



## Posters

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## P101 | Success Starts Here: Prioritizing Onboarding and Transition for APPs

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**Keywords:** Onboarding, Transition to Practice, Employee Engagement, Retention, Workforce Optimization

### Learning Objectives

- Describe methods that can be used in the transition to practice for advanced practice providers.
- Evaluate the financial impact of an effective transition to practice program, resulting in improved retention, job satisfaction, productivity and smart growth for advanced practice providers.

**Overview:** MetroHealth tackled the critical challenge of retention and workforce growth, focusing on nurse practitioners and physician assistants — the fastest-growing segment of healthcare professionals. In partnership with external advisory services, MetroHealth created a comprehensive, systemwide, transition-to-practice program that bridges the gap between academia and clinical practice, providing a smooth onboarding process and professional development for all advanced practice providers. Through new hire cohorts, expert speaker sessions and diverse healthcare topics, MetroHealth learned valuable lessons in resilience, securing C-suite support and creating a supportive environment. Discover key successes and takeaways, including measurable outcomes and strategies for workforce optimization.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## P102 | Internal Travel Team: A New Staffing Solution

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**Keywords:** Contracted Labor, Healthcare Workers, Short-Term Staffing Shortages, Internal Nurse and Surgical Technician Travel Team

### 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 looking for strategies to attract healthcare workers and reduce dependence on external contracted labor in the post-pandemic era. Mayo Clinic took key actions to develop an internal nurse and surgical technician travel team, simultaneously addressing short- and long-term staffing shortages across their locations while decreasing reliance on external contracted labor and increasing staff satisfaction.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## P103 | Perioperative Services Nurse Residency Fellowship: A Support and Retention Bundle

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**Keywords:** Perioperative Services Nurse Residency Fellowship, Retention Bundle, Novice Nurse, Perioperative Nurse Residency Fellowship Program, Perioperative NPDS, Perioperative Nursing Professional Development Specialists

### **Learning Objectives:**

- Identify strategies to increase new graduate nurse retention in specialty areas.
- Employ targeted professional development activities that can be used within a formalized retention program.

**Overview:** New graduate nurses hired to the operating room (OR) participate in our hospitalwide Nurse Residency Program (NRP). Our hospital NRP uses an evidenced-based curriculum that incorporates the Benner Novice to Expert framework. The OR is a highly specialized area where additional support is warranted. We developed an innovative specialized Perioperative Nurse Residency Fellowship Program by providing professional support activities to the novice nurse during the first year of employment, producing a significant increase in the retention of nurse residents.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## P104 | A Pilot Interdisciplinary Quality and Safety Rotation for Internal Medicine Residents

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*Bethlehem Teklu, MD, Internal Medicine Hospitalist, University of Maryland Capital Region Health, Largo, Md.*

**Keywords:** Interdisciplinary Rotation, Patient Safety, Quality Improvement, Accreditation Council for Graduate Medical Education, ACGME, Elective Curriculum

### **Learning Objectives:**

- Describe how to integrate the principles of patient safety and quality improvement into residency education.
- Discuss an interdisciplinary approach to resident education in patient safety and quality improvement.

**Overview:** Graduate medical trainees require education in patient quality and safety, but there are multiple barriers to implementing this education. We created an interdisciplinary rotation for internal medicine residents, with the goals of gaining understanding and skills in the discipline, meeting regulatory requirements, and promoting positive interdisciplinary culture.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## P105 | Fixing Contracting and Improving Your Bottom Line

*Dustin Slodov, MA, Director of Procurement, Rush University Medical Center, Chicago, Ill.*

*Ross Martin, Director, Strategic Sourcing and Value Analysis, Rush University System for Health, Chicago, Ill.*

**Keywords:** Contract Management, Indirect Spend, Contract Lifecycle Management, Supply Chain, Invoice Discrepancies

### Learning Objectives:

- Describe strategies to reduce contract invoice discrepancies.
- Identify methods to reduce contract cycle time by improving transparency within procurement and sourcing.

**Overview:** In 2022, Rush University Medical Center embarked on a journey to improve its contract management. Previously, contracts took an average of 90 days to review and sign, customers avoided the review process, our transparency in the indirect spend space was extremely limited, and our invoice discrepancies were far too high. This journey involved moving to a new technology, changing which department was responsible for contracting, reorganizing our team, and changing the culture around contracting. One year later, we have nearly doubled intake of contracts, reduced our turnaround time by half, introduced sourcing oversight, and improved indirect contract penetration from 5% to 85% —saving \$600,000 annually in the process.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## P106 | Creating an Equipment Leasing Program: Lessons Learned and Future Opportunities

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*Amanda B. Mayes, LSSGB, Equipment Sourcing and Contract Manager, Strategic Sourcing, Providence, Shelton, Wash.*

**Keywords:** Equipment Leasing, Lease Governance Process, Lease Portfolio, Cost Savings, Executive Stakeholder Engagement

### Learning Objectives:

- Discuss the key benefits of implementing a centralized leasing program.
- Explain methods to create a centralized lease program.

**Overview:** Equipment leasing is often used by healthcare organizations as an alternative to purchasing, but it comes with certain pitfalls and potential missed opportunities if not managed strategically. In 2021, Providence launched a centralized leasing program to support acute and ambulatory facilities across seven states. The program focuses on creating master lease agreements, securing competitive rates, strategic planning, and executive leadership review and oversight. As a result of this program, Providence has captured nearly \$12 million in savings during one of the most volatile lending periods in recent history. This abstract includes our development process, successes and areas of future opportunities.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## P107 | Packaging Data and Insights to Drive and Sustain Physician Change

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*Mary Harpole-Snider, RN, EMSN, CVAHP, Manager – Value Analysis and Spending, Baptist Memorial Healthcare Corporation, Memphis, Tenn.*

*Kim Hallum-Stewart, MHA, Corporate Administrator, Neurosciences and Cardiovascular Services, Baptist Memorial Healthcare Corporation, Memphis, Tenn.*

**Keywords:** Value Analysis, Physician-Engaged Governance Model, Compliance, Operational Efficiencies, Sustainable Cost Savings

### Learning Objectives:

- Describe select methods to meet cost savings targets across key clinical service lines.
- Describe strategies that can be leveraged to close gaps between clinical practice and supply chain processes.

**Overview:** Healthcare organizations influence data to identify cost savings opportunities through standardization and operational efficiencies. The value analysis team at Baptist Memorial Healthcare Corporation in Memphis, Tennessee identified the challenge of implementing and sustaining change and the gap between clinical practice and the supply chain process. Key successes during our project journey include engaging physicians and health system leaders with relevant, real-time data to drive system standardization and cost savings and providing ongoing surveillance systems. Communication and highlighting clear, concise, real-time data is critical. Learn from our journey in building out a physician-engaged process to drive sustainable standardization and cost savings accountability.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## P108 | Reducing Waste in Supply Rooms Through Collaboration

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

*Jeff Elliot, MSME, Demand Planning and Business Continuity Program Manager, Legacy Health, Portland, Ore.*

**Keywords:** Lean Principles, Data Analysis, PAR Bin Touches, First In First Out Management, FIFO Management, Gemba Walks

### Learning Objectives:

- Identify the seven “wastes” within the Lean process improvement model.
- Describe strategies to reduce waste in supply rooms.

**Overview:** The project aimed to reduce waste in supply rooms by using Lean principles and data analysis, with a goal of reducing the number of daily PAR bin touches by 25%. The project employed usage data to identify opportunities to increase bin sizes, remove unused items, and manage first in, first out (FIFO). It also involved meeting with clinical partners to review objectives, space plan options and inventory management. The

project achieved a reduction in PAR bin touches ranging from 13.6% to 33.3% with minimal expense. Key learnings were to let the data lead, involve customers upfront and challenge old assumptions.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P109 | Achieving Standardization With Advanced Energy Surgical Devices**

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**Keywords:** Standardization, Physician Champions, Cross-Departmental Strategic Alignment, Vendor Support, Cost Savings

### **Learning Objectives:**

- Describe strategies to standardize select surgical energy device categories.
- Explain the benefits of implementing physician champions in the standardization process.

**Overview:** Novant Health partnered with a surgical technology company in 2019 to standardize its advanced energy category. In the first full year after conversion, Novant Health realized over \$1 million in cost savings from a 35% spend reduction, with ongoing savings expected. With rising costs, item portfolio standardization can be an effective savings tool. Standardization also creates efficiencies with supply chain management and training staff while maintaining positive patient outcomes and clinical care. Keys to successful standardization are strategic and cross-departmental alignment, identifying clinical champions, and vendor support.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P110 | Lean Improvements in Surgical Instrument Processing: An Ambulatory Surgery Center Project**

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**Keywords:** Lean Best Practices, Cross-Functional Collaboration, Sterile Processing Accuracy, First-Case Delays, Operational Performance

### **Learning Objectives:**

- Explain strategies to enhance operational efficiencies for off-site and on-site sterile processing of surgical instruments.
- Describe how to empower cross-functional teams to optimize surgical center operational excellence.

**Overview:** This project aims to enhance the operational efficiency of an ambulatory surgery center by implementing process improvements in cross-functional collaboration. The focus is on optimizing both off-site and on-site sterile processing of surgical instrumentation. By fostering partnerships across different functions, the project seeks to streamline and enhance the overall surgical instrument sterilization process. This initiative

aims to improve the quality and safety of patient care by ensuring that instruments are effectively and efficiently processed, contributing to a more seamless and reliable ambulatory surgery center experience.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P111 | Leveraging the IRA and Green Bonds in the Building Design Process**

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**Keywords:** Greenhouse Gas Emissions, Energy Planning Tools, Funding Opportunities, Decarbonization, Sustainability Standards

### **Learning Objectives:**

- Describe various commitments, pledges and building performance laws impacting the reduction of greenhouse gas emissions.
- Outline funding opportunities that may be used to maximize benefits from the Inflation Reduction Act (IRA) and green bonds.

**Overview:** Healthcare has never had so many financing mechanisms for building decarbonization, but the pathway for leveraging these tools is complex — particularly with multiple construction projects and different design firms. This case study will cover two projects at an academic medical center — an inpatient hospital tower and an outpatient ambulatory health center — and the funding mechanisms tapped for each process. Also included is information about the necessary coordination for institutions to ensure the appropriate financing approach for various project types.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P112 | Concurrent Denials: How One Tool Can Track, Review and Prompt Reimbursement**

*Sathya Vijayakumar, MS, MBA, Senior Clinical Operations Manager, Intermountain Health, Salt Lake City, Utah*  
*Vicki Flores, RN, CPC, COC, CPMA, CDEO, Senior Manager – Physician Advisor Services, Intermountain Health, Salt Lake City, Utah*

**Keywords:** Reimbursement, Peer-to-Peer Conversations, Robust Methodology, Payer Contracts, Denials

### **Learning Objectives:**

- Describe successful strategies to develop a systemwide process for managing peer-to-peer conversations related to medical necessity denials.
- Explain the benefits of a semiautomated methodology to identify process gaps in peer-to-peer conversations related to medical denials.

**Overview:** Healthcare systems face a complicated system of reimbursement with constantly evolving payer criteria and bundle payment models. On the utilization review side, a lot of resources are spent to keep medical necessity, inpatient only and two midnight denials minimal. Until fall 2022, Intermountain Health did not have a structured method to ensure all concurrent denials were addressed with a peer-to-peer (P2P)



conversation. Each care site followed its own P2P process — with no way to track how many cases were denied due to lack of an efficient P2P meeting. Intermountain Health developed a tool and a systemwide process to track and perform P2P conversations on all denials, following them all the way to reimbursement.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

### **P113 | Let's Have a Cup of JOE!**

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**Keywords:** Community Health Needs Assessment, Process Improvement, Leadership Characteristics, Vizient Clinical Database, CDB, Quality Goals

#### **Learning Objectives:**

- Describe successful methods that can be used to link a community health needs assessment with operational process improvements.
- Identify desirable leadership qualities needed to facilitate organizational change.

**Overview:** Join FHN providers and staff in sharing a cup of JOE (Journey of Excellence) with the communities they serve. Our JOE interlays our quality efforts, demonstrated by Vizient Clinical Database (CDB) results, into our community health needs assessment promoting our vision of healthcare excellence to those we serve. This strategy is carried directly to the bedside, creating common language and goals while structuring improvement work around the CDB as our true north for measuring quality while meeting the needs of our communities.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

### **P114 | Co-Designed Quality Plans: Hospital and Affiliated Faculty Practice Partnership**

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**Keywords:** Co-Designed Quality Plans, Affiliated Faculty Practice Partnership, Shared Governance, Performance Metrics, Quality and Safety Incentive Plan

#### **Learning Objectives:**

- Describe the co-development of a quality plan between a hospital and affiliated faculty practice to improve quality and patient safety.
- Outline the benefits of a co-developed quality plan on engagement and shared governance between a hospital and affiliated faculty practice.

**Overview:** Shared governance, accountability and engagement are essential for hospitals to achieve high quality and safe patient outcomes. However, it can be hard to achieve in medical centers that have an

affiliated faculty practice plan instead of direct hospital employment. Hospital executives can design structures that create alignment toward common goals, but guidance on how to design such successful programs is limited. This poster describes the structures and process that generated a cohesive vision between hospital and affiliated physician leadership to improve key performance metrics.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P115 | Collaboration Among Stewardship Programs to ‘Fight’ Low-Value Care**

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*Samuel Zielke, MSIE, Director of Process Improvement, Froedtert Hospital & Medical College of Wisconsin, Milwaukee, Wis.*

*Siddhartha Singh, MD, MS, MBA, Chief Quality and Safety Officer, Froedtert Health, Milwaukee, Wis.*

**Keywords:** Collaboration, Governance, Analytics, Informatics, Sustainability

### **Learning Objectives:**

- Describe the value of creating an ESC to improve the value of care.
- Outline key strategies that can be used when creating a stewardship program.

**Overview:** We created an enterprise stewardship collaborative (ESC) at Froedtert & the Medical College of Wisconsin, resulting in better value care. This collaborative approach, which included sharing of best practices; strong organizational governance; shared principles; disciplined methodology; dedicated resourcing; and leveraging data from Vizient, the electronic health record and our data warehouse, resulted in systemwide improvements at scale. In fiscal year 2024, the ESC is on track to achieve our aim to reduce unnecessary health care expenditures by over \$10 million. Included is a description of our collaborative model, providing insights to healthcare institutions trying to improve the value of their care.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P116 | Sanford Health’s Journey to High Reliability**

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*Sammi Davidson, MBA, CPHQ, Improvement Strategist – Patient Experience, Sanford Health, Sioux Falls, SD*

**Keywords:** High-Reliability Skills, Collaboration, Sustainment, Psychological Safety, Diversity, Equity and Inclusion

### **Learning Objectives:**

- Describe strategies that can be used to create a psychologically sound environment that promotes a culture of safety.
- Identify continuous improvement strategies that enhance a safety culture by strengthening competencies with high-reliability skills.

**Overview:** Sanford Health spent years on a phased implementation of its high-reliability and safety culture program. The system is now focused on sustainment, standardization and efficiency. Multiple tactics effectively engage nonclinical teams, enhance sustainment through leadership accountability, and optimize ongoing education and training to address turnover. Continuous improvement led to a 47% reduction in the serious safety event rate and a six-point improvement in employee engagement from 2022 to 2023. Sanford Health is incorporating diversity, equity and inclusion principles into reeducation of skills. Embracing diversity contributes to psychological safety and the treatment of others with compassion and respect.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P117 | Dyad Dynamics: Transforming Critical Care for Unparalleled Patient Outcomes**

*Hunter Jay Jefferis, MSN, RN, NEA-BC, CCRN, Nurse Manager, The Ohio State University Wexner Medical Center, Columbus, Ohio*

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**Keywords:** Triad Structures, Lean-Six Sigma Practices, Evidence-Based Checklists and Bundles, Hospital-Acquired Infections, Strategic Priorities

### **Learning Objectives:**

- Describe the concepts of process metrics in relation to outcomes.
- Explain the implementation of leader standard work.

**Overview:** Achieving high reliability requires the integration of robust frameworks like leader standard work, process metrics, daily goals and team huddles. Leader standard work establishes routines and reinforces accountability, aligning practices with priorities. Process metrics quantify effectiveness, aiding data-driven decisions and continuous improvement. Daily goals offer clear directives and promote best practices. Team huddles foster interdisciplinary collaboration and problem-solving. Through these approaches, the team has sustained multiple process metrics for infection prevention in the 90th percentile, reduced central line-associated bloodstream infections in our division and sustained 500+ days without a catheter-associated urinary tract infection. Learn how to cultivate a culture of excellence and ensure high reliability in complex environments.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P118 | Enhancing QAPI: Integrating Safety, Quality and Experience in Healthcare Systems**

*Danny Barker, MBA, RRT, Clinical Operations Manager – Quality, Intermountain Health, Ogden, Utah*

*Bonnie Gregson, RN, MSN, MBA, CPHQ, Senior Clinical Operations Manager – Quality, Intermountain Health, Layton, Utah*

**Keywords:** QAPI Program, Performance Improvement, Metric Selection, Frontline-to-Board Communication, Return to Green Plans

### **Learning Objectives:**

- Discuss the methods employed to implement a systemwide quality assessment and performance improvement program in a large health system.
- Describe the benefits of aligning a QAPI program across all levels of a healthcare organization.

**Overview:** Intermountain Health's quality assurance and performance improvement (QAPI) program, mandated by regulations, emphasizes safe patient care, quality outcomes, exceptional experiences and equity. Introduced in 2019, it features a standardized QAPI plan, a tracking tool and a performance report. This program ensures alignment of enterprise-level key performance indicators (KPIs) across 32 hospitals and home care services to point-of-care delivery. These indicators align with system initiatives, driving performance improvements and advancing Intermountain's commitment to excellence in healthcare delivery. This intentional focus on system KPIs moved us from the 79<sup>th</sup> percentile in 2019 to the 95<sup>th</sup> percentile in 2023.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

### **P119 | Aligning the Peer Review Process Across a Multihospital Healthcare System**

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*Rhea Noziglia, RN, BSN, CPHQ, Clinical Quality Coordinator, Emory Healthcare, Atlanta, Ga.*

**Keywords:** Multihospital System, Standardization, Peer Review Workflow, Operational Database, REDCap

#### **Learning Objectives:**

- Explain the steps required to standardize the peer review process across a multihospital system.
- Outline a peer review workflow to address clinical, behavioral and administrative issues.

**Overview:** Healthcare systems across the nation continue to grow rapidly, acquiring hospitals daily. Though these healthcare organizations grow quickly, system standardization of important processes often lags behind. An initial analysis of the peer review processes utilized across our growing multihospital system uncovered significant variation. As a result, we employed a grassroots approach to implement a standardized process and consistent data collection system using free, readily available, web-based software. This transformational alignment has allowed us to better leverage data and automate workflows — all while becoming more proactive in ensuring our providers' professional success.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

### **P120 | Increased Opportunities for Process Improvement Using an Apparent Cause Analysis**

*Anna Rains, MSN, RN, CV-BC, Patient Safety Manager, University of Tennessee Medical Center, Knoxville, Tenn.*  
*Whitney Pickel, MSN, RN, CCRN, Director, Accreditation and Patient Safety, University of Tennessee Medical Center, Knoxville, Tenn.*

**Keywords:** Cause Analysis, Patient Safety, Action Plans, Root Cause Analysis, Process Improvement

#### **Learning Objectives:**

- Explain the benefits of an apparent cause analysis as an early response review of a patient safety event.
- Describe select strategies to enhance existing safety event review processes.

**Overview:** An academic medical organization identified the need for cause analysis as an early response for review of a patient safety event. Leadership developed, disseminated and implemented an apparent cause analysis (ACA) tool, criteria and algorithm. The ACA tool focuses on immediately protecting the involved patient and preventing recurrence for future patients by developing and implementing action plans. Review of action plans includes a multidisciplinary team of leaders from quality and patient safety, risk management, department leadership, and senior leadership.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P121 | A Multidisciplinary, Multiphase Approach to Improving Clinical Documentation**

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*Kasie Salazar, RN, BSN, Care Design and Optimization Supervisor, Parkview Health, Fort Wayne, Ind.*

**Keywords:** Length of Stay, CC/MCC Capture Rate, Financial Impact, Service Lines

### **Learning Objectives:**

- Identify contributing factors between observed/actual length of stay and geometric mean length of stay.
- Outline select methods to improve the specificity of clinical documentation across all inpatient service lines.

**Overview:** In late 2021 and early 2022, Parkview Health, a hospital system in northeast Indiana, began evaluating different obstacles impacting its ability to meet established financial targets. Business intelligence data identified observed length of stay (LOS) compared to the geometric mean length of stay (GMLOS) as a specific obstacle. Through Vizient Clinical Data Base Report Builder, Parkview Health utilized benchmark data to hypothesize that, due to our lower than comparison group capture rate of complications and comorbid conditions (CC and MCCs), our GMLOS/expected LOS likely did not reflect the acuity of patients being cared for within our facilities. Based on these findings, the organization established two sub-initiatives: patient throughput and clinical documentation excellence. The goal of these initiatives was to close the gap between observed LOS and GMLOS by decreasing avoidable days and improving specificity of clinical documentation.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P122 | Data, Data Everywhere: Focus on a Few Data Points to Care!**

*Sathya Vijayakumar, MS, MBA, Senior Clinical Operations Manager, Intermountain Health, Salt Lake City, Utah*

*Kearstin Jorgenson, MSM, COC, CPC, CIC, Senior Operations Director - Physician Advisor Services;*

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**Keywords:** CDI Program, Operational Efficiency, Clinical Outcomes, Financial Impact, Organizational Goals

**Learning Objectives:**

- Identify data sources that may be used to optimize a Clinical Documentation Integrity (CDI) program.
- Explain how to use identified data to implement novel improvement tactics.

**Overview:** In today's constantly evolving healthcare world, data plays a crucial role in operational efficiency and clinical outcomes. In our clinical documentation integrity and physician advisor services team, we have strategically chosen to employ a few crucial data points to improve our Vizient Quality and Accountability (Q&A) score, as well as operational and financial outcomes. These tactics have enabled us to land a spot in the top decile for Vizient Q&A performance, helped us improve our operational efficiencies and increased our financial impact by a time and a half year over year. This work proves how organizational agility and a culture of creativity can make a huge impact on organizational goals. Over a span of just over 2 years, our teams have had a noticeable impact on various aspects of Clinical Quality and financial stewardship.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

### **P123 | Taking the Pain Out of Pain Documentation: Improving Nursing Workflow**

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**Keywords:** Documentation Compliance, Rule-Based Logic, Frontline Staff Feedback, Opioid-Induced Respiratory Depression (OIRD), Medication Administration Workflows

**Learning Objectives:**

- Identify key factors in establishing accurate documentation workflows that foster safer pain medication administration practices.
- Evaluate the applicability of using rule-based logic and system-driven support to create efficient nursing documentation workflows.

**Overview:** Should pain documentation and safe medication administration be as complex as the pathophysiology of pain? This poster will illustrate the impact frontline clinicians can have when they are empowered to redesign documentation workflows at an academic medical center. It will showcase positive qualitative and quantitative outcomes achieved through frontline engagement in the development of safer pain medication administration practices. Discover how an organization can optimize compliance with pre-pain medication documentation by garnering enthusiasm and improving workflow efficiency in a complex, fast-paced, work environment.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

### **P124 | Restorative Practice in Surgical Services**

*Kate Burns, MFS, Organizational Development Consultant, Stormont Vail Health, Topeka, Kan.*

*Katie Martinek, Surgical Nurse Manager, Surgical Services, Stormont Vail Health, Topeka, Kan.*

*Bill Sachs, MD, Vice President, Surgical Services, Stormont Vail Health, Topeka, Kan.*

**Keywords:** Restorative Practice, Organizational Development, Humanization, Culture Shift, Team Member Morale

**Learning Objectives:**

- Identify the five stages of organizational development to use when implementing a culture shift.
- Define how restorative practice impacts team member morale and improves retention rates.

**Overview:** Historically, we in healthcare have not taken intentional time to connect as humans. Instead, we are inclined to simply see job titles — nurse, administration, doctor, medical assistant, support staff. In February 2023, surgical services leadership partnered with our organizational development team to explore the reasons for staff dissatisfaction and turnover. After roughly 40 voluntary, anonymous staff interviews, 13 themes emerged. The most widespread theme: lack of humanization and appreciation of one another. After less than one year of intentionally infusing humanization through the use of restorative practices and other strategies, turnover reduced by 42% and staff members reported humanization as their top satisfier.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P125 | Pharmacist-Physician Collaboration for Admission Medication Reconciliations**

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*Nicholas Desai, DPM, MBA, CMO/CQO, Houston Methodist Sugar Land Hospital, Sugar Land, Texas*

*Dan Hootman, MPH, Senior Project Manager, Houston Methodist Sugar Land Hospital, Sugar Land, Texas*

**Keywords:** Transitions of Care, Adverse Drug Events, ADEs, Accountability Framework, Nurse Practitioner-Initiated Approach, NP-Initiated Approach

**Learning Objectives:**

- Explain the importance of completing admission medication reconciliation within 24 hours.
- Describe sustainable methods to increase the rate of admission medication reconciliation completed within 24 hours.

**Overview:** The admission medication reconciliation (AMR) is a fundamental component of transitions of care. A timely AMR is performed consistently within the first 24 hours of admission. Barriers include incomplete medication histories and competing provider demands. At Houston Methodist Sugar Land (HMSL), our goal was to increase the AMR from 53% to 80% in an effort to reduce patient adverse drug events stemming from incomplete AMRs. A multipronged approach capitalizing on various EHR functionalities and involving multiple disciplines allowed us to achieve our HMSL goal. This workflow can be emulated across healthcare systems to improve the quality and safety of patient care.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P126 | Strategies for Standardizing Pharmaceutical Procurement in Ambulatory Care Clinics**

*Danielle Kulischak, PharmD, Pharmacy Purchasing Manager, UC San Diego Health, La Jolla, Calif.*  
*Liza Issa, Clinic Procurement Analyst, UC San Diego Health, La Jolla, Calif.*

**Keywords:** Medication Distribution, Order Requisition Process, Clinic Procurement Oversight, Contract Compliance, Healthcare Sustainability Initiatives

**Learning Objectives:**

- Describe an alternative clinic medication distribution model.
- Discuss methods that can be used by pharmacists to monitor the order requisition process.

**Overview:** UC San Diego Health (UCSDH) Pharmacy manages the medication distribution process for over 150 clinics. We transitioned from an inpatient pharmacy centralized distribution model to a clinic order requisition process. Our goal is to continue providing clinic procurement oversight while strategically partnering with clinic leadership to deliver high-value care that incorporates safety, standardization and compliance. Pharmacy partnered with clinic leadership to standardize medication ordering, optimize contract compliance and implement procurement strategies that support UCSDH sustainability goals. The collaboration, which establishes workflow that can be duplicated at any clinic establishment, also enables opportunities for future optimization projects.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P127 | Emergency Department Pharmacist Impact and Optimization Tool**

*Courtney Simpanen, PharmD, Emergency Department Clinical Pharmacy Specialist, Lifespan, Providence, RI*  
*Kristin Romanias, Pharmacy Systems and Analytics Specialist, Lifespan, Providence, RI*

**Keywords:** ED Pharmacist Dashboard, Data Visualization, Cost Avoidance, Clinical Impact, Pharmacist Participation

**Learning Objectives:**

- Explain the steps required to build an ED dashboard.
- Describe the use of a data visualization dashboard to demonstrate the impact of ED pharmacists.

**Overview:** An emergency department (ED) pharmacist dashboard was created to optimize the ED pharmacists' financial, safety and clinical impact. Financially, the ED dashboard focuses on areas of opportunity for ED pharmacist-generated cost avoidance through documented interventions. Clinically, the dashboard focuses on ED pharmacists' impact on outcomes, including time to sedation post-paralytic administration, time to insulin infusion discontinuation, and door to heparin administration for ST-elevation myocardial infarction. This dashboard collects EHR data for interventions placed in the ED and patient hospital metrics, such as admission time and first medication administration times, that are then used to present data visualizations. The data visualization tool shows the difference between (and trends of) the three outcomes with and without a pharmacist on the care team.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P128 | Combatting Drug Waste and Shortages With Intelligent Inventory Tracking Technology**



*Jake R. Freeman, PharmD MHA, Assistant Director, Pharmacy Services, NYU Langone Hospital – Long Island, Mineola, NY*

*Kim M. Asmus, PharmD, MS, Director of Pharmacy, NYU Langone Hospital – Long Island, Mineola, NY*

**Keywords:** Automation Systems, Medication Safety, Regulatory Best Practices, Pharmacy Technician Satisfaction, Central Pharmacy Inventory System

**Learning Objectives:**

- Describe successful tactics for implementing an inventory tracking and automation system, including medication safety and regulatory best practices for the central pharmacy dispensation model.
- Explain how new technologies in central pharmacy can drive pharmacy technician satisfaction and engagement.

**Overview:** Healthcare systems are grappling with significant financial and labor challenges in maintaining patient care quality due to disruptions and cost inflation in the medication supply chain. The need for system pharmacies to utilize technologies for enhanced control and visibility into drug inventory, purchasing and dispensing habits is more crucial than ever. NYU Langone Hospital – Long Island implemented an automated central pharmacy inventory and dispensing system, digitizing 99% of drug inventory. This resulted in substantial improvements in confidence, sustainability, accuracy, safety and efficiency in medication utilization processes.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P129 | Optimizing Remote ECMO Cannulation With an Interdisciplinary Team**

*Wendy Elliott, MSN, MBA, RN, NE-BC, a-IPC, Critical Care and Rapid Response Nurse Manager, Wellstar Health System, Douglasville, Ga.*

*Zachary D. Bush, PharmD, Director of Pharmacy, Wellstar Health System – Douglas Medical Center, Douglasville, Ga.*

*Grace Mucheru, BSN, RN, CCRN, Critical Care Charge Nurse, Wellstar Health System, Douglasville, Ga.*

**Keywords:** Remote ECMO Cannulation, Interdisciplinary Team, Mobile ECMO Center, Optimization, Gemba

**Learning Objectives:**

- Describe strategies to support remote ECMO cannulation.
- Identify members of the healthcare team needed to collaborate on optimizing a remote cannulation process.

**Overview:** As more mobile extracorporeal membrane oxygenation (ECMO) programs become available, facilities without ECMO capabilities need to be prepared for remote cannulation of their patients. Wellstar Douglas Medical Center partnered with the nearest mobile ECMO center to optimize the process, allowing physicians and nursing to quickly escalate patient care.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## P130 | Empowering Hearts: Redefining Heart Failure Management With Virtual Pharmacy

*Josephine A. Quach, PharmD, BCACP, APh, VPACC Pharmacy Supervisor, Sutter Health, Palo Alto, Calif.*

*Betsy Cernero, PharmD, BCACP, BC-ADM, CDCES, APh, Clinical Pharmacist, Sutter Health, Palo Alto, Calif.*

*Heather Hoang, PharmD, Ambulatory Care Clinical Pharmacist, Heart Failure Clinic, Sutter Health, Palo Alto, Calif.*

*Ardelle Seely, PharmD, APh, Advanced Practice Ambulatory Care Pharmacist, Sutter Health, Palo Alto, Calif.*

**Keywords:** Virtual Pharmacy, Heart Failure Management, GDMT, Clinical Pharmacists, Telehealth

### Learning Objectives:

- Describe the framework needed to establish a virtual-based pharmacy clinic.
- Explain metrics that can be used to measure the impact of a virtual-based pharmacy clinic on GDMT in heart failure.

**Overview:** A virtual pharmacist-driven heart failure (HF) medication clinic that serves cardiologists across Sutter Health is increasing access to care and improving regimens for better treatment outcomes. Clinical pharmacists, authorized under collaborative practice agreements, prescribe HF guideline-directed medical therapy (GDMT) and provide optimal patient care with frequent monitoring and counseling via telehealth visits. This approach, supplementing in-person assessments conducted by referring cardiologists, accelerates achievement of GDMT goals. Pharmacists also assist patients in accessing medications through financial aid enrollment. Compared to traditional cardiologist-run visits with longer intervals, this model ensures faster attainment of therapy goals and improved patient care.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## P131 | Evaluation of Automatic Dispensing of Continuous Infusions

*Logan Roadcap, PharmD MBA, Clinical Pharmacist, Sentara Health, Norfolk, Va.*

*Catherine Floroff, PharmD, BCPS, Pharmacy Director, Sentara Health, Norfolk, Va.*

**Keywords:** Automated Dispensing of Continuous Infusions, Interoperability, Medication Administration Record Messages, IV Workflow Management Systems, IVWFMS, Dispensing Automation

### Learning Objectives:

- Describe potential operational benefits when implementing ADCI workflow.
- Outline required steps needed to successfully implement an ADCI workflow.

**Overview:** Automated dispensing of continuous infusions (ADCI) uses interoperability between smart infusion pumps and the electronic health record to automatically estimate the next medication due time based on volume to be infused and rate change data recorded. Potential to improve care and the lack of dispensing metrics related to this new technology showing that this automation improves hospital interdepartmental efficiency, quality and financial performance prompted these efforts. This pilot project describes ADCI implementation of five commonly dispensed IV continuous infusions across eight hospital departments and compares pre- and post-data.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P132 | Proactive Medication Safety Rounds: Empowering the Frontline in Harm Prevention**

*Tariq Chaudry, MD, Associate Chief Quality Officer, University of Kentucky/Kentucky Children's Hospital, Lexington, Ky.*

*Mark Wolf, BCPS, Pharmacist Program Coordinator – Medication-Use Safety and Quality, University of Kentucky HealthCare, Lexington, Ky.*

**Keywords:** Medication Safety Rounds, Frontline Empowerment, Proactive Safety Principles, High-Reliability Tactics

### **Learning Objectives:**

- Describe frontline proactive safety principles and best practices for microsystem units and service lines.
- Discuss methods for improving ambulatory medication safety.

**Overview:** Pediatric patients face heightened risk of medication errors due to factors like weight-based dosing and multiple drug formulations. Errors occur in all phases of medication delivery: prescribing, verification, dispensing, administration and monitoring. A series of patient harms that occurred in both inpatient and ambulatory settings indicated the need for a more broad-based approach to our quality and safety work. As a result, our children's hospital within an academic medical center is making sustained efforts to instill a culture safety program focused on high-reliability tactics to decrease patient harm. Action items from rounds were identified addressing multiple categories such as medication management standards, patient care, hospital goals and phases of the medication use process. Medication safety rounds proactively identify safety risks, potentially preventing errors and patient harm. Aligned with safety culture principles, the practice leverages high-reliability principles like deference to expertise. Leadership rounding fosters honest dialogues with multidisciplinary faculty and staff. We purposely endeavored to create safety programs employing high-reliability principles targeting high-risk areas.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P133 | Technology as a Tool to Improve Ventilator Documentation**

*Yoland R. Fradette, RRT, Director of Respiratory Care, Upstate Medical University – Syracuse, Liverpool, NY*

**Keywords:** EMR, Clinical Surveillance, Clinical Data, Documentation Gaps, Clinical Picture

### **Learning Objectives:**

- Describe the benefits associated with transitioning manual data entry for ventilator data with an automated data flow to the EMR.
- Identify strategies that can be used to address potential barriers to implementation of automated data workflows.

**Overview:** We purchased and installed neurons and software, which eliminates the need for manual data entry by allowing ventilator data to flow into the electronic medical record (EMR) on a minute-by-minute basis. By enhancing clinical surveillance without sacrificing staff resources or patient safety, this software

prioritizes the needs of patients. All groups involved in patient care can view the same data with this technology, which bridges documentation gaps between disciplines. Clinical surveillance software offers the ability to collect additional data that can be utilized to obtain a more comprehensive clinical picture. This software allows for automatic transfer of clinical patient data, freeing up staff time for additional bedside care. Since implementation, patient safety, personnel availability and patient monitoring have all improved.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

### **P134 | Reducing Unplanned Extubation Rates in a Level IV NICU**

*Shannon Haynes, MSN, RN, CNML, Patient Care Manager NICU/NACU, Kentucky Children's Hospital, Lexington, Ky.*

*Amber Cantrell, BSN, RN, RN-C, Assistant Patient Care Manager, Kentucky Children's Hospital/UK HealthCare, Lexington, Ky.*

**Keywords:** Neonatal Population, Positive Outcomes, VAP, Airway Trauma, Intraventricular Hemorrhage

#### **Learning Objectives:**

- Describe effective interventions that can be used to decrease extubation in the neonatal population.
- Explain the beneficial outcomes associated with reduced unplanned neonatal extubations.

**Overview:** Unplanned extubations in neonates are associated with unfavorable outcomes, including increased length of stay, increased risk of ventilator-associated pneumonia (VAP), and increased risk of airway trauma and intraventricular hemorrhage. Our focus is to improve quality of care and patient safety by reducing the incidence of unplanned extubations in the NICU.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

### **P135 | Hear Their Voice: Equity and Its Impact on Women's Healthcare**

*Cynthia Earlewine, BSN, RN, Assistant Nurse Manager – Women and Infants, Progress West Hospital, O'Fallon, Mo.*

*Heather Decker, MHA, MSN, RN, Program Manager, Progress West Hospital, O'Fallon, Mo.*

**Keywords:** Maternal Mortality Rates, Perinatal Care, Cultural Stereotyping, Implicit and Unconscious Bias, Health Disparities

#### **Learning Objectives:**

- Explain the historical roots of racial disparities regarding women's health/NTSV C-sections.
- Describe successful strategies used to ensure equitable and safe perinatal care.

**Overview:** Maternal mortality rates are more than twice as high in the U.S. compared to any other developed nation. A significant disparity exists with Black mothers, who have much higher rates of pregnancy-related morbidity and mortality than white mothers. Most of these outcomes are preventable. A perinatal care quality and safety measure is decreasing the number of cesarean sections (C-sections) among nulliparous, term, singleton, vertex (NTSV) pregnancies. C-sections create increased risk for serious health events, including

hemorrhage, infection and cardiac events. Despite efforts to reduce overall NTSV C-sections in many parts of the country, Black mothers have a significantly higher primary C-section rate (30.3%) versus white mothers (25.1%). Our objectives are to reduce inequities in women's healthcare; reduce the NTSV C-section rate for all deliveries, with focused attention on Black mothers; educate staff on how cultural stereotyping and implicit and unconscious bias can influence pregnancy health outcomes; and ensure that the needs and preferences of mothers are met and valued.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

### **P136 | Reducing Postpartum Hemorrhage With Timely and Accurate Quantitative Blood Loss**

*Ashley Logan-Sitko, BSE, MSE, Lead Project Manager, Michigan Medicine, Ann Arbor, Mich.*

*David Hyatt, BSE, Senior Continuous Improvement Specialist, Michigan Medicine, Ann Arbor, Mich.*

*Kathleen Reinhardt, BSN, C-ERFM, Education Nurse Coordinator, Michigan Medicine, Ann Arbor, Mich.*

**Keywords:** Postpartum Hemorrhage, Quantitative Blood Loss, Plan-Do-Check-Act Methodology, PDCA Methodology, QBL Accuracy

#### **Learning Objectives:**

- Outline methods used to improve the accuracy of QBL measurement.
- Explain the benefits of documenting QBL in real time versus documenting estimated fluid values.

**Overview:** In 2020, the vaginal postpartum hemorrhage (PPH) rate at Michigan Medicine's Von Voigtlander Women's Hospital reached a record high of 15%. Despite the 2019 implementation of a quantitative blood loss (QBL) measurement process, an evidence-base practice supporting a more accurate blood loss measurement, vaginal PPH rates did not decrease. A multidisciplinary team examined the QBL measurement process with the goal to improve timeliness of obtaining QBL amounts, thus improving response time to hemorrhage interventions. The team took a scientific, problem-solving approach to reduce vaginal PPH to 7.0%, positively impacting over 256 patients per year.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

### **P137 | The ABC(DEF)s of Decreasing Ventilator-Associated Pneumonias**

*Heather Escudero, RN, MSN, TCRN, Nurse Manager, Denver Health, Denver, Colo*

*Molly Fox, RN, MSN, CCRN, TCRN, Clinical Nurse Educator, Denver Health, Denver, Colo.*

**Keywords:** Sustainable Quality Improvement Protocols, Gaps in Clinical Practice, Evidenced-Based, Interdisciplinary Coordination, Early Mobility Protocol

#### **Learning Objectives:**

- Describe the key components necessary to develop a sustainable, interprofessional VAP prevention protocol.
- Discuss the implementation of evidence-based best practice measures to reduce VAP rates.

**Overview:** In 2021, the surgical intensive care unit (SICU) formed an interdisciplinary team to decrease the rate of ventilator-associated pneumonia (VAP). We devised an action plan to decrease the number of VAPs and developed a standardized, interdisciplinary VAP prevention protocol. As of 2023, the SICU's rate of VAPs/1,000 days decreased by over 50%. Future goals include continuing with our trajectories in VAP rate reduction and early ventilator liberation and focusing on VAP prevention in traumatic brain injury patients. A key success was developing an early mobility protocol, widely adopted by staff. Key takeaways include the importance of interdisciplinary communication and coordination.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

### **P138 | Reviving Inpatient Mortality: Our Journey Toward Improved Patient Outcomes**

*Marie Broker, MHA, CLSSGB, CPHQ, CPPS, Quality and Safety Specialist III, Yale New Haven Health, New Haven, Conn.*

*Danielle M. Zawatsky, MPH, CPHQ, Director, Quality Improvement & Safety, Yale New Haven Health System, New Haven, CT*

**Keywords:** Palliative Care, Clinical Documentation Improvement, CDI, Comfort Measures Only (CMO), End-of-Life Care, Hospice Services

#### **Learning Objectives:**

- Describe successful strategies used to enhance end-of-life care while improving inpatient mortality O:E.
- Outline select interventions to incorporate into a comprehensive, interprofessional approach to improve end-of-life care.

**Overview:** Yale New Haven Health System (YNHHS) has taken a multifactorial, multidisciplinary approach to improving the Vizient inpatient mortality observed-to-expected (O:E) ratio. At YNHHS we have addressed the challenge of patients dying in hospital on comfort measures only (CMO) without hospice services, established a clinical documentation improvement subcommittee, and implemented a standardized mortality review form and process. Our key successes include a 33% reduction in median O:E and a 32% reduction in patients dying in the hospital on CMO without hospice services. Gain valuable insights into effective strategies for enhancing end-of-life care while improving inpatient mortality O:E.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

### **P139 | Hip Fracture Mobility Reduces Mortality**

*Cathy Snapp, Physical Therapist, Orthopedics Program Administrator, Norman Regional Health System, Norman, Okla.*

*Nicole Adam, RN, Orthopedic Program Data Abstractor and Analyst, Norman Regional Health System, Norman, Okla.*

**Keywords:** Mobility Program, Respiratory Complications, In-Hospital Mortality Rate, Complication Rate, Hip Fracture Surgery

#### **Learning Objectives:**

- Outline the benefits of an early and frequent mobilization program.
- Explain the key components needed to launch and sustain an effective mobility program.

**Overview:** Every second of every day, an older adult suffers a fall in the U.S., leading to more than 300,000 older adults being hospitalized with hip fractures each year. Even with continued healthcare advancements, the in-hospital mortality rate after hip fracture ranges from 2% to 14%, with the leading cause (at 35%) being respiratory infections. Delayed mobilization after hip fracture surgery has shown to increase the risk of pneumonia. Our two-year project found that early and frequent mobilization in this population reduces the likelihood of respiratory complications and lowers the in-hospital mortality rate.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P140 | Transformative Mortality Review: Enhancing Patient Outcomes Through Multilevel Analysis**

*Dharmini Shah Pandya, MD, FACP, Vice Chair, Quality and Safety, Temple University Health System, Temple University Hospital, Philadelphia, Pa.*

*Matthew M. Philp, MD, FACS, FASCRS, Professor of Clinical Surgery, Temple University Hospital, Philadelphia, Pa.*

*Boris Tsypenyuk, MSPT, MHA, Director, Performance Excellence, Chestnut Hill Hospital, Temple Health, Philadelphia, Pa.*

**Keywords:** Multilevel Analysis, Care Delivery Excellence, Patient Outcomes, Continuous Improvement, Accountability

### **Learning Objectives:**

- Identify opportunities for improvement in care delivery through a mortality review program.
- Develop a strategy for integrating mortality review processes across department/risk/safety teams to streamline operations.

**Overview:** At Temple University Hospital, in-hospital mortality drives a rigorous review process aimed at identifying opportunities for improvement across multiple domains: processes, diagnostics, clinical reasoning and equitable care delivery. Our redesigned mortality review program ensures swift evaluation and implementation of performance enhancements. Beginning promptly after mortality events, our multilevel approach uncovers issues beyond electronic medical record documentation. This comprehensive review allows us to address care delivery concerns on individual cases and identify trends driving statistically significant changes in mortality metrics. By integrating multiple layers of review, we are enhancing patient safety, promoting equitable care delivery and elevating our overall quality of care.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P141 | Success in Driving Down Mortality Index**

*Candace A. Bradley, DO, MBA, CMO, Director of Hospitalist Program, UNC Rockingham Health Care, Eden, NC*  
*Thresa H. Hardy, DNP, RN, Chief Nursing Officer/Chief Operating Officer, UNC Rockingham Health Care, Eden, NC*

**Keywords:** Mortality Reduction Project, Interdisciplinary Effort, Health System Quality Support, Mortality Review Committee, Clinical Documentation Specialist

**Learning Objectives:**

- Identify strategies for leveraging data analytics and insights to drive mortality index improvement initiatives.
- Describe the role of interprofessional collaboration in reducing mortality rates and improving patient outcomes.

**Overview:** The issue was how to improve our mortality index. In fiscal year 2021, our hospital had a baseline mortality index (observed/expected mortality) of 1.82. In January 2021, our rate was 2.41, one of the highest in the system and substantially higher than like-sized hospitals. We knew the excellent care we provided was not reflected in our elevated mortality index. We employed an interdisciplinary, focused effort, along with our health system quality support, to drive down our mortality index to 0.54, fiscal year to date. We relied heavily on data from our Vizient partners to drive and inform our improvement efforts.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P142 | “It’s About Time:” The Effect of Sepsis Nurses on Patient Outcomes**

*Michelle L. DeLayo, DNP, APRN, ACNP-BC, Senior Director Patient Safety and Quality, Critical Care, and Advanced Practice Staff, UConn Health, Farmington, Conn.*

*Terri Gillenwater, MBA, BSN, RN, Nurse Manager, Patient Safety and Quality, UConn Health, Farmington, Conn.*

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*Elizabeth M. Haskell, BSN, RN, Sepsis Nurse, Quality Assurance Specialist, UConn Health, West Hartford, Conn.*

**Keywords:** Compliance, Sepsis Nurse Program, Mortality Index, Readmissions, SEP-1 Bundle Compliance

**Learning Objectives:**

- Describe the benefits of implementing a dedicated sepsis nurse program to increase CMS SEP-1 compliance.
- Outline how to incorporate interprofessional collaboration to optimize medical management of patients identified with sepsis.

**Overview:** Sepsis is a life-threatening condition that requires timely management to reduce mortality. It is a global health crisis and the leading cause of death and readmissions in U.S. hospitals. By leveraging the Vizient Clinical Data Base and our electronic medical record, UConn Health identified sepsis as an area needing intervention. Through implementation of a dedicated sepsis nurse program, UConn improved its Centers for Medicare & Medicaid Services (CMS) SEP-1 core measure compliance from 28% to 68% and its mortality index rank from the 21st percentile to the 84th percentile in the Complex Care Medical Center cohort. In addition, the all-cause readmission rate improved from the 15th percentile to the 82nd percentile.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE



## P143 | Improving Primary Sepsis Outcomes Using Lactate POCT in EDs

*Teresa O. Arrington, MBA, LSSMBB, PMP, Director of Quality and Performance Improvement, Ochsner Health System, Covington, La.*

*Lisa Fort, MD, Associate Chief Medical Information Officer, Medical Director of Quality – Emergency Medicine, Ochsner Health System, New Orleans, La.*

**Keywords:** Point-of-Care Testing, POCT, Sepsis Outcomes, Lactate Collection, Antibiotic Administration, Turnaround Time

### **Learning Objectives:**

- Outline how to incorporate interprofessional collaboration to optimize the medical management of patients identified with sepsis.
- Describe the impact of POC lactate testing on overall sepsis outcomes.

**Overview:** Using point-of-care testing (POCT) allows for quicker results from important lactate labs, which are a critical part of clinical decision-making in sepsis care. This poster will outline Ochsner Health's journey toward expanding point-of-care lactate testing across system emergency departments (EDs) and demonstrate our dramatically reduced result turnaround time and lifesaving antibiotic administration time, thus promoting improved outcomes. The poster will also briefly review our overall sepsis collaborative structure and business case for scaling POCT across health system ED locations.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## P144 | No Pressure: Implementing a Digitalized Patient Turning Schedule to Reduce Pressure Injuries

*Maria Gordon, BSN, RN, CCRN, Medical ICU Charge Nurse, Houston Methodist Sugar Land Hospital, Sugar Land, Texas*

*Mary Charlene Manzano, BSN, RN, CCRN, ICU Manager, Medical ICU, Houston Methodist Sugar Land, Sugar Land, Texas*

**Keywords:** Pressure Injuries, Technology, Turn Team Schedule, Wearable Sensor, Compliance Rate

### **Learning Objectives:**

- Identify at least two specific, innovative strategies aimed at reducing pressure injuries.
- Discuss different technological strategies that can be implemented to support ICU team workflow.

**Overview:** This initiative aims to demonstrate an innovative measure by leveraging technology and designing a turn team schedule to reduce hospital-acquired pressure injuries (HAPIs) in a medical intensive care unit (ICU) as an adjunct to the standard of care. The medical ICU implemented a unit-staffed turn team and wearable sensor that measured the quality of the turn and compliance with turning every two hours. The result of the intervention was a significant reduction in HAPIs.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## P145 | Improvement Targets for Hospital-Acquired Sepsis

*Priya A. Prasad, PhD, MPH, Assistant Professor of Medicine, University of California, San Francisco, San Francisco, Calif.*

*Rasmyah Hammoudeh, MPA-HSA, Project Manager, University of California, San Francisco – Clinical Innovation Center, San Francisco, Calif.*

**Keywords:** Hospital-Acquired Sepsis, Care Management, Clinical Care Teams, Early Sepsis Identification, Clinical Management

### **Learning Objectives:**

- Identify human behavior factors that contribute to sepsis-related care management among clinical care teams.
- Develop a tool that effectively and efficiently aids in the early identification of hospital-acquired sepsis and supports its clinical management.

**Overview:** The Centers for Medicare & Medicaid Services (CMS) Sepsis Bundle has become the gold standard for determining whether sepsis is appropriately treated; however, because compliance with the CMS Sepsis Bundle is often assessed after discharge, little is known about what is occurring in real time, thus making it difficult to direct improvement efforts. The Sepsis Collaborative at UCSF Health applies service design and implementation science principles to identify, define, develop and deploy new solutions to leapfrog existing improvement efforts for the detection and management of hospital-acquired sepsis.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## P146 | Reducing Readmissions Through a Care Partner Initiative

*Ilya Goldstein, MPH, Performance Improvement Specialist, Maimonides Medical Center, Brooklyn, NY*

*Deidre Grant, MSN, RN AHN-BC, Performance Improvement Specialist, Quality Management, Maimonides Medical Center, Brooklyn, NY*

**Keywords:** Care Partner Identification, Patient Outcomes, Care Partner Program, Quality Improvement Framework, 30-Day Readmission Rate

### **Learning Objectives:**

- Analyze the impact of a CP on the 30-day readmission rate in a hospital setting.
- Identify key components needed to implement a CP program.

**Overview:** A care partner (CP) is a patient companion who actively engages in the physical, emotional and logistical aspects of care. Recent literature indicates improved outcomes for patients with a CP, compared to patients without a CP. Maimonides Medical Center (MMC) is one of only three hospitals in the state of New York designated as a care partner hospital by the Eastern US Quality Improvement Collaborative (EQIC). The study analyzed how MMC's care partner initiative positively affected the 30-day readmission rate: patients who identified a CP had a readmission rate of 7.3%, compared to a readmission rate of 17.0% for those without a CP.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P147 | ICU Early Mobility: Physical and Occupational Therapy-Enhancing Patient Outcomes**

*Kristina Acquaviva, PT, DPT, Physical Therapist, Senior Level 2, Hackensack Meridian Health, Neptune Township, NJ*

*Rebecca Romaine, PT, DPT, Senior II Physical Therapist, Hackensack Meridian Health, Neptune Township, NJ*

*Jennifer M. Wunder, MS OTR/L, CNS, Occupational Therapist, Hackensack Meridian Health, Neptune Township, NJ*

**Keywords:** Sedation, Bed Rest, Mechanical Ventilation, Muscle Weakness, Prolonged Ventilation

### **Learning Objectives:**

- Identify the benefits of early involvement and interventions of physical and occupational therapy for improving mobility in ICU patients.
- Identify key components needed to implement an early mobility program.

**Overview:** In intensive care units (ICUs), sedation and bed rest often limit mobilization for critically ill patients (especially those on mechanical ventilation), leading to muscle weakness, prolonged ventilation and longer hospitalizations. Early mobilization entails initiating physical activity within the first two days to five days of critical illness and continuing throughout the ICU stay. A team of physical and occupational therapists realized improved patient outcomes and costs by adopting a program that ensures early mobility through consultation and education. The program overcame such barriers as concerns about patient safety, insufficient knowledge and workforce training deficits. The keys to success are interprofessional collaboration and coordination.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P148 | Prevent CABG Readmissions With Holistic Care**

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*Lauren Hooks, MHA, CAPM, LSSBB, Process Improvement Specialist III, AdventHealth, Orlando, FL*

*Parminder Singh, MD, MBA, LSSGB, CAPM, Process Improvement Specialist II, AdventHealth, Orlando, Fla.*

**Keywords:** Holistic Care, Frontline Team, Project Phases, Readmission

### **Learning Objectives:**

- Describe successful strategies that can be used to prevent CABG readmissions.
- Identify interprofessional healthcare team members often called upon to create a collaborative workgroup to reduce CABG readmission rates.

**Overview:** Walk through our story of restructuring clinical care processes incorporating frontline staff ideas to prevent readmissions. Based on current data sources for measuring coronary artery bypass graft (CABG) quality performance, 30-day readmissions proved to be an opportunity at AdventHealth Central Florida (as per Centers for Medicare & Medicaid Services' 5-star rating). By engaging leadership with the project team over four project phases (structure formation, variation identification, solution design, and implementation and

monitoring), we yielded results that substantially reduced readmission rates and delivered financial savings. Learn more about our initiatives, as well as the integration of performance improvement and change management techniques, that led to our project's success.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P149 | Optimizing Our Malnutrition Capture Rate**

*Jamie Grandic, RDN-AP, CNSC, Senior Director of Clinical Nutrition, Inova Health System, Alexandria, Va.  
Cynthia Stefl, RN, BSN, CCDS, Senior Director of Clinical Documentation Integrity, Inova Health System, Falls Church, Va.*

**Keywords:** Malnutrition Capture Rate, Interdisciplinary Malnutrition Education Campaign, Malnutrition Metrics, Malnutrition Programs, Malnutrition Electronic Health Record SmartLink Risk Model, Clinical Documentation Improvement, Expected Mortality, Expected Length of Stay, Nutrition

### **Learning Objectives:**

- Explain the components of a comprehensive, interdisciplinary malnutrition education campaign.
- Discuss the benefits of increasing the malnutrition capture rate by appropriately identifying patients with or at risk for malnutrition.

**Overview:** Research indicates up to 50% of hospitalized patients are malnourished, yet only 9% of malnourished patients are diagnosed as having malnutrition. Failing to diagnose malnutrition and implement early intervention leads to poor patient outcomes and decreased revenue. Our systemwide malnutrition awareness campaign empowered dietitians, educated providers and streamlined documentation. This campaign generated a two-fold increase in the capture of malnutrition codes, a significant increase in malnutrition variable capture and an increase in diagnosis-related group relative weight by an average of ~0.9. The program resulted in a ~300% increase in revenue related to the appropriate identification and documentation of malnutrition diagnoses. Additionally, improvement in observed to expected ratio for mortality and length of stay was noted. Reporting malnutrition metrics to providers and system leadership is necessary to further optimize capture rate and patient outcomes.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

## **P150 | Addressing Health Inequity to Avoid Premature Death and Promote Longevity**

*Jodi Cichetti, RN, MS, CCM, CPHQ, CPPS, Vice President Quality and Patient Safety, WellSpan Health, York, Pa.  
Jenna Jansen, MPH, FACHE, CPHQ, Senior Director, Quality, WellSpan Health System, York, Pa.*

**Keywords:** Health Equity, Data Review and Analysis, SDoH, Disparities in Screening, Life Expectancy Measures

### **Learning Objectives:**

- Identify two key principles of data review and analysis that can be used to advance health equity reporting and support intervention planning.

- Discuss the role of data analytics in advancing health equity initiatives within an integrated health system.

**Overview:** WellSpan, an integrated health system in Pennsylvania, has rapidly evolved a health equity strategy over three years. As a community leader we have embedded health equity goals within all aspects of care delivery and continued to expand our disease-specific equity work while advancing a strategic plan focused on the more global measure of life expectancy disparities. This is reflective of the overall impact of clinical quality improvement work, community listening and partnership programs, and the efficacy of community grants and sponsorships. This poster will describe and share this successful framework for health equity advancement, inclusive of data analytics.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

### **P151 | Advancing UChicago Medicine's Quality Scorecard: Data-Driven Equitable Healthcare**

*Benjamin Wurst, MS, Business Intelligence Analyst, University of Chicago Medicine, Chicago, Ill.*

*Ania Szeszko, Analytics Engineer, University of Chicago Medicine, Chicago, Ill.*

*Mark Connolly, MEng, Program Director, Business Intelligence, University of Chicago Medicine, Chicago, IL*

**Keywords:** Quality Scorecard, Data-Driven, Equitable Healthcare, Health Equity

#### **Learning Objectives:**

- Analyze the quality scorecard development process and its transformation into a data-driven tool for monitoring healthcare initiatives.
- Identify strategies for implementing data-driven tools in healthcare organizations to promote equitable healthcare practices.

**Overview:** This poster details the journey of developing UChicago's quality scorecard into a data-driven tool to monitor and direct equitable healthcare initiatives throughout all levels of the organization.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

### **P152 | Health Equity Innovations in a Safety Net: Listen, Partner, Empower**

*Jillian Smartt, BSN, RN, Research Program Coordinator, Parkland Health, Dallas, Texas*

*Monal Shah, MD, Associate Chief Medical Officer, Parkland Health, Dallas, Texas*

**Keywords:** Safety Net Health System, Care Delivery Innovations, Patient and Caregiver Engagement, S-OPAT, Community Engagement Strategies

#### **Learning Objectives:**

- Identify the key components of care delivery innovations in the safety net setting.
- Discuss patient and community engagement strategies that can be used to improve health equity.

**Overview:** Learn how low-technology, low-cost innovations in care delivery at a safety net health system improved health equity. Key components to interventions include listening, developing partnerships, and empowering patients and communities to co-create better clinical outcomes. Examples of patient and caregiver engagement models include a self-administered outpatient parenteral antibiotic therapy (S-OPAT) for patients with complicated infections, as well as a home inotrope program for patients with end-stage heart failure. Also included are the results of effective community engagement to increase flu vaccine uptake in a zip code with multiple health disparities, including mortality from flu.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

### **P153 | Embracing Diversity and Building Bridges Through Cultural Sensitivity Training**

*Ronald Stein, JD, MSN, NP-C, AOCNP, Oncology Nurse Practitioner, Keck Medicine of USC – Norris Cancer Center, Los Angeles, Calif.*

*Melissa Abbud, BSN, RN, Nurse Manager, Keck Medicine of USC, Redondo Beach, Calif.*

**Keywords:** Cultural Sensitivity Training, Healthcare Disparities, Cultural Competency Training Program, Racial Stereotyping, Breast Cancer Care

#### **Learning Objectives:**

- Discuss the importance of communication in promoting cultural sensitivity and understanding among healthcare providers.
- Examine strategies to improve cultural competency within the healthcare setting.

**Overview:** Promoting cultural sensitivity and understanding in healthcare settings is crucial for achieving positive health outcomes and reducing disparities. The USC Breast Center recognized the need to improve cultural competency among its staff to provide equitable breast cancer care. A previous project highlighted a lack of cultural sensitivity among the center's staff, particularly toward Black female patients. It also underscored the importance of acknowledging their distrust of the medical system and the likelihood of racial stereotyping. This project aims to address these potential disparities through implementation of a cultural competency training program.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

### **P154 | Concurrent Medical and Psychiatric Care in an Acute Care Unit**

*Amy Heidenreich, DNP, RN, AGCNS-BC, PMHNP-BC, APNP, Behavioral Health Advanced Practice Nurse, Froedtert Hospital, Milwaukee, Wis.*

*Jaclyn Martin, BSN, RN, Nurse Manager, Froedtert Hospital, Milwaukee, Wis.*

**Keywords:** Complexity Intervention Unit, Therapeutic Milieu, Ligature-Resistant Fixtures, Care Coordination, Groundbreaking Leaders

#### **Learning Objectives:**

- Identify the unique challenges of patients with both medical and behavioral health needs in an acute care hospital.

- Describe the design and care model that makes up a complexity intervention unit.

**Overview:** There is a clear and rapidly increasing number of patients admitted to the hospital for medical needs with a secondary behavioral health diagnosis. Meeting their behavioral health needs is highly variable, often inadequate and unsafe in an acute care hospital. The complexity intervention unit model of care is only available in a few hospitals in the nation and provides concurrent care of medical issues and behavioral needs. This acute care medical unit offers a therapeutic milieu, with enhanced care coordination and discharge planning in an environment that is safe for patients and staff.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

### **P155 | Efficient Coordination of Post-Acute Care Discharges**

*Nicholas Annichiarico, DO, Assistant Professor – Rehabilitation Medicine, UK Healthcare, Lexington, Ky.*

*Kristen Francis, Physical Therapist, Post Acute Care Coordinator, UK Healthcare, Lexington, Ky.*

*Christophe Gerhardstein, Masters in Business Analytics, Quality Improvement Specialist Senior, UK Healthcare, Lexington Ky.*

**Keywords:** Post-Acute Care, Discharge Efficiency, Interdisciplinary Communications, Workflows, Length of Stay

#### **Learning Objectives:**

- Discuss strategies that can be used to coordinate interdisciplinary communications in post-acute care discharges.
- Describe collaborative workflows that can be implemented to efficiently discharge patients to post-acute care facilities.

**Overview:** Increasing discharge efficiency is one method to increase hospital capacity and access. Patients with post-acute care needs represent a population with a high margin for improvement. Timely discharge to post-acute care meets patients’ rehabilitation needs and creates acute care capacity. Navigating the discharge process to post-acute care requires understanding patients’ medical, rehabilitation and social needs, while also addressing insurance benefits and barriers. Discover how our post-acute care coordinator facilitates discussions between insurance, providers, physical and occupational therapists, and case management to decrease the Vizient length of stay index in patients discharged to post-acute care facilities.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

### **P156 | Heal at Home: An Innovative Solution for Hospital Capacity Challenges**

*Jared Huber, MD, Medical Director, Home-Based Care, University of Utah Health, Salt Lake City, Utah*

*Juan M. Hernandez, RN, MSN, Senior Nursing Director, University of Utah Health, Salt Lake City, Utah*

*Jaimi Ostergar, MBA, Vice President of Operations, Community Nursing Services, Salt Lake City, Utah*

**Keywords:** Heal at Home, Hospital Capacity Challenges, Care Delivery Excellence, Post-Acute Provider, Genuine Two-Way Communication

**Learning Objectives:**

- Identify select methods used to ease the transition from acute to post-acute care.
- Discuss successful strategies employed to improve genuine two-way communication between a hospital and home health.

**Overview:** Heal at Home, a collaborative program between University of Utah Health and Community Nursing Services, revolutionizes patient care transitions. The program facilitates a seamless journey from our academic hospital's acute care centers to the comfort of the patients' home. The partnership enhances care coordination, delivering integrated services for improved patient outcomes, satisfaction and health system efficiency. Our future vision is to have our care coordination so synchronized that the home health nurse or therapist will be waiting at the patients' home when they arrive home from hospital discharge.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

**P157 | Optimizing Patient Flow: The Strategic Impact of a Hospitality Lounge**

*Chelcee Howard, MSHSA, Director, Operational Excellence, Loma Linda University Medical Center, Loma Linda, Calif.*

*Bernadette Malqued, MBA, Continuous Improvement Manager, Loma Linda University Health, San Bernardino, Calif.*

*Victoria Evangelista, RN, Riverside University Health System Medical Center, Moreno Valley, Calif.*

**Keywords:** Patient Flow Metrics, LOS, Room Exit Time, Discharge Order to Room Exit, Lounge Utilization

**Learning Objectives:**

- Discuss the impact of a hospitality lounge on patient flow.
- Explain successful strategies used to optimize patient flow.

**Overview:** In 2019, Loma Linda University Medical Center (LLUMC) launched a hospitality lounge, which serves as a strategic component of patient flow by providing an area for eligible discharged patients to await transportation home. By creating this transition area for discharged patients and dedicating staff for lounge-specific utilization, we improved patient flow by freeing up inpatient beds sooner and offloading emergency department (ED) volume by decreasing boarder times for patients with admission orders. As our ED continues to see record volumes of patients and the need for inpatient beds increases, the lounge plays a key role in patient throughput for LLUMC.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

**P158 | Optimizing Radiological Testing Workflows for Improved Outpatient and Inpatient Flow**

*Ashley J. Boltrek, MS, LSSBB, CPHQ, Quality Management Practitioner, Stony Brook Medicine, Setauket, NY*

*Anthony Indelicato, MS, AHRA R(RT), CT, CV, Director of Radiology, Stony Brook Medicine, Stony Brook, NY*

**Keywords:** Radiological Testing, Patient Flow, Turnaround Time, Multidisciplinary Communication

**Learning Objectives:**



- Identify improvement strategies to reduce testing turnaround time.
- Explain how improved multidisciplinary communication and coordination can lead to improved outcomes.

**Overview:** Turnaround time for radiological testing can have a critical impact on patient flow. Radiology results help dictate care for inpatients and emergency department (ED) patients. In the ED, MRI results can be a critical factor in deciding whether or not a patient needs to be admitted. On inpatient units, MRI results can impact plans of care and discharge timing. In January 2023, the radiology department at Stony Brook Medicine (SBM) embarked on a data-driven quality improvement initiative to decrease MRI turnaround times for both inpatient and outpatient populations. At baseline, SBM’s housewide average order-to-test time was 23 hours for inpatients during peak hours. For ED patients, order-to-test time was over seven hours against a goal of four hours. Testing bottlenecks negatively impacted patient flow in both populations and increased length of stay for patients pending MRIs for disposition and/or clearance.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

### **P159 | Changing the Paradigm: A Sickle Cell Collaborative**

*Angela Venuto-Ashton, MD, Medical Director, Sickle Cell Collaborative, Virginia Tech Carilion Clinic, Roanoke, Va.*

*Karen Marable, MSN, NP, Internal Medicine, Virginia Tech Carilion Clinic, Roanoke, Va.*

**Keywords:** Sickle Cell Collaborative, Utilization of Resources, Comprehensive Care, High Frequency Utilizers, Continuity of Care

#### **Learning Objectives:**

- Explain the importance of a multidisciplinary team of specialized providers in addressing the complex needs of sickle cell patients.
- Identify strategies to reduce ED visits and hospital admissions for sickle cell patients.

**Overview:** How do you improve quality of life and utilization of resources and create a standardized expectation for excellence in care of sickle cell patients where none exists? For our 230-mile region we created a multidisciplinary team of specialized providers to address complex needs, funded by the Virginia Department of Health and backed by Carilion Clinic leadership/administration. The Sickle Cell Collaborative is dedicated to providing comprehensive, collaborative care and services for sickle cell disease patients in southwestern Virginia. By targeting high frequency utilizers and creating a structural framework to eliminate poor outcomes, suboptimal care and gaps in care, we decreased utilization and improved our patients’ quality of life. We decreased emergency department (ED) visits and admissions by more than 50% in the first six months of the program.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE

### **P160 | Houston Methodist Willowbrook Comprehensive Throughput Redesign: Reimagining Emergency Medicine**

*Serenity Glazer, DNP, RN, NE-BC, Director Cardiovascular and Emergency Services, Houston Methodist Willowbrook, Houston, Texas*

*Myles McClelland, MD, MPH, CMQ, Medical Director for Emergency Medicine; MCM Emergency Services, Houston, Texas*

**Keywords:** Emergency Department, Split Flow Models, ED Boarding, ED 2.0

**Learning Objectives:**

- Identify innovative methods employed to decrease ED overcrowding and boarding.
- Describe a framework for an ED care model based on data analytics.

**Overview:** The recent global pandemic forced the delivery of care within the footprint of hospitals to vastly change. Emergency departments (EDs) are experiencing higher volumes of patients, where overcrowding and boarding have become a normal everyday occurrence. These barriers forced hospitals, and specifically EDs, to think differently when it comes to caring for patients. The old split flow models of care are no longer sufficient to move patients safely, effectively and timely through the continuum of emergency care. This project focuses on innovating ED throughput and identifies new road maps to decrease patient time spent in the ED.

**Credit(s) available:** Nursing, Pharmacy, Physician, IPCE