core components of the EmPATH model for behavioral health crisis care.
- Explain how structured, multidisciplinary collaboration improves behavioral health throughput.

Overview: As behavioral health demand rises, health systems are rethinking how care is delivered and coordinated in the emergency setting. At University of Kentucky HealthCare, the EmPATH (Emergency Psychiatry Assessment, Treatment and Healing) model provides rapid, therapeutic crisis care outside the emergency department (ED), reducing restraints, revisits and length of stay (LOS) while improving patient experience. Complementing this approach, Loma Linda University Health applied psychiatric-specific metrics and structured, multidisciplinary reviews to improve behavioral health throughput, reduce variability and support earlier engagement. See how these models highlight redesigned care environments and data-driven collaboration to improve access, efficiency and outcomes.

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

T37 | Leveraging Clinical Nurse Specialists To Drive Organizational Performance and Financial Stability
Thursday 9:45-10:30 a.m. | San Polo 3403 and 3404

MaryAnn McKenna Moon, MSN, APRN, APNP, ACNS-BC, Enterprise Executive Director, Advocate Health & Hospital Corp, Downers Grove, IL
Kimberly Francis, PhD, MSN, RN, PHCNS-BC, formerly Chief Nursing Officer & SVP of Patient Care Services, Women and Infants Hospital, Milwaukee, WI
Mary Lawanson-Nichols, MSN, RN, CNS, NP, CCRN, FCNS, Clinical Nurse Specialist, UCLA Santa Monica, Santa Monica, CA

Keywords: clinical nurse specialists, role optimization, performance improvement, clinical leadership

Learning Objectives:

- Discuss how leveraging a CNS workforce can maximize an organization's clinical, quality and financial performance.
- Explain effective methodologies for demonstrating return on investment and building a successful business case for organizational investment in a CNS workforce.

Overview: If driving clinical performance and financial stability is your goal, then this dynamic session is for you. The interactive nature of this session will guide executive leaders through the process of creating a successful business case demonstrating the clinical and financial value associated with investing in an advanced practice clinical nurse specialist (CNS) workforce. Exemplars from high-performing organizations will be shared to inform individualized strategy, execution and outcomes.

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

T38 | Chaos to Clarity: Supply Chain Automation Drives Healthcare Revenue
Thursday 9:45-10:30 a.m. | San Polo 3401B

Mark A. Hurt, Jr., Manager of Materials & Facilities, MiOrtho Surgery Center, Southfield, MI
Brandon Lillis, Business Office Manager, MiOrtho Surgery Center, Southfield, MI

Keywords: inventory automation, supply optimization, workflow standardization, cost reduction

Learning Objectives:
- Discuss specific system integrations that enable real-time inventory depletion and financial controls.
- Describe how key strategies from the Clean Slate Initiative can inform actionable steps applicable to the learner's own healthcare organizations.

Overview: This session explores how a healthcare organization transformed its supply chain through a technology-driven model grounded in Lean Six Sigma principles. Following acquisition-related disruption, an initiative was launched to replace fragmented systems, manual workflows, excessive waste and high costs with standardized, data-driven processes that support both clinical teams and financial growth. Programming, coding and macro-based automation delivered measurable cost savings and, when coupled with technology, repositioned the supply chain as a strategic, revenue-generating engine.

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

T41 | Building a High-Reliability, Systemwide Model for Patient Centeredness
Thursday, 10:45-11:15 a.m. | Lido 3004 and 3005

Apoorv Broor, MD, MBA, CQO/CMO, Houston Methodist Baytown Hospital, Baytown, TX
Courtenay R. Bruce, JD, MA, Chief Experience Officer & Professor of Care Experience, Houston Methodist System, Houston, TX
Makiltru L. Fontenette, RN, MSN, NE-BC, Chief Nursing Officer, Houston Methodist Baytown Hospital, Baytown, TX
Adrienne Joseph, PhD, CEO, Houston Methodist Baytown Hospital, Baytown, TX

Keywords: patient centeredness, experience governance, interdisciplinary accountability, standard work

Learning Objectives:

- Describe a systemwide governance model that aligns interprofessional accountability for patient centeredness.
- Outline a reproducible, 12-week improvement pathway incorporating driver reports, executive report outs, structured coaching and performance thresholds to elevate challenged units.

Overview: Houston Methodist implemented a systemwide, interdisciplinary governance model to improve patient centeredness, a key Vizient domain reflecting communication, coordination and responsiveness. Each hospital established patient experience leadership, and patient, family and employee insights guided priorities. Three data-driven strategies — transparent governance, reliable leader rounding and standardized multidisciplinary rounds — addressed communication and coordination gaps. These interventions produced significant gains, including three- to five-point Hospital Consumer Assessment of Healthcare Providers and Systems improvements, reduced nursing calls, faster multidisciplinary rounds efficiency and ultimately, top 5% Vizient performance in six of seven hospitals. The model transforms common practices into a scalable, high-reliability framework that peer organizations can replicate.

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

T42 | Beyond the OR: A Systemwide Approach to Procedural Safety
Thursday, 10:45-11:15 a.m. | Lido 3001A and 3002

Hurley W. Smith, MS, Director, Performance Improvement, Stanford Health Care, Palo Alto, CA
Ashley Peterson, MD, Associate Chief Quality Officer, Stanford Health Care, Palo Alto, CA

Keywords: non-OR procedures, safety checklist, policy harmonization, workflow standardization

Learning Objectives:
- Describe standardized time-out behaviors for independently performed procedures using defined pause cues and role expectations.
- Discuss using coaching-audit feedback to improve compliance with universal protocol and postprocedure debrief expectations across care settings.

Overview: In 2025, Stanford Health Care and the Stanford School of Medicine partnered to close a critical gap in procedural safety across the full continuum of procedural care, including both the operating room (OR) and non-OR settings. Policies, workflows and behaviors were fragmented and inconsistently applied across the OR, emergency department, ambulatory clinics and inpatient units, creating variation in how universal protocol (UP) was interpreted and executed. With strong physician and board sponsorship, a multidisciplinary team redesigned procedural safety end to end, aligning policy language, practical standard work and education, and enabling technology so UP expectations are clear, usable and consistently applied wherever procedures occur. The initiative produced statistically and clinically meaningful improvements, including reductions in procedure-related serious safety events and sustained gains in procedural safety compliance, demonstrating safer care regardless of setting.

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

T43 | Two Layers, 1 True North: Transforming Clinical Quality Through Data-Driven Governance
Thursday, 10:45-11:15 a.m. | Murano 3204 and 3205

Jaspreet Benwait, BDS, MPH, CPHQ, Manager, YNHHS Quality and Safety Analytics, Yale New Haven Health System, New Haven, CT
Corey Champeau, PA-C, MBA, MHS, CPHQ, CPPS, Vice President, YNHHS Quality and Safety, Yale New Haven Health System, New Haven, CT
Ashly Vorio, RN, MSN, CPHQ, Quality and Safety Analyst II, Yale New Haven Health System, New Haven, CT
Elizabeth Crespo, RN, BSN, CPHQ, Sr. Quality and Safety Analyst, Yale New Haven Health System, New Haven, CT

Keywords: quartile movement, performance governance, metric alignment, comparative analytics

Learning Objectives:

- Describe a two-layer governance and execution model that aligns enterprise objectives with hospital-level quality performance management.
- Discuss cohort-based benchmarking and opportunity heatmapping to prioritize service-line interventions and accelerate measurable improvement in HAIs, PSI and mortality.

Overview: Yale New Haven Health identified a widening gap in how quality performance was measured and understood, including strong ambitions constrained by fragmented metrics, inconsistent benchmarks and variation hidden within service lines. By pairing unified enterprise objectives with a hospital-level quality performance management framework, the health system gained greater visibility into performance trends and the ability to respond more effectively. This two-layer model uncovered opportunities traditional benchmarking had obscured and strengthened alignment across governance, analytics and interventions. The approach contributed to improvements in healthcare-associated infections (HAIs), mortality and Patient Safety Indicators (PSIs), while supporting performance across multiple national quality, safety and regulatory reporting programs. Attendees will learn a practical model that can be adapted and replicated within their own organizations.

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

T44 | Transforming Front-End Emergency Care With Waterfall RME

Thursday, 10:45-11:15 a.m. | Murano 3201A and 3202

Jason Betts, DNP, RN, CEN, NEA-BC, Director of Patient Care Emergency and Behavioral Health Services, Emory Healthcare, Decatur, GA
Ryan FitzGerald, MD, ED Medical Director, Emory Healthcare, Decatur, GA

Keywords: front-end flow, emergency throughput, rapid assessment, patient experience

Learning Objectives:

- Describe how a team-based rapid medical evaluation model can improve emergency department access, throughput, safety and patient experience.
- Outline the leadership structures, data strategies and workflow redesign steps required to replicate a front-end care transformation across multiple hospitals.

Overview: Emergency department crowding, delayed provider evaluation and fragmented triage workflows drive poor patient experience, rising left-without-being-seen rates and avoidable safety risk. Our organization redesigned front-end emergency care using a team-based waterfall rapid medical evaluation (RME) model in which nurses and providers evaluate patients together at arrival, initiate diagnostic workups, and establish treatment plans in real time. This redesign achieved provider assignment within six minutes, reduced left without being seen from 8.47% to 0.4%, improved throughput, and increased likelihood to recommend from 48.6% to

64.4% during a 12.7% year-over-year volume increase. This session outlines the leadership, data and workflow redesign required to replicate this high-value transformation without added cost.

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

T46 | Early Payer Status Review To Prevent Postoperative Denials
Thursday, 10:45-11:15 a.m. | San Polo 3405 and 3406

Ben Clark, MD, Case Management Medical Director, Memorial Hermann-Texas Medical Center, Houston, TX
Hermes Troche, MSN, RN, NE-BC, ACM-RN, CNOR, CSSL, OR PACU RN CM, Interim Manager of Case Management-Trauma Service Line, Memorial Hermann- Texas Medical Center, Houston, TX
Ashley Calvin, MBA, MSSW, LMSW, ACM-SW, CMAC, CLSSYB, AVP, Care Coordination, Memorial Hermann-Texas Medical Center, Memorial Hermann-Texas Medical Center, Houston, TX

Keywords: preauthorization verification, payer status, denial prevention, surgical billing

Learning Objectives:
- Describe how PACU-based case management review of postoperative admission status can reduce revenue leakage and prevent payer denials.
- Identify key implementation strategies for integrating real-time utilization management into surgical workflows to improve admission status accuracy and financial outcomes.

Overview: Memorial Hermann-Texas Medical Center implemented a novel, postanesthesia care unit (PACU)-based case manager role to ensure accurate postoperative admission bedding status at the time of hospital admission. Incorrect status placement resulted in insurance denials and underbilling despite appropriate preauthorization. Through real-time review of postoperative admissions and direct integration into surgical workflows, the PACU case manager proactively corrected admission status errors in collaboration with the surgeon and case management medical director. In initial piloting across two months of limited surgical lines, the case manager identified over $1.1 million at risk in cases where status changes were corrected. This is a must-see for administrators exploring prospective options to prevent payer denials.

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

T47 | High-Accountability HTM: Contracting for Predictable Capital and Clinical Readiness
Thursday, 10:45-11:15 a.m. | San Polo 3403 and 3404

Daniel L. Hart, MBA, System Director Clinical Engineering/HTM, Rush University System for Health, Chicago, IL
Keith Mores, Strategic Sourcing Manager, Rush University System for Health, Chicago, IL

Keywords: vendor management, equipment uptime, cost transparency, service-level agreement

Learning Objectives:
- Describe the structure of a high-accountability HTM contract that links vendor compensation to capital forecasting accuracy and staffing compliance.
- Identify sourcing strategies that integrate audit findings into composite service-level agreements to improve financial predictability and clinical throughput.

Overview: Health systems increasingly rely on outsourced healthcare technology management (HTM) while facing unpredictable capital costs, data opacity and clinical dissatisfaction. Rush University System for Health transformed its HTM model by introducing a high-accountability sourcing strategy that contractually ties vendor compensation to capital forecasting accuracy, staffing compliance and asset availability. By shifting HTM governance from reactive break-fix metrics to predictive financial and clinical accountability, Rush stabilized capital planning, improved equipment access and restored clinical trust. This session outlines a replicable contracting framework that positions HTM as a strategic financial and clinical asset.

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

T48 | Transforming Patient Experience Through an AI-Enabled Care Model
Thursday, 10:45-11:15 a.m. | San Polo 3401B

Baljeet Singh Sangha, MPH, FACHE, Chief Executive Officer, Pain & Rehabilitative Consultants Medical Group, Emeryville, CA
Anita Lopez Perez, MA, Vice President of Operations, Pain & Rehabilitative Consultants Medical Group, Emeryville, CA
Esmeralda Gonzalez, MA, Manager, Authorizations & Medical Records, Pain & Rehabilitative Consultants Medical Group, Emeryville, CA

Keywords: AI-enabled care, access navigation, documentation automation, one-stop care

Learning Objectives:
- Describe the key components of an AI-enabled, end-to-end care model workflow.
- Explain how AI integration reduces redundancies and improves patient experience.

Overview: Pain & Rehabilitative Consultants Medical Group implemented an artificial intelligence (AI)-enabled, end-to-end care model designed to create a one-stop shop experience for patients. By integrating AI tools into access, navigation, documentation and clinical workflows, we eliminated redundant processes and streamlined staffing structures. This approach improves access, continuity and operational efficiency without adding staffing layers, enabling care teams to focus on high-value interactions. AI served as an enabler for consistency, decision-making and scalability, resulting in measurable improvements in patient experience and throughput.

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

T51 | Don't Sugarcoat It: Impact From a Pharmacist-Managed Diabetes Program
Thursday, 11:30 a.m.-Noon | Lido 3004 and 3005

Paul Jilek, PharmD, BCPS, BCOP, Pharmacy Manager, Sanford Health of Northern Minnesota, Bemidji, MN
Christina Severson, PharmD, BCACP, Lead Pharmacist, Sanford Health of Northern Minnesota, Bemidji, MN

Keywords: glycemic control, collaborative practice, A1c reduction, ambulatory clinic

Learning Objectives:
- Discuss patient care outcomes (hemoglobin A1c reduction) following integration of an ambulatory care pharmacist within the clinic setting.
- Identify successful strategies to expand access to care, resulting in increased outreach events and patient appointments.

Overview: Diabetes mellitus affects a substantial portion of the population and is associated with significant complications when untreated or undertreated. Inclusion of an ambulatory care pharmacist within a direct patient care setting enabled an interdisciplinary approach to diabetes management through a collaborative practice agreement. This model expanded access to care, supported providers in meeting quality metrics and improved glycemic control. Over nearly one year, pharmacist-managed care resulted in a mean hemoglobin A1c reduction of -1.54%, demonstrating measurable clinical impact and scalability.

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

T52 | The Workforce Within: Internal Travel Teams for Staffing Stability
Thursday, 11:30 a.m.-Noon | Lido 3001A and 3002

Emily J. Sanders, DNP, MSN, RN, Nurse Manager, Mayo Clinic, Rochester, MN
Lauren J. Tainter, RN, Nurse Manager, Mayo Clinic, Eau Claire, WI

Keywords: internal float pool, staffing stability, premium labor reduction, deployment model

Learning Objectives:
- Describe the benefits of utilizing an internal travel team versus contracted labor.
- Identify key support measures needed to develop an internal travel team.

Overview: Healthcare organizations are increasingly seeking innovative strategies to develop a highly skilled, flexible workforce while reducing dependence on external contracted labor. Learn about the key actions Mayo Clinic implemented to develop an internal nurse and surgical technician travel team. This approach addressed immediate and long-term staffing shortages across multiple locations in four states while strengthening operational resilience. Central to this model is a multiskilled, cross-trained workforce capable of flexing across departments and specialties, enhancing staffing agility, improving workforce satisfaction, and maintaining the highest standards of quality and patient care.

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

T53 | Pathway to Excellence: A Systemwide Approach to Mortality Improvement
Thursday, 11:30 a.m.-Noon | Murano 3204 and 3205

Philip Atoyebi, MD, MPH, MBA, FACHE, Corporate Director, Quality Strategy and Operations, Emory Healthcare, Atlanta, GA
Tammie Quest, MD, FAAHPM, Chief Systems Integration Officer, WHSC Director, Emory Palliative Care Center, Emory Healthcare, Atlanta, GA
Robert F. Groff, MD, Associate Professor of Anesthesiology and Critical Care Medicine, Emory Healthcare, Atlanta, GA

Keywords: mortality reduction, learning system, pathway compliance, governance cadence

Learning Objectives:
- Discuss a systemwide approach to address variation in mortality outcomes and access to end-of-life care.
- Explain how a unified operating model can help align observed and expected mortality improvement efforts.

Overview: Emory Healthcare, a large academic and community health system, launched "Pathway to Excellence: A Systemwide Journey to Mortality Reduction and Safer Care," to address persistent variation in mortality outcomes and access to end-of-life care. Using a unified operating model that integrated enterprise governance, Vizient analytics, standardized electronic health record documentation (smart phrases) and a systemwide hospice scatter bed ("Hospice Anywhere") program, Emory aligned observed and expected mortality improvement efforts. Within nine months, the initiative achieved a 45.7% improvement in the Vizient observed-to-expected mortality index (0.92 to 0.50) across six hospitals, alongside a marked expansion in inpatient hospice utilization.

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

T54 | One Team, One Approach: Scaling PSI Reduction Across 11 Hospitals
Thursday, 11:30 a.m.-Noon | Murano 3201A and 3202

Tiffany Potter, DNP, RN, CPHQ, CLSSBB, Associate Vice President, System Quality, Safety, and Clinical Effectiveness, Memorial Hermann Health System, Houston, TX
Mary Carrillo, MSN, MBA, RN, NE-BC, FABC, Vice President, Chief Nursing Officer, Memorial Hermann Southeast Hospital, Houston, TX
Bela Patel, MD, Regional CMO, Memorial Hermann Health System, Houston, TX
Maria Milo, Lean Six Sigma Master Black Belt, System Quality, Memorial Hermann Health System, Houston, TX
Lance Ferguson, Vice President, Operations, Memorial Hermann-Texas Medical Center, Houston, TX

Keywords: hospital-acquired condition reduction, reliability scaling, community deployment, metric sustainment

Learning Objectives:
- Describe how a systems-thinking governance model with quad leadership can accelerate quality improvement across a multihospital health system.
- Discuss the benchmark, validate, standardize, adapt, coordinate, scale methodology to identify best practices, developing adaptable tool kits and achieving full systemwide deployment within one fiscal year.

Overview: In fiscal year 2023, only two of Memorial Hermann's 11 hospitals ranked in the top decile of the Vizient Quality and Accountability (Q&A) ranking, with three falling below the 50th percentile. Memorial Hermann restructured quality governance, forming four management guidance teams (MGTs) aligned to Vizient domains. The Patient Safety Indicator (PSI) MGT, led by quad leadership with Master Black Belt support, applied a systems-thinking methodology, benchmarked best practices already succeeding at individual facilities, validated effectiveness with analytics, developed standardized tool kits adaptable to facility differences, and coordinated systemwide deployment. Results include a 37.5% Vizient PSI composite observed-to-expected improvement and eight hospitals in the Vizient Q&A top quartile — including three in the top decile and zero below the 50th percentile.

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

T55 | Decreasing Care Variation: A Dashboard-Driven Approach to Performance Improvement
Thursday, 11:30 a.m.-Noon | Murano 3301A and 3302

Marc Najjar, Director, Quality Data & Analytics, Tufts Medical Center, Boston, MA
Majd Alsoubani, MD, MS, Director of Antimicrobial Stewardship, Tufts Medical Center, Boston, MA
Nina Dadlez, MD,MSC, Associate Chief Medical Officer for Quality, Tufts Medical Center, Boston, MA

Keywords: care variation reduction, dashboard analytics, standardization, clinical outcomes

Learning Objectives:

- Explain how integration of patient demographics within a dashboard can reveal inequities in clinical outcomes and patient safety indicators.
- Discuss equity-focused strategies to address variation in care and utilize dashboards to demonstrate excellence.

Overview: Tufts Medical Center developed a variation in care dashboard, integrating patient demographics and the Vizient Vulnerability Index to identify and address inequities in clinical outcomes. Use of this tool revealed disproportionately high central line-associated bloodstream infection rates among non-English-speaking patients when compared to the percentage of non-English speaking patients with central lines, prompting a targeted performance improvement initiative. Interventions included translating evidence-based central line and chlorhexidine gluconate bathing education materials, enabling unit-level stratified data review, and incorporating language barriers into root cause analyses. This data-driven approach supports frontline accountability, reduces unwarranted variation in care and advances high-quality outcomes for all patients.

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

T58 | Procurement-Led Growth Through Standardized Entry Governance

Thursday, 11:30 a.m.-Noon | San Polo 3401B

Katie Ritchie, CST, CHL, CIS, CRCST, National Supply Chain Manager, The Specialty Alliance, Southlake, TX

Keywords: vendor intake, contract controls, value analysis, purchasing compliance

Learning Objectives:

- Describe how embedding procurement at project entry supports scalable, standardized organizational growth.
- Identify operational steps to implement a procurement-led entry governance model that improves vendor readiness and financial control.

Overview: Healthcare organizations often experience operational variability and vendor misalignment during rapid growth and expansion. Solaris Health Partners implemented a procurement-led entry governance model requiring early supply chain involvement in all new service locations, new builds and enterprise projects. This approach embeds procurement at project inception to standardize vendor alignment, pricing, item setup and system configuration prior to go-live. By translating strategic growth objectives into repeatable operational controls, Solaris created a plug-and-play deployment model that supports consistent implementations across service lines and integration readiness events, reducing downstream remediation while enabling scalable, financially responsible growth.

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