

# REFLECTION

2024 VIZIENT CONNECTIONS SUMMIT

REFLECT | ADAPT | EVOLVE

## Tuesday, Sept. 17

[Click on titles to see details.](#)

- T11 | Improving Health Equity Among Human Trafficking Victims: One Hospital's Approach ..... 3
- T12 | Co-Caring: An Innovative Care Model ..... 3
- T13 | Seamless Transitions: Enhancing Patient Outcomes, Reducing Readmissions and Improving Care Delivery ..... 4
- T14 | From Project to Program: Tackling Clinical Variation at Nuvance Health ..... 4
- T15 | Operational Excellence and Optimization: Improving Access for Breast Patients ..... 5
- T16 | Eliminating Agency Staff Through Talent Acquisition Strategies and Interdisciplinary Collaboration ..... 6
- T17 | Redesigning the Inpatient Care Coordination Model to Decrease Clinical LOS ..... 6
- T18 | Pursuing High Performance: How Leaders Approach Performance Improvement ..... 7
- T19 | Creating a Robust Senior Care Organization: Implementing an Entrepreneurial Operating System ..... 7
- T21 | Bridging the Care Management Gap and Cutting Costs: A Systemwide Strategy ..... 8
- T22 | Moving Virtual Visits Beyond the Trough of Disillusionment ..... 8
- T23 | My Pleasure! A Sustainable, Innovative, Community Volunteer Program Decreases Readmissions ..... 9
- T24 | Patient Outreach: Enhancing the Experience While Achieving Operational Growth ..... 10
- T25 | Engaging Senior Living Communities to Partner in Older Adult Care ..... 10
- T26 | Future-Proofing Healthcare: Rush's Digital Journey Toward AI ..... 11
- T27 | Creating a Safe Care Continuum for Persons Who Inject Drugs ..... 11
- T28 | Strategies for Managing Nonacute Procedure Profitability in PPI Service Lines ..... 12
- T29 | Organizational Structure Drives Culture: The Flag Never Touches the Ground ..... 13
- T31 | HRO Cultural Transformation: Approach and Results ..... 13
- T32 | Inside the War Room: Hospital Throughput ..... 14
- T33 | Understanding the Impact of Hospital Acquisitions on Quality of Care ..... 14
- T34 | Reducing Hospital Length of Stay by Expediting Post-Acute Precertifications ..... 15
- T35 | Support Services: Maximizing Value and Aligning Missions ..... 15

T36   Revolutionizing ED Utilization: A Value-Based Approach to Optimal Care .....	16
T37   UK HealthCare: Hepatitis C Virus Cures .....	17
T38   Integrating Sustainability and Diversity Into Facility Growth and Expansion .....	17
T39   Improving the Pediatric Patient's Journey Through Surgery in an ASC .....	18
T41   Data-Driven Excellence: Leveraging Quality Data to Optimize Health System Performance .....	18
T42   Efficiency in Motion: Addressing ED Throughput to Optimize Patient Flow .....	19
T43   Stayin' Alive: Keys to Sustaining Inpatient Mortality Improvement .....	20
T44   Clinical Insight, Supply Chain Impact .....	20
T45   Revolutionizing Care Transitions: How Strategic Partnerships Can Increase Capacity .....	21
T46   Empowering Healthcare Professionals: Nurturing Caregivers and Navigating Innovative Workplace Strategies ..	22
T47   Drug Shortage and Oncology Stewardship: Ensuring Equitable Access to Medications .....	22
T48   Bold Strategies for Strategic Growth, Clinical Delivery Excellence and Financial Sustainability .....	23
T49   Tech Solutions: Revolutionizing Food Service for Modern Challenges.....	24
T51   Digital Visual Management System Accelerates Engagement in a High-Reliability Culture .....	24
T52   Opioid Use Disorder Management: Two Novel Approaches .....	25
T53   Safety First: Streamlining Reporting and Preventing Ambulatory Workplace Violence .....	26
T54   Transforming Health Outcomes by Addressing Patients' Social Needs.....	26
T55   Building a Learning Health System: Nursing Quality.....	27
T56   Transforming Today for a Healthy and Sustainable Tomorrow .....	27
T57   Impacting Readmissions Through Palliative Care .....	28
T58   Mitigating Risk and Enhancing Access: Effective Supply Assurance Strategies .....	29
T59   How to Centralize Procurement and Purchasing for a Multilocation Network.....	29
T61   The Courage to Lead: How Women Shape the Future of Healthcare .....	30
T62   Transformative Healthcare Delivery: Health Systems Addressing Social Needs .....	30
T63   Advancing Health Equity: Maximizing Data and Partnerships .....	31
T64   Creating Access to Specialty Care Through eConsults .....	31
T65   Team-Based Heart Failure Clinic: Impact on Improving Outcomes.....	32
T66   Froedtert, Mayo and Yale Unite to Renovate Product Recall Ecosystem.....	33
T67   Improving the ED Experience and Efficiencies: 5 Strategies From 2 Large Systems .....	33
T68   On the Horizon: Preparing for Cell and Gene Therapy .....	34
T69   Informatics-Led Autonomous Workflows in Outpatient Radiology .....	35
T72   Improving Mortality and Sepsis Care: Novel Approaches to EHR Optimization.....	35
T73   Red Sneakers and the Peanut Gallery: Novel Leadership Improves Engagement.....	36
T74   Scaling Mobility Guided by the Vizient Mobility Collaborative .....	36
T76   How an Interdisciplinary Tier 3 Huddle Drove Patient Flow Across an NYC Hospital .....	37

T77   Innovating Together: A Multidisciplinary Care Approach to Reducing Hypoglycemic Events .....	38
T78   Developing a Systematic Approach to Measure Clinical Quality, Operational Performance and Strategic Growth .....	39

## T11 | Improving Health Equity Among Human Trafficking Victims: One Hospital's Approach

Tuesday, 8-8:30 a.m.

### Bandol 1

*Mary Sheree Stephens, MSN, AVP Quality, Ochsner LSU Health, Shreveport, La.*

**Keywords:** Human Trafficking, Healthcare Crisis, Operation RAHAB, Acute Trauma, Community Resources

#### Learning Objectives:

- Explain how human trafficking is a healthcare crisis.
- Describe how clinicians and hospitals are essential to ensure the safety of human trafficking victims.

**Overview:** Human trafficking is a major healthcare crisis. Healthcare can play a major role in decreasing and changing the landscape of this crisis. Approximately 90% of all victims seek healthcare once during trafficking. Ochsner LSU Health implemented training and screening and provided resources for victims in 2014. In 2019, the team evaluated the program. The major opportunity was lack of time for victims to make decisions regarding their livelihood. The victims were medically cleared and discharged, which left community resources scrambling to provide a safe place before traffickers reconnected with victims. The team developed Operation RAHAB: Rescue, Assess, Heal and Break free. Operation RAHAB provides care and a safe place from trafficking while the acute trauma fades. The hospital team and community resource develop a discharge plan that provides an escape from the life of trafficking. Operation RAHAB impacts three pillars for successful escape: TIME to recover from acute trauma, a safe PLACE to receive care and a PARTNERSHIP with a community resource for a discharge plan out of trafficking. This is an example of hospitals and communities coming together to truly impact the lives of many.

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

## T12 | Co-Caring: An Innovative Care Model

Tuesday, 8-8:30 a.m.

### Bandol 2

*Sylvain Trepanier, DNP, RN, CENP, FAONL, FAAN, Senior Vice President, System Chief Nursing Officer, Providence, Renton, Wash.*

**Keywords:** Co-Caring Model, Workforce Shortage, Nurse Role Deconstruction, Change Management Framework

#### Learning Objectives:

- Discuss current workforce supply and demand from a world view.

- Identify key elements to develop a return on investment that supports implementation of a new model of care.

**Overview:** More than four years after the COVID-19 pandemic began, we must seriously look at the role of nurses and the model of care we deploy. In this presentation, we will offer insights into deconstructing the nurse's role and planning for a co-caring model, where virtual and bedside nurses are supported by unlicensed assisting personnel. The co-caring model allows us to bring back the joy of practice, offers an excellent patient experience, promotes top-of-licensure practice, offers significant operational efficiencies and decreases the total cost of care by \$450,000 annually per unit.

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

### **T13 | Seamless Transitions: Enhancing Patient Outcomes, Reducing Readmissions and Improving Care Delivery**

**Tuesday, 8-8:30 a.m.**

**Meursault**

*Gregory Maynard, MD, MSc, MHM, Chief Quality Officer, UC Davis Health, Sacramento, Calif.*

*Vanessa McElroy, MSN, ACM-RN PHN, ICQCI, Director, Care Transition Management, UC Davis Health, Sacramento, Calif.*

*Eddie Eabisa, MBA, CSSGB, Manager, Transitions of Care, UC Davis Health, Sacramento, Calif.*

*Veronica De Los Santos, BSC, BSN, RN, TOC RN Supervisor, UC Davis Health, Sacramento, Calif.*

**Keywords:** Multi-Visit Patients, MVPs, Individualized Care Plans, ICPs, Hospital Readmissions, Health Navigators, EMR Data

#### **Learning Objectives:**

- Explain how to design sustainable interventions that enhance patient outcomes, reduce readmissions and improve healthcare delivery.
- Outline the steps to develop and implement individualized care plans that integrate medical, social and behavioral health interventions.

**Overview:** Maintaining continuity of care as patients transition to different settings can be fraught with obstacles. In some cases, gaps in these transitions can lead to avoidable readmissions. Join this session to learn how an organization leveraged data to optimize care for multi-visit patients, scheduled follow-up appointments with patients prior to discharge and established a post-discharge clinic. Key metrics and outcomes will be highlighted, as well as the dashboard leveraged for delivery of these key performance indicators.

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

### **T14 | From Project to Program: Tackling Clinical Variation at Nuvance Health**

**Tuesday, 8-8:30 a.m.**

**Castillon**

*Deanna Marchiselli-Flynn, MS, PT, Director, Clinical Optimization Consulting Service, Nuvance Health, Danbury, Conn.*

*Diane Kantaros, MD, Chief Quality Officer, Nuvance Health, Danbury, Conn.*

*Karen Steele, PharmD, DPLA, Vice President of Pharmacy Services, Nuvance Health, Danbury, Conn.*

**Keywords:** Clinical Variation Reduction, Multidisciplinary Team, Pharmaceutical Optimization, Value-Based Reimbursement

**Learning Objectives:**

- Describe the key elements of a successful clinical variation program governance structure.
- Discuss methods to implement and sustain strategies for clinical variation reduction.

**Overview:** Clinical variation leads to unnecessary utilization of resources, waste, increased cost of care and potential differences in outcomes. Nuvance Health's chief quality officer was tasked with creating a multidisciplinary team to identify and improve gaps in structure to tackle systemwide clinical variation. By integrating people, process and technology, Nuvance Health created a structure to identify, address and sustain clinical variation reduction efforts, focusing on pharmaceuticals, supplies, imaging, laboratory and labor inefficiencies. Within the first year, we achieved a \$7.6 million savings across pharmacy, lab and antimicrobial stewardship and a \$12.3 million savings in supplies. Given our success, our efforts evolved from project to program.

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

## **T15 | Operational Excellence and Optimization: Improving Access for Breast Patients**

**Tuesday, 8-8:30 a.m.**

**Fleurie**

*Karla Bouzas, LSSBB, Senior System Process Engineer, Houston Methodist Sugar Land Hospital, Sugar Land, Texas*

*Stephanie Beery, MHA, Project Manager, Houston Methodist Sugar Land Hospital, Sugar Land,, Texas*

**Keywords:** Continuous Improvement, Lean Methodology, Value Stream Assessment, Kaizen Event, Standardized Templates

**Learning Objectives:**

- Describe how to build staffing models to match scheduling templates.
- Explain successful strategies to manage appointment lead times, including monitoring demand and capacity.

**Overview:** Continuous improvement initiatives set the stage for long-term success. Adopting a culture that supports continuous improvement takes dedication at all levels of an organization. Leaders must be committed to making incremental changes by eliminating waste, streamlining workflows and analyzing performance. An interdisciplinary team at Houston Methodist Sugar Land recognized the need to decrease appointment lead times in the Breast Care Center and committed to continuous improvement. Utilizing a holistic approach has shown positive outcomes for the patient experience, while also achieving operational excellence.

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

## **T16 | Eliminating Agency Staff Through Talent Acquisition Strategies and Interdisciplinary Collaboration**

**Tuesday, 8-8:30 a.m.**

**Musigny**

*Andrea M. Cichon, MBA, SHRM-CP, Vice President, Talent Acquisition, Tampa General Hospital, Tampa, Fla.  
Wendi Goodson-Celerin, DNP, APRN, NE-BC, Senior Vice President and Chief Nursing Executive, Tampa General Hospital, Tampa, Fla.*

*Tyler Carpenter, MS, Vice President, People and Talent, Tampa General Hospital, Tampa, Fla.*

**Keywords:** Workforce Challenges, Talent Acquisition Strategies, Nursing Partnership, Vacancies, Operational Staffing Company

### **Learning Objectives:**

- Discuss creating a self-sustaining workforce model.
- Explain the benefits of a people and talent (human resources) and nursing partnership.

**Overview:** As many health systems were faced with difficult financial decisions coming out of the pandemic, hear how Tampa General Hospital achieved and maintained zero travel agency team members across its inpatient nursing division. The hospital accomplished this by using innovative talent acquisition strategies, collaborating with nursing leadership and interdisciplinary teams, measuring effectiveness, and adapting quickly. Keys to success included learning the importance of partnership, remaining nimble to try new ideas, failing fast and continuing to move forward. With an established partnership, nursing and people and talent (human resources) are strategically positioned to better anticipate and solve workforce challenges together.

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

## **T17 | Redesigning the Inpatient Care Coordination Model to Decrease Clinical LOS**

**Tuesday, 8-8:30 a.m.**

**Hermitage**

*Nadia Abbas, LCSW, Director, Inpatient Care Coordination, UChicago Medicine, Chicago, Ill.  
Rachel Tyson, MSHS, Assistant Director, Quality Performance Improvement, UChicago Medicine, Chicago, Ill.  
Tipu Puri, MD, PhD, Associate Chief Medical Officer, UChicago Medicine, Chicago, Ill.  
Sean Bolourchi, MPH, Senior Data Analyst, UChicago Medicine, Chicago, Ill.*

**Keywords:** Care Coordination, Discharge Planning, Team Structure, Caseload, Leadership Structure

### **Learning Objectives:**

- Discuss the role of inpatient care coordination in supporting inpatient throughput required to improve clinical LOS.

- Describe the core components required to redesign the inpatient care coordination model to provide higher touch, more effective discharge planning services to patients and care teams.

**Overview:** Inpatient care coordination plays an integral role in supporting clinical teams in ensuring each patient has a discharge plan that will help them transition from the hospital to their next destination. The structure and model of the team is fundamental to its overall success. This initiative provides an overview of a year-long effort to redesign the inpatient care coordination team structure at a large academic medical center to provide more effective care delivery and improve overall length of stay (LOS).

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

## **T18 | Pursuing High Performance: How Leaders Approach Performance Improvement**

**Tuesday, 8-8:30 a.m.**

**Ruinart**

*David Levine, MD, Senior Vice President and Chief Medical Officer, Vizient, Irving, Texas*

*Katerie Chapman, Senior Principal, Vizient, Irving, Texas*

**Keywords:** Performance Improvement, Leaders, Change, Organizations

### **Learning Objectives:**

- Discuss how leaders are strategically affecting change and growth for their organizations.
- Describe the foundational levers needed to achieve high performance.

**Overview:** The industry continues to push forward fast. Health systems and hospital leaders are faced with having to solve for near-, mid- and long-term challenges concurrently in order to ensure their position in their markets and communities. Join a panel discussion as leaders discuss their strategies for creating disruptions to innovate for the future and what will never change as they strive to deliver best-in-class care.

This session does not award accredited CE credit.

## **T19 | Creating a Robust Senior Care Organization: Implementing an Entrepreneurial Operating System**

**Tuesday, 8-8:30 a.m.**

**Avignon**

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

*Annie Land, Client Care Manager, Cottage Caregivers, Hanover, Mass.*

*Erin M. Garside, Client Care Manager, Cottage Caregivers, Hanover, Mass.*

**Keywords:** Entrepreneurial Operating System, Organizational Agility, Culture, Collaborative Decision-Making, Technology Infrastructure

### **Learning Objectives:**

- Discuss implementing new technology systems to improve operational efficiencies.

- Explain the use of diverse communication methods to engage collaboratively with key stakeholders.

**Overview:** Cottage Caregivers is a family-oriented senior care agency in Massachusetts. The leadership team has been working diligently over the past year to scale up operations. This transformation is driven by the adoption of an entrepreneurial operating system model and enhancing the company's culture. We will take a closer look at how Cottage Caregivers is successfully achieving this while preserving its family-centric values. We will explore how we have strengthened technology and infrastructure, improved caregiver hiring practices, and increased community involvement. These efforts have had a significant business impact, as evidenced by increased client and caregiver engagement and increased business revenues — all while maintaining sustainable margins.

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

## **T21 | Bridging the Care Management Gap and Cutting Costs: A Systemwide Strategy**

**Tuesday, 8:45-9:15 a.m.**

### **Bandol 1**

*Georgia McGlynn, RN, MSN-CNL, CPHQ, Manager, Population Health and Accountable Care, UC Davis Medical Center, Sacramento, Calif.*

*Reshma Gupta, MD, MSHPM, Chief of Population Health and Accountable Care, UC Davis Medical Center, Sacramento, Calif.*

*Vanessa McElroy, MSN, ACM-RN PHN, ICQCI, Director, Care Transition Management, UC Davis Health, Sacramento, Calif.*

**Keywords:** Value-Based Care, Silos, Patient Stratification, Integrated Care, Care Management

### **Learning Objectives:**

- Discuss an approach to map care management needs across a health system by defining patient populations and stratifying them by level of risk and areas of need.
- Describe one way to address barriers to institutional culture change that could help move toward systemwide care management.

**Overview:** While reducing healthcare spending is a health system objective, even national models reveal challenges in significantly lowering costs. Providing value-based care requires health systems to acknowledge that patients live in complex ecosystems of care that involve multiple linkages and transitions between the hospital and primary, specialty and community care. We will share a framework to achieve cost reductions by digging into mapping care management functions to move beyond traditionally siloed structures, relationships, infrastructure and payment models. We will explore common barriers, discuss missteps and highlight achievements to ultimately establish cost savings through a systemwide care management framework.

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

## **T22 | Moving Virtual Visits Beyond the Trough of Disillusionment**

**Tuesday, 8:45-9:15 a.m.**



## Bandol 2

*Bryan Beaumont, DO, MS, Medical Director Digital Operations, Froedtert and the Medical College of Wisconsin, New Berlin, Wis.*

*Bryan Yagodzinski, Director of Digital Operations, Froedtert Health, Milwaukee, Wis.*

**Keywords:** Virtual Visits, Primary Care, Provider Burnout, EMR Portal Messages, Patient Satisfaction

### Learning Objectives:

- Identify three strategies to increase virtual visits in primary care.
- Describe methods to reduce provider burnout associated with portal message management.

**Overview:** The time from early 2020 to January 2022 quickly ushered in a new and previously underutilized delivery of healthcare through digital means. Shortly after, we found ourselves entrenched in the trough of disillusionment and set out to revitalize and stabilize our digital health delivery. The impetus for these efforts came from three primary areas of opportunity: 1) an increase in patients seeking digital health through competitors, 2) a goal to expand primary care access without expanding our brick-and-mortar footprint, and 3) decreasing provider satisfaction with increased time spent addressing electronic medical record (EMR) portal messages.

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

## T23 | My Pleasure! A Sustainable, Innovative, Community Volunteer Program Decreases Readmissions

**Tuesday, 8:45-9:15 a.m.**

**Meursault**

*Alma Villanueva, MSN, RN, Director of Case Management and Social Work, Houston Methodist West Hospital, Houston, Texas*

*Tere Jackson, Guest Relations Service Quality and Volunteer Services Manager, Houston Methodist West Hospital, Houston, Texas*

*Debra Welsch, BSN, RN, Case Manager, Houston Methodist West Hospital, Houston, Texas*

**Keywords:** Community Volunteers, Readmission Reduction Team, Volunteer Process Map, Unplanned Readmissions, Specialty Physician, Primary Care Physician

### Learning Objectives:

- Describe how to recruit, train and retain community volunteers for a successful readmission reduction team.
- Outline a volunteer process map that guides volunteers on how to assist in making appointments.

**Overview:** Unplanned readmissions are costly and often an important indicator of a hospital's effectiveness and quality of care. A significant contributor to readmissions is lack of timely follow-up with the specialty or primary care physician. We instituted an innovative approach to decrease readmissions by engaging community volunteers to assist patients with follow-up appointments. Since its 2016 inception, the program

has grown from one to 15 volunteers. The number of diagnoses the program supports has expanded from one to five. We will describe the journey and evolution of this program and provide a road map for implementation in other organizations.

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

## **T24 | Patient Outreach: Enhancing the Experience While Achieving Operational Growth**

**Tuesday, 8:45-9:15 a.m.**

**Castillon**

*TraQuenna Smith Branch, MHA, CPC, Associate Vice President, Ambulatory Contact Center, Memorial Hermann Health System, Houston, Texas*

*Andrea Faz, MSHA, FABC, CMOM, FACHE, Vice President of Ambulatory Services, Memorial Hermann Health System, Houston, Texas*

**Keywords:** Automation, Outreach, Self-Service, Work Breakdown Structure, WBS, Patient Satisfaction, Patient Engagement

### **Learning Objectives:**

- Explain the benefits of easy access, automated patient scheduling.
- Describe the impact an invite-to-schedule system can have on hospital business operations and patient access.

**Overview:** The order-to-invite project enabled an ambulatory contact center to expand scheduling outreach by sending the patient an invite-to-schedule text upon order receipt. The prior outreach strategy, in place for over seven years, had limited outreach and did not fully leverage today's technological advances and patient communication preferences. A multidisciplinary team was established to operationalize the plan and maintain patient privacy while optimizing the patient's experience. The project increased website traffic by 50% and online scheduling activity by 43%. Robust process improvement concepts were applied, enabling a comprehensive, self-service process and improved utilization.

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

## **T25 | Engaging Senior Living Communities to Partner in Older Adult Care**

**Tuesday, 8:45-9:15 a.m.**

**Fleurie**

*Carolyn K. Clevenger, DNP, RN, GNP-BC, AGPCNP-BC, FAANP, FGSA, FAAN, Founder/Director, Emory Healthcare, Atlanta, Ga.*

*Laura Medders, LCSW, Program Director, Emory Healthcare's Integrated Memory Care Clinic, Atlanta, Ga.*

**Keywords:** Integrated Memory Care, IMC, Senior Living Communities, SLCs, Dementia, Patient-Centered Care Model, IMC in Community Program

### **Learning Objectives:**

- Describe the benefits of a nontraditional care model.
- Explain the required partnerships within a health system to launch a new program/care delivery model.

**Overview:** Emory Healthcare’s Integrated Memory Care (IMC) Clinic launched a model of care that formally partners with senior living communities (SLCs) to address the increased care needs of people living with dementia (PLWD), a vulnerable population. The IMC Clinic often experienced patient leakage when patients transitioned to an SLC. To increase retention, the IMC Clinic developed a patient-centered care model to reach a population that is difficult to serve in a traditional outpatient clinic setting. The IMC team worked with various health system departments to implement this comprehensive new model, which improves customer satisfaction and reduces avoidable hospitalization risk for PLWD.

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

## **T26 | Future-Proofing Healthcare: Rush's Digital Journey Toward AI**

**Tuesday, 8:45-9:15 a.m.**

**Musigny**

*Jeremy Strong, System Vice President, Supply Chain and Hospital Operations, Rush University Medical Center, Chicago, Ill.*

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

*Dustin Slodov, Director of Procurement, Rush University System for Health, Chicago, Ill.*

**Keywords:** Digital Journey, Automation, Procurement, Robotic Process Automation, RPA, Demand Planning

### **Learning Objectives:**

- Discuss integrating a digital strategy to streamline healthcare operations.
- Describe the use of artificial intelligence and automation in healthcare operations.

**Overview:** Embark on Rush supply chain's revolutionary digital journey, merging artificial intelligence (AI) and automation to redefine healthcare operations. Experience our dynamic partnership with information technology, driving unmatched efficiency and cost-effectiveness. Witness transformative outcomes, from streamlined procurement to optimized inventory control. Embrace the power of a robust digital strategy to future-proof your organization and seamlessly integrate AI solutions. Stay ahead of the curve in healthcare's technological revolution, paving the way for agile, data-driven decision-making. Join us as we pioneer a path toward unparalleled efficiency and excellence at the intersection of technology and healthcare.

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

## **T27 | Creating a Safe Care Continuum for Persons Who Inject Drugs**

**Tuesday, 8:45-9:15 a.m.**

**Hermitage**

*Shyam Odeti, MD, MS, FAAFP, SFHM, MBA, Section Chief, Hospital Medicine, Carilion Clinic, Roanoke, Va.*

*Lauren McDaniel, PharmD, Clinical Pharmacy Specialist, Infectious Diseases, Carilion Clinic, Roanoke, Va.*

**Keywords:** Dalbavancin Utilization, IV Antibiotics, PICC Line, Home Infusion, Outpatient Follow-Up, PWID, LOS, Cost

**Learning Objectives:**

- Discuss the impact of a multidisciplinary approach in treating patients with high-burden infections complicated by substance use disorders.
- Explain successful methods that can be used to manage LOS, resulting in downstream improvement in capacity and throughput.

**Overview:** How did a healthcare system nestled in a “Dopesick” community improve outcomes for hospitalized persons who inject drugs (PWID), while also reducing inpatient length of stay (LOS), achieving a net a positive revenue of over \$990,000 in 12 months, and ensuring patients receive safe, home-based treatment? Pathways — an innovative program involving multidisciplinary teams — integrates medical, addiction and mental health treatment to offer comprehensive management for hospitalized PWID. By implementing criteria-based dalbavancin utilization and discharge with intravenous antibiotics via a peripherally inserted central catheter line, patients are safely discharged home. Outcomes include decreasing LOS by 14 days to 35 days and increasing bed capacity to serve more patients.

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

**T28 | Strategies for Managing Nonacute Procedure Profitability in PPI Service Lines**

**Tuesday, 8:45-9:15 a.m.**

**Ruinart**

*Allen Passerallo, Vice President, Category Management – Orthopedics, Vizient, Irving, Texas*

*Keith Knag, Director National ASC, Stryker*

*Robert Molloy, MD, Head of Adult Reconstruction, Cleveland Clinic, Cleveland, Ohio*

*Osmel Delgado, MBA, PharmD, FASHP, Chief Operating Officer, Healthcare Outcomes Performance Company (HOPCo), Ft Lauderdale, FL*

**Keywords:** Standardized Contracting, Product Utilization, Operational Solutions, Lower Cost, Spend Management, Nonacute, Physician Preference Items, PPI, Orthopedics

**Learning Objectives:**

- Describe standardized contracting, product utilization and operational solutions that lower costs.
- Identify unique factors influencing margins in the nonacute setting.

**Overview:** Several factors challenge the nonacute healthcare market, including margin compression, cost of goods, declining reimbursement and changes in the site of service for specific procedures. Learn strategies that can optimize operational efficiency and enhance spend management in physician preference item (PPI) categories.

This session does not award accredited CE credit.

## T29 | Organizational Structure Drives Culture: The Flag Never Touches the Ground

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

Avignon

*Timothy D. Mercier, MHA/Finance, Director of Facilities and Purchasing Services, Watson Clinic LLP, Lakeland, Fla.*

*Cedric Holloway, Projects Assistant, Watson Clinic LLP, Lakeland, Fla.*

**Keywords:** Vision and Mission, Organizational Leadership Models, Resistance to Change, Situational Leadership, Core Strengths and Weaknesses

### Learning Objectives:

- Outline the steps to develop an organizational vision and mission.
- Describe three specific organizational leadership models.

**Overview:** The premise of this proposed presentation is to posit that there is a core value threading through every leadership model, and that the core value is often overlooked. Tapping into and focusing on this core value is a key to organizational success. It starts simply enough with people and their dedication toward normalized relationships. Understanding what people bring to the table and how different perspectives interact with other perspectives can help an organization achieve greatness.

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

## T31 | HRO Cultural Transformation: Approach and Results

Tuesday, 9:30-10 a.m.

Bandol 1

*Kathy Davis, DNP, RN, MBA, CPHQ, System Vice President, Quality, Safety and Clinical Integration, MultiCare Health System, Tacoma, Wash.*

*June Altaras, RN, MSN, Executive Vice President, Chief Nursing, Quality and Safety Officer, MultiCare Health System, Tacoma, Wash.*

**Keywords:** High-Reliability Organization, HRO, HRO Cultural Transformation, Serious Safety Event Rate

### Learning Objectives:

- Describe a multiyear leadership approach to developing and implementing an HRO cultural transformation.
- Discuss the major cornerstones of an HRO cultural transformation.

**Overview:** At MultiCare Health System (MHS), the ultimate goals of the leadership-sponsored high-reliability organization (HRO) cultural transformation are to improve patient safety, reduce harms and create a sustainable culture. Anchored in commitment, the transformation's key cornerstones include: leadership guidance and oversight; defining, learning and implementing HRO concepts, activities and behaviors; reporting, resolving and measuring safety incidents; and using an integrated culture survey to guide cultural progress. Over the last four years, MHS reduced serious safety events by 35% and documented progress in

workforce perceptions of local leadership and teamwork. As the journey to HRO leadership continues, we refine and adjust key strategies and tactics to accelerate transformation.

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

### **T32 | Inside the War Room: Hospital Throughput**

**Tuesday, 9:30-10 a.m.**

**Bandol 2**

*Sal Ababneh, MBA, RN, President, UW Health – Swedish American, Rockford, Ill.*

*James P. Cole, DO, FACS, Chief Medical Officer, UW Health – Swedish American, Rockford, Ill.*

**Keywords:** Throughput, Continuum of Care, Real-Time Management, Hospital Productivity, Hospital Throughput Efficiency

#### **Learning Objectives:**

- Describe strategies to manage patient flow across the continuum of care.
- Discuss the use of data and real-time management to improve hospital productivity.

**Overview:** Every day starts with holds in the emergency room, census at capacity and record-high numbers of COVID-19-positive patients. You must decide daily whether to cancel procedures the next day because of the high census. After reviewing the data, it is discovered that there are hundreds of excess days leading to additional costs and strain to an already clogged system. Hospital productivity is of great importance to senior leaders, operational leaders and policymakers. This presentation will walk through a systematic approach to continuum of care throughput work, as well as a tactical approach to solving inefficient work streams and frameworks — from emergency department to hospital to post-discharge processes — to improve the right care, at the right time, in the right place, ensuring access wins the day!

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

### **T33 | Understanding the Impact of Hospital Acquisitions on Quality of Care**

**Tuesday, 9:30-10 a.m.**

**Meursault**

*Nancy L. Hagood, MD, Assistant Professor, Medical University of South Carolina, Charleston, SC*

*Danielle B. Scheurer, MD, MSCR, Chief Quality Officer, Medical University of South Carolina, Charleston, SC*

**Keywords:** Hospital Acquisitions, Quality of Care, Metrics, Pre-/Post-Acquisition, Organizational Factors

#### **Learning Objectives:**

- Discuss metrics that can be used to develop a sustainable standard for real-time evaluation of pre-/post-acquisition quality of care.
- Describe organizational factors that accelerate post-acquisition quality improvement.

**Overview:** Financial impacts of hospital acquisitions are well demonstrated, while quality impacts remain less clear. The purpose of our study is to understand the effect of Medical University of South Carolina (MUSC) Health Regional Health Network (RHN) acquisitions on quality. A pre-/post-acquisition observation study was performed assessing quality measures of five hospitals within MUSC Health’s RHN, acquired between 2019 and 2021. Outcome measures included Vizient Quality and Accountability change in overall hospital performance rank and change in domain ranks of mortality, safety and patient centeredness. All five RHNs show post-acquisition improvement in overall hospital performance rank, with four of five RHNs currently better than average. Time to improvement accelerated with system-level standardization of governed management plans.

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

### **T34 | Reducing Hospital Length of Stay by Expediting Post-Acute Precertifications**

**Tuesday, 9:30-10 a.m.**

**Castillon**

*Eleanor Dashnaw, MSN, RN, CCM, Clinical Program Manager, Indiana University Health, Indianapolis, Ind.  
Adria Grillo-Peck, RN, MS, CNS, CMC, Vice President, Integrated Care Management, Indiana University Health, Indianapolis, Ind.*

**Keywords:** Precertification, SNFs, Interprofessional Collaboration, Turnaround Time, TAT, Post-Acute Facility Placement

#### **Learning Objectives:**

- Describe strategies that can be used to enhance interprofessional collaboration to reduce skilled nursing facility overutilization and hospital length of stay.
- Discuss solutions to change a healthcare system’s culture through shared vision and patient advocacy.

**Overview:** What if an entire healthcare system could dramatically decrease turnaround time for post-acute facility placement? A 16-hospital healthcare system set out to answer this question with a resounding “yes” — with a two-part solution aimed at decreasing length of stay and addressing the overutilization of skilled nursing facilities (SNFs) as a discharge disposition. Implementation of an internalized precertification process occurred in conjunction with the launch of a statewide interprofessional education initiative. This successful program has allowed patient care teams to consistently recognize post-acute facility criteria while simultaneously improving their supportive documentation.

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

### **T35 | Support Services: Maximizing Value and Aligning Missions**

**Tuesday, 9:30-10 a.m.**

**Fleurie**

*Justin Klinefelter, MBA, System AVP, Category Management, Endeavor Health, Evanston, Ill.  
Brian Murray, MBA, System Vice President, Supply Chain Procurement, Endeavor Health, Evanston, Ill.*

*Matthew Hess, PT, MBA, FACHE, System Vice President – Supply Chain Operations NorthShore – Edward-Elmhurst Health; Endeavor Health, Warrenville, Ill.*

**Keywords:** Standardization, RFP, Scorecard, Diversity, Equity and Inclusion Programs, DEI Programs, Apprenticeship Programs

**Learning Objectives:**

- Describe successful strategies to improve financial value and patient experience with support services.
- Identify resources that can be used to provide insight into benchmarking targets.

**Overview:** The industry is split between providing support services in-house or outsourcing these services. For those organizations that outsource, these employees are typically viewed by hospital staff, patients and the community as part of the team. They play an active role in patient satisfaction and contribute heavily to the organizational culture. Endeavor Health began a two-year standardization project in 2021 to align these services under one vendor, selecting a partner that was aligned with our mission, vision and values. While this created significant work for supply chain, it resulted in an eight-figure savings and capital investment, and strong key performance indicators to keep patient satisfaction front and center.

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

### **T36 | Revolutionizing ED Utilization: A Value-Based Approach to Optimal Care**

**Tuesday, 9:30-10 a.m.**

**Musigny**

*Shashank Ravi, MD MBA, Medical Director, SHC Value Based Care Program, Stanford Health Care | Stanford Medicine, Palo Alto, Calif.*

*Mohamed Alhadha, Industrial and Systems Engineering, MBB, Senior Performance Improvement Consultant, Stanford Health Care | Stanford Medicine, Palo Alto, Calif.*

**Keywords:** Value-Based Care Strategies, Data-Driven Approach, Low-Acuity ED Visits, Per Member Per Month (PMPM) Costs, Healthcare Delivery Optimization

**Learning Objectives:**

- Discuss value-based care strategies to reduce avoidable ED visits.
- Describe methods that can be used to reduce PMPM costs and low-acuity ED visits.

**Overview:** This session will explore how a leading academic health system revolutionized emergency care, significantly reducing avoidable emergency department (ED) visits by implementing a value-based care strategy. We will unveil a comprehensive approach that redirects patients to appropriate care settings, enhancing care quality and efficiency while reducing costs. Attendees will discover the innovative tactics, from data analysis to targeted interventions, that led to a measurable decrease in low-acuity ED visits and per member per month (PMPM) expenses. Join us to learn actionable insights and strategies that can be applied to improve healthcare delivery in your organization, making it a pivotal session for those committed to transforming patient care.



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

### **T37 | UK HealthCare: Hepatitis C Virus Cures**

**Tuesday, 9:30-10 a.m.**

**Hermitage**

*James Moore, MD, MBA, FACEP, Associate Professor, University of Kentucky, University of Kentucky, Lexington, Ky.*

*Maribeth Wright, RPh, CSP, Amb/Retail Pharmacist Manager, University of Kentucky Specialty Pharmacy and Infusion Services, Lexington, Ky.*

*Morgan Stacey, DNP, APRN, UK-CURES Program Provider, UK HealthCare, Lexington, Ky.*

**Keywords:** Curative Treatment, HCV Testing, HCV Elimination, Fibrosis Assessments, Chronic Hepatitis C Virus

#### **Learning Objectives:**

- Discuss the importance of identifying persons with chronic hepatitis C virus (HCV) infection in the U.S. due to its high morbidity and mortality burden.
- Explain the transformative impact of curative treatments on HCV infection, turning it from a life-threatening condition into a manageable one.

**Overview:** Identifying persons with chronic hepatitis C virus (HCV) infection is crucial in the U.S. due to its high burden of morbidity and mortality. The availability of curative treatments has transformed this once life-threatening infection, but low awareness among infected individuals hinders treatment efforts. To address this, a novel model of care was developed utilizing specialty pharmacists and incorporating best practices to optimize the HCV cascade of care and address associated conditions. Since implementation, the model has shown positive outcomes, including increased treatment rates, reduced time from diagnosis to treatment and significant revenue generation. This model incentivizes engagement and adds value to all stakeholders, which suggests it could be a cost-effective approach for the recently allocated funds for HCV elimination. By identifying and treating HCV infection, the healthcare system can reduce the downstream burden of complications and improve patient outcomes.

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

### **T38 | Integrating Sustainability and Diversity Into Facility Growth and Expansion**

**Tuesday, 9:30-10 a.m.**

**Ruinart**

*Theresa Brigden, Senior Principal, Indirect Spend, Vizient, Irving, Texas*

*Shaleta Dunn Vick, Vice President, ESG Impact Spend, Vizient, Irving, Texas*

**Keywords:** Planning Process, Construction Projects, Sustainability Scopes, Diversity Tiers, Suppliers

#### **Learning Objectives:**

- Discuss best practices and strategies to effectively incorporate sustainability and diversity goals into the planning process for facility growth and expansion.

- Explain how to effectively engage suppliers in achieving sustainability and diversity objectives.

**Overview:** This presentation will delve into the crucial topic of embracing sustainability and diversity goals and objectives in the facility growth and expansion planning process. Through insightful discussions, you will gain valuable insights into sustainability scopes 1, 2 and 3, as well as diversity tier 1 and tier 2, and understand their impact on construction projects. We will uncover the layers involved in the tier 2 diversity component and how it can influence construction, highlighting the shifting focus and the opportunities it presents. Collaborating with suppliers is critical to success, and we will discuss strategies to leverage the group purchasing organization to enhance buying power and optimize the catalog. The presentation will cover facilities, construction, services and maintenance, providing practical guidance on working with Vizient to align your goals and objectives for indirect spend and purchased services, sustainability, and diversity.

This session does not award accredited CE credit.

### **T39 | Improving the Pediatric Patient's Journey Through Surgery in an ASC**

**Tuesday, 9:30-10 a.m.**

**Avignon**

*Gayle Bultsma, BSN, RN, CAPA, Director of Clinical Quality, Copper Ridge Surgery Center, Traverse City, Mich.*  
*Anna Lulis, BSN, RN, CNOR, Registered Nurse, Copper Ridge Surgery Center, Traverse City, Mich.*

**Keywords:** Pediatric Patients, Surgical Experience, Ambulatory Surgery Center, ASC, Educational Materials, Communication With Children

#### **Learning Objectives:**

- Discuss effective tools, resources and educational materials to enhance the pediatric experience while relying on staff input and talent.
- Describe the development of an engaging communication plan for children of varying developmental stages and needs.

**Overview:** Meeting the specific physical and emotional needs of pediatric patients having a surgical procedure can be challenging, especially in a fast-paced ambulatory surgery center (ASC) environment. Our team looked at every phase of the surgical journey from the perspective of a child and developed creative tools, hands-on resources and educational materials that have resulted in the delivery of a more caring and positive experience for this unique patient population.

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

### **T41 | Data-Driven Excellence: Leveraging Quality Data to Optimize Health System Performance**

**Tuesday, 10:15-11 a.m.**

**Bandol 1**

*Abe Jacob, MD, MHA, Chief Quality Officer, M Health Fairview, Minneapolis, Minn.*  
*Michelle Hodge, MA, Vice President of Quality, M Health Fairview, Minneapolis, Minn.*  
*Christy Swarthout, MBA, Manager Analytics, M Health Fairview, Minneapolis, Minn.*

*Kara L. Tomlinson, MD, MBA, Vice President of High Reliability, M Health Fairview, Minneapolis, Minn.*

*Linda Staubli, MSN, RN, ACCNS-AG, Program Manager of Clinical Quality and Patient Safety Analysis, University of Colorado Hospital, Aurora, Colo.*

*Elyse Bueno, MS, APRN, ACCNS-AG, NE-BC, Senior Director of Clinical Quality and Patient Safety, UC Health University of Colorado Hospital, Aurora, Colo.*

**Keywords:** Operational Governance Groups, Interprofessional Collaboration, Integration, System Total Performance Score, Clinical Variation Reduction

**Learning Objectives:**

- Describe the interprofessional governance group structure that drives improvement for prioritized patient outcomes.
- Identify key variables to achieve system integration of quality and safety across a health system.

**Overview:** In the evolving landscape of healthcare mergers and acquisitions, it is crucial to emphasize the value of integration across multiple entities by focusing on system quality and safety. This session introduces a model that utilizes quality data to track health system effectiveness. By leveraging this data, the model not only improves individual hospital outcomes but also enhances systemwide effectiveness through the system total score. The session will highlight the critical factors that drive systemwide performance, emphasizing a strategy for prioritizing quality and safety measures. Furthermore, operational and clinical engagement strategies, including senior leadership involvement and establishment of governance groups, will be shared to drive successful outcomes.

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

**T42 | Efficiency in Motion: Addressing ED Throughput to Optimize Patient Flow**

**Tuesday, 10:15-11 a.m.**

**Bandol 2**

*Ellen Robinson, PT, CPHQ, Clinical Quality Analyst, Harborview Medical Center – University of Washington, Seattle, Wash.*

*Kellie Hurley, MN, RN, SCRNP, Associate Administrator Nursing Operations and Clinical Capital Development, Harborview Medical Center, Seattle, Wash.*

*Meagan Moyer, MS, MPH, RD, Manager, Digital Health, Stanford Health Care, Stanford, Calif.*

*Sam Shen, MD, MBA, Associate Chief Quality Officer/Patient Safety Officer, Stanford Health Care, Stanford, Calif.*

*Patrice Callagy, RN, MPA, MSN, CEN, Vice President, Stanford Health Care, Stanford, Calif.*

**Keywords:** ED Throughput, Patient Placement, LWBS Rate, Digital Health Technology, Virtual ED Fast Track Program

**Learning Objectives:**

- Describe a multipronged approach to manage high inpatient census.

- Describe key components of designing and implementing a virtual visit track program through the biodesign process.

**Overview:** Join us to hear from two organizations that launched different approaches to optimize access and flow for patients entering the emergency department (ED). Strategies discussed include successful implementation of an agile unit that flexes between acute care and the intensive care unit, depending on ED needs, and a digital health solution that enables a virtual visit track. Presenters will share perspectives, strategies, implications and outcomes from these successful interventions.

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

### **T43 | Stayin' Alive: Keys to Sustaining Inpatient Mortality Improvement**

**Tuesday, 10:15-11 a.m.**

**Meursault**

*Katherine Pavlovich, MPH, Director, Enterprise Analytics, UCSF Health, San Francisco, Calif.*

*Donna Hays, RN, Director, Clinical Documentation Integrity, UCSF Health, San Francisco, Calif.*

*Madeline Chicas, MHA, CPHQ, Senior Quality Improvement Specialist, UCSF Health, Brisbane, Calif.*

*Gordon E. Carr, MD, Chief Medical Officer, Banner UMC Tucson, Tucson, Ariz.*

*Hanna Mari Minehart, BSN, Quality Improvement Director, Quality Improvement, Banner UMC Tucson, Tucson, Ariz.*

*Bridget M. Rowden, MSN, RN, Director Quality Improvement, Banner – University Medical Center South, Tucson, Ariz.*

**Keywords:** Performance, Structures, Strategies, Inpatient Chain of Survival, Rapid Response Team, RRT, Mortality Index

#### **Learning Objectives:**

- Explain the importance of tracking and reducing non-ICU code blue events.
- Discuss the impact of systemwide structures and processes on sustained success with inpatient mortality index.

**Overview:** Improving performance in quality outcomes, especially mortality, is often arduous. Sustaining performance can be even more challenging. This panel features the mortality performance improvements of two organizations. Hear about an interdisciplinary initiative to prevent adverse events resulting from failure to rescue, resulting in decreased non-intensive care unit (ICU) code blue events and mortality indices. Discover the systemwide structures, processes and strategies used by another organization to sustain success with the inpatient mortality index.

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

### **T44 | Clinical Insight, Supply Chain Impact**

**Tuesday, 10:15-11 a.m.**

**Castillon**

*Dena C. Jackson, Vice President, Supply Chain Services, Kaiser Permanente, Pasadena, Calif.*  
*Sande B. Irwin, MD, Chair National Product Council, Permanente Medicine, Clackamas, Ore.*

**Keywords:** Supply Chain Management, Value Analysis Governance, National Contracts, Clinically Integrated Supply Chain, Strategic Sourcing

**Learning Objectives:**

- Describe methods used to incorporate clinical expertise into supply chain management.
- Compare the benefits of using enterprise contracts versus facility-level contracting to improve supply chain management.

**Overview:** Boost healthcare quality while reducing costs by linking supply chain management with clinical oversight, ensuring high-quality products for care delivery. Learn about investing in technology and staff to improve supply chain efficiency. Collaboration with clinicians is key to identify specific requirements and align with top industry standards for high-quality, affordable healthcare services.

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

## **T45 | Revolutionizing Care Transitions: How Strategic Partnerships Can Increase Capacity**

**Tuesday, 10:15-11 a.m.**

**Fleurie**

*Kelly Pigott, MSW, LCSW, ACM, Director of Ambulatory Care Coordination and Post-Acute Network, Population Health, Northwestern Medicine, Chicago, Ill.*

*Valmira Sylejmani, MHA, Manager Post-Acute Network, Northwestern Medicine, Chicago, Ill.*

*Anna Blackburn, MSW, LCSW, ACM-SW, Manager of Post-Acute Network, Northwestern Medicine, Chicago, Ill.*

*Vanessa McElroy, MSN, ACM-RN PHN, ICQCI, Director, Care Transition Management, UC Davis Health, Sacramento, Calif.*

*Joleen Lonigan, DNP, RN, NE-BC, FACHE, Associate Chief Nursing Officer and Executive Director, UC Davis Health, Sacramento, Calif.*

*Eddie Eabisa, MBA, CSSGB, Manager, Transitions of Care, UC Davis Health, Sacramento, Calif.*

**Keywords:** Long-Term Acute Care, LTAC, Bed Lease Program, Skilled Nursing Facility, SNF, Multidisciplinary Teamwork, Excess Days Per Patient, Capacity, Length of Stay, Avoidable Day

**Learning Objectives:**

- Describe positive outcomes of utilizing the LTAC level of care to reduce length of stay and transition patients to the right level of care at the right time.
- Discuss strategies from a bed lease program to enhance patient care transitions and manage hospital capacity effectively.

**Overview:** Hospitals continue to seek creative solutions for bed capacity issues. Learn about two strategic partnerships that address inpatient capacity by enhancing care transitions. In the first example, long-term

acute care (LTAC) is utilized for the most complex patients to reduce acute length of stay and excess days per patient. The second example is a bed lease program, developed in collaboration with a local skilled nursing facility, that streamlines transitions for complex patients, with successful outcomes measured in patient days and financial impact. In both cases, multidisciplinary teamwork is a key success factor.

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

## **T46 | Empowering Healthcare Professionals: Nurturing Caregivers and Navigating Innovative Workplace Strategies**

**Tuesday, 10:15-11 a.m.**

**Musigny**

*Alice Casper, MSLM, BSN, RN, RNC-NIC, NICU Nurse Manager, Intermountain Medical Center, Murray, Utah*  
*Melissa Codella, MBA, MSN, RN, Assistant Nurse Manager, Intermountain Health, Murray, Utah*

*Kirstie Toussaint, MS, RN, NEA-BC, Senior Director, Nursing Operations and Service Excellence, NYU Langone Hospitals, New York, NY*

*Aileen McKernan, JD, Director, Operations and Strategic Initiatives, NYU Langone Hospitals, Mineola, NY*

*Karen G. Campos, MBA, Senior Project Manager, NYU Langone Hospitals, Mineola, NY*

**Keywords:** Communication Channels, Accountability, Caregiver Well-Being, Workplace Culture, Employee Engagement

### **Learning Objectives:**

- Describe resources to support caregiver well-being in the healthcare setting.
- Explain the required steps to develop a workplace culture strategy that will positively impact patient experience.

**Overview:** In the face of an unhappy and unengaged team, this panel will share its journey in which leadership took immediate action to strengthen communication channels and prioritize accountability. With a focus on supporting caregiver well-being during the pandemic, huddles, support teams, team building and well-being check-in initiatives were implemented. Simultaneously, in recognition of the impact of workplace culture on patient experience, the organizations embarked on revitalization efforts and introduced innovative workplace strategies. These collective efforts resulted in a remarkable decrease in annual turnover while employee engagement and Hospital Consumer Assessment of Healthcare Providers and Systems scores soared, solidifying leadership's commitment to excellence.

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

## **T47 | Drug Shortage and Oncology Stewardship: Ensuring Equitable Access to Medications**

**Tuesday, 10:15-11 a.m.**

**Hermitage**

*Marina Yazdi, PharmD, BCPS, Director, Pharmacy Business Strategy and Supply Solutions, , Yale New Haven Health, New Haven, Conn.*

*Susie Jiing, PharmD, BCOP, Clinical Manager, Oregon Health and Science University, Portland, Ore.*

**Keywords:** Drug Shortages, Stewardship Committee, Non-Formulary Treatment, High-Cost Medications, Equitable Access

**Learning Objectives:**

- Discuss drug stewardship program strategies to support informed decision-making for health systems.
- Explain how an oncology stewardship committee navigates through critical decision-making processes for scarce or high-cost medication resources.

**Overview:** Drug shortages are at an all-time high and there is an urgent need to adopt a drug shortage stewardship (DSS) strategy. Hear unique practices for managing drug shortages and their direct impact on the health system. Also learn how an interdisciplinary oncology stewardship committee established the framework to address equitable access to anticancer therapies due to drug shortages or non-formulary agents, with an emphasis on high-cost medications.

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

**T48 | Bold Strategies for Strategic Growth, Clinical Delivery Excellence and Financial Sustainability**

**Tuesday, 10:15-11 a.m.**

**Ruinart**

*Moderator: Aman Sabharwal, MD, MHA, CPHM, Managing Principal, Vizient*

*Amit Sharma, MSE, Managing Principal, Vizient*

*Rick May, MD, Senior Principal, Vizient*

*Jonathan Kling, Chief Operations Officer, NCH Healthcare System*

*Matt Stacell, Chief Performance Management Officer, NCH Healthcare System*

**Keywords:** Clinical Quality, Care Delivery, Clinical Operations, Workforce, High Reliability, Enterprise Strategy, Financial Sustainability, Profitable Growth

**Learning Objectives:**

- Discuss current and future trends impacting today's healthcare organization.
- Illustrate how a multifaceted approach can lead to both short-term and long-term strategic growth, clinical delivery excellence and financial sustainability.

**Overview:** Vizient and Sg2<sup>®</sup> consultants will present a state of the union address, looking at a three-to-five year forecast on the financial health of healthcare organizations. Following this preamble, the group will engage with a provider in a panel discussion while also addressing audience questions.

Current healthcare trends require healthcare organizations to implement bold strategies to address strategic growth, clinical delivery excellence and financial sustainability. In addition, a healthy culture is required to address these challenges, drive change and create sustainability. Panel participants will reveal their bold vision for the future, as well as the critical strategies for navigating the next five years. Early successes and lessons learned will also be shared.

Finally, as part of this address and panel discussion, you will understand the key drivers to becoming a high performing organization, which can be used to self-assess how your system is doing in all areas of performance. Learn from consulting leaders and your peers during this interactive session to discuss complex challenges and creative solutions.

This session does not award accredited CE credit.

## **T49 | Tech Solutions: Revolutionizing Food Service for Modern Challenges**

**Tuesday, 10:15-11 a.m.**

**Avignon**

*Todd David Hollander, Director of Dining and Event Services, John Knox Village – Lee's Summit, Lee's Summit, Mo.*

**Keywords:** Technological Solutions, Adaptable Future, Operational Standards, Enhancing Efficiency

### **Learning Objectives:**

- Describe technological strategies to enhance food services, thus increasing resident satisfaction.
- Discuss the use of technology to redefine operational standards and efficiencies.

**Overview:** Explore how various industries, amid recent challenges, are shifting toward a new norm rather than reverting to the old. Focusing on the food service sector, this session delves into innovative technological solutions as the cornerstone for transformation. In the quest for a resilient and adaptable future, we emphasized the role of technology in redefining operational standards and enhancing efficiency. By embracing technological advancements, the food service industry can not only navigate current challenges but also pave the way for a more sustainable and responsive future.

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

## **T51 | Digital Visual Management System Accelerates Engagement in a High-Reliability Culture**

**Tuesday, 11:15 a.m.-noon**

**Bandol 1**

*Todd L. Allen, MD, Senior Vice President and Chief Quality Officer, The Queen's Health System, Honolulu, Hawaii*

*Mary Bedell, Administrator QIUC, The Queens Health System, Honolulu, Hawaii*

*David George, BSN, CCRN-K, Director HRO Unit Culture, AdventHealth, Altamonte Springs, Fla.*

*Brent Box, MD, FACP, SFHM, Associate Chief Clinical Officer, Senior Vice President, Chief Medical Officer, AdventHealth, Altamonte Springs, Fla.*

*Allan Frankel, MD, Managing Principal, Vizient, Irving, Texas*

**Keywords:** High-Reliability Principles, Digital Visual Management Systems, High-Reliability Culture, Caregiver Engagement and Wellness, Just Culture



**Learning Objectives:**

- Discuss high-reliability principles in the context of digital visual management systems.
- Describe transparency in problem-solving as a method of issue resolution.

**Overview:** Quality leadership teams at two national organizations identified opportunities to improve effective, safety-oriented behavior throughout their organizations. The teams focused on shaping high-reliability cultures by using a high-reliability framework developed for healthcare, deploying digital visual management boards to enhance communication and facilitate unit-based huddles. Over two years, these digital visual management boards were embedded in hundreds of units and, in addition to other primary uses, provided standard agendas for daily unit huddles. Unit leaders and staff were provided with education and support pre-launch, during implementation and throughout the sustainment phase. Additionally, teams received coaching and real-time feedback while huddles were observed in rounding events, including C-suite system leaders. Both organizations experienced increased situational awareness, improved engagement, enhanced closed-loop communication and a decrease in safety events.

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

**T52 | Opioid Use Disorder Management: Two Novel Approaches**

**Tuesday, 11:15 a.m.-noon**

**Bandol 2**

*Eva Alexandra Barany, PharmD, MBA, BCPS, Operations Manager, Pediatric Pharmacy, The Johns Hopkins Hospital, Baltimore, Md.*

*Sacha Pollard Deloney, PharmD, MBA, Senior Director, Safety, Quality, Educational Programs, Novant Health, Fort Mill, SC*

*Sara G. Meyer, PharmD, Medication Safety Specialist, Opioid Stewardship Champion, Novant Health, Winston-Salem, NC*

*Matthew C. Webber, PharmD, 340B ACE, Director of Pharmacy Business, Novant Health, Winston-Salem, NC*

**Keywords:** Medication-Assisted Therapy, 340B Program, Opioid Use Disorder, Buprenorphine Therapy

**Learning Objectives:**

- Describe a novel workflow that allows for methadone dispensing from inpatient pharmacies upon discharge of patients with opioid use disorder.
- Describe the role of the 340B program in facilitating access to medication-assisted therapy for patients with opioid use disorder.

**Overview:** The Drug Enforcement Administration expanded access to medication-assisted treatments for opioid use disorder in 2022. As treatment needs continue to escalate, one organization implemented a new workflow allowing for methadone dispensing from inpatient pharmacies upon discharge from the emergency department (ED) or inpatient admission. A second organization leveraged the 340B program in collaboration with a 340B contract pharmacy to enhance access to medication-assisted therapy for patients with opioid use disorder by providing prescription vouchers for buprenorphine therapy post-discharge to those admitted to the hospital or presenting to the ED.

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

### **T53 | Safety First: Streamlining Reporting and Preventing Ambulatory Workplace Violence**

**Tuesday, 11:15 a.m.-noon**

**Meursault**

*Cara Spencer, PhD, RN, FNP-BC, Research Nurse Scientist, UCHHealth, Aurora, Colo.*

*Jennifer Rodgers, DNP, ACNP-BC, FAANP, Chief Nursing Officer, UCHHealth University of Colorado Hospital, Aurora, Colo.*

*Jennifer Luer, MSN, CPHQ, CPPS, HeartMath Certified Trainer, System Director Employee Safety, SSM Health, St. Louis, Mo.*

*Tiffany Schmidt, Application Manager, RMIS, System Risk Services, SSM Health, St. Louis, Mo.*

**Keywords:** Workplace Violence Event Reporting, Streamlined Reporting System, Trauma-Informed Care, Behavioral Emergency Response Team, Cyber-Incivility Interventions

#### **Learning Objectives:**

- Discuss how to streamline workplace violence event reporting.
- Describe specific tools and management ideas that can be implemented in ambulatory settings to address workplace violence.

**Overview:** Workplace violence in the U.S. affects 2 million workers annually. This session will showcase unique strategies used by organizations to tackle this issue. Learn about the development of a streamlined reporting system and trauma-informed care, resulting in a 40% increase in monthly reports, thus safeguarding patients, employees and visitors. Additional strategies discussed include addressing workplace violence in ambulatory care settings through education, using a behavioral emergency response team, de-escalation phone scripting, cyber-incivility interventions and establishing a structured dismissal process for patients.

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

### **T54 | Transforming Health Outcomes by Addressing Patients' Social Needs**

**Tuesday, 11:15 a.m.-noon**

**Castillon**

*Elizabeth Crabtree Killen, PhD, MPH, Administrator, Population Health, MUSC, Charleston, SC*

*Rita Aidoo, LMSW, MHFA, Manager – Community Navigation, MUSC, Charleston, SC*

*Peggy Jenny, RN, BSN, MPHS, Director, Value Intelligence, MUSC, Charleston, SC*

*Aaron M.H. Boush, MHA, Community Health and Outreach Director, Carilion Clinic, Roanoke, Va.*

*Taylor Naff, PMP, Quality Program Manager, Carilion Clinic, Roanoke, Va.*

*M. Suzanne Kraemer, MD, Chief Quality Officer, Carilion Clinic, Roanoke, Va.*

**Keywords:** Community Health Worker, Utilization, Health Equity, Collaboration

#### **Learning Objectives:**

- Explain the use of a multidisciplinary, systemwide program to improve identification of SDoH.
- Describe a system of care to connect patients with health-related social needs to community programs.

**Overview:** In this panel discussion, learn about a scalable model that leverages community benefit resources to create a collaborative, technically-integrated system of care that connects the right patients to the right services based on clinical need. Representatives from a large, academic healthcare system will describe how they integrated social determinants of health (SDoH) screening into workflows and implemented a community health worker program to address patients' social needs. These efforts demonstrate the impact on social and clinical outcomes when healthcare systems develop the capacity to enable stakeholders to meet the needs of the communities they serve.

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

## **T55 | Building a Learning Health System: Nursing Quality**

**Tuesday, 11:15 a.m.-noon**

**Fleurie**

*Saima Awan, MBA, LSSBB, Lead, Clinical Operations and Business Analytics, Dana-Farber Cancer Institute, Boston, Mass.*

*Lisa M. Streeter, MSN, RN, NPD-BC, CPHQ, Director, Nursing Quality and Magnet Program, Dana-Farber Cancer Institute, Boston, Mass.*

*Michael T. O'Keefe, CPHQ, CPPS, Senior Director, Quality Assurance and Regulatory Compliance, Dana-Farber Cancer Institute, Boston, Mass.*

**Keywords:** RN Experience, Nursing Practice Quality Metrics, Dashboard of Continuous Improvement Capabilities

### **Learning Objectives:**

- Explain metrics that can be used to identify regulatory risks and improve the quality of patient care.
- Describe the key elements required to successfully build a learning health system.

**Overview:** This session will explore how the Dana-Farber Cancer Institute integrated multiple components of nursing practice to create a comprehensive learning health system. This system enabled the inclusion of nursing practice quality metrics and regulatory requirements for important quality measures. It involved digitization, utilizing extensive data sets from electronic health records and the creation of meaningful visualizations to effectively present actionable metrics.

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

## **T56 | Transforming Today for a Healthy and Sustainable Tomorrow**

**Tuesday, 11:15 a.m.-noon**

**Musigny**

*Terri M. Scannell, MBA and Law, Principal Advisor, ESG and Sustainability, OhioHealth, Columbus, Ohio*

*Corey D. Perry, JD, MDiv, Vice President, Mission, Ministry & Ethics, OhioHealth, Columbus, Ohio*  
*Allegra Wiesler, Sustainability Advisor, OhioHealth, Columbus, Ohio*  
*Meredith Edwards, MBA, Director of Supply Chain Sustainability and Diversity, Stanford Health Care, Stanford, Calif.*  
*Jodi Krefetz, CDM, CFPP, Senior Director of Hospitality Services, Stanford Health Care, Stanford, Calif.*

**Keywords:** Sustainable Sourcing, Decarbonization, Food Cost, Supplier Engagement, Greenhouse Gas Emissions, GHG Emissions

**Learning Objectives:**

- Describe two supply chain sustainability initiatives that help decrease healthcare’s carbon footprint.
- Discuss leading practices to improve operational efficiency and community health in the face of climate change.

**Overview:** Transforming the way healthcare does business and shifting our thinking to minimize environmental impact takes intentional effort. Hear two organizations share their innovative approaches to climate health and sourcing. One health system created a pathway to decarbonization to mitigate the impact of climate change on the health and resilience of the communities it serves. The second system addressed sustainable procurement through a forward-thinking approach to supplier engagement and selection. Join us to discover groundbreaking ways to decrease emissions associated with supply chain.

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

**T57 | Impacting Readmissions Through Palliative Care**

**Tuesday, 11:15 a.m.-noon**

**Hermitage**

*Rebel L. Heasley, DNP, MSN/MHA, RN, NE-BC, CHPN, Director of Palliative Care, Dialysis and Volunteer Services, Houston Methodist Clear Lake Hospital, Houston, Texas*  
*Matthew Miller, DO, MBA, CPHQ, Enterprise Associate Chief Quality Officer, Cleveland Clinic, Cleveland, Ohio*

**Keywords:** Advance Care Planning, ACP, Surrogate Decision-Maker, EMR, Hospice Referrals, Sepsis

**Learning Objectives:**

- Explain the benefits of advance care planning program implementation.
- Discuss the impact of palliative care interventions on readmissions.

**Overview:** Explore the influence of advance care planning (ACP) and palliative care on hospital readmissions. Medical teams faced challenges integrating ACP conversations into their workflows. To overcome this, a new service line was established involving advanced practice nurses who engaged seriously ill patients in ACP discussions. Delve into the implementation process and outcomes of this program. The session will also cover a study assessing the effectiveness of inpatient palliative care consultation and post-discharge phone calls from palliative care nurses in reducing 30-day hospital readmission rates for patients with conditions like heart failure, chronic obstructive pulmonary disease and sepsis. The intervention group showed lower readmission rates compared to the control group.

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

## **T58 | Mitigating Risk and Enhancing Access: Effective Supply Assurance Strategies**

**Tuesday, 11:15 a.m.-noon**

**Ruinart**

*Katie Korte, Vice President, Assurance and Continuity, Vizient, Irving, Texas*

*Mittal Sutaria, Senior Vice President, Contract and Program Services, Pharmacy, Vizient, Irving, Texas*

*Tom Lubotsky, BBA, MHA, FACHE, Vice President Supply Chain, Allina Heath, Minneapolis, MN*

*Ann Byre, PharmD, Vice President Pharmacy Services Allina Heath, Minneapolis, MN*

**Keywords:** Spend Visibility, Proactive Sourcing, Collaboration Strategies, Procurement Processes, Desired Outcomes

### **Learning Objectives:**

- Discuss how enhanced spend visibility delivers value across the supply chain.
- Describe proactive sourcing and supplier collaboration strategies that will optimize procurement processes and achieve desired outcomes.

**Overview:** Health systems and hospitals are investing substantial time and resources to secure product access, mitigate shortages and safeguard patient care. Explore how Vizient leverages market insights and innovative contracting approaches to establish sustainable methods for ensuring access, resilience, and affordability of critical supplies and medications for both providers and suppliers. Additionally, hear from providers on Vizient's proactive sourcing strategies and collaborative efforts with suppliers. These initiatives prioritize transparency across the supply chain and streamline access to essential supplies and medications, ultimately enhancing the delivery of high-quality patient care.

This session does not award accredited CE credit.

## **T59 | How to Centralize Procurement and Purchasing for a Multilocation Network**

**Tuesday, 11:15 a.m.-noon**

**Avignon**

*Diane J. McIntyre, CPM, Director, Procurement and Project Coordination, Main Line Health, Newtown Square, Pa.*

*Kristine Krause, Vice President of Supply Chain, Sono Bello, Kirkland, Wash.*

*Larry Krueger, CPPM-CPIM, Director of Procurement, Supply Chain, US Eye, Venice, FL*

**Keywords:** Present on Admission Diagnoses, SDoH, Risk Adjusting, Clinical Documentation Improvement, CDI, LOS Index

### **Learning Objectives:**

- Describe methods to centralize procurement and purchasing.
- Discuss strategies to engage internal stakeholders across all functions operations, finance, and clinical.

**Overview:** Centralized procurement helps reduce costs and provide better health outcomes. This presentation will provide guidance on the steps needed to centralize a procurement department successfully while outlining the pros and cons of doing so. The presentation will also outline how to successfully align your network to maximize group purchasing organization pricing discounts and negotiate systemwide contracts. This presentation includes three professional perspectives from three different health care organizations: Main Line Health, Sono Bello and US Eye.

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

## **T61 | The Courage to Lead: How Women Shape the Future of Healthcare**

**Tuesday, 2:15-3 p.m.**

**Bandol 1**

*Katherine Hochman, MD, MBA, Director, Division of Hospital Medicine, NYU Langone Health, New York, NY*  
*Adriana M. Quinones-Camacho, MD, FACC, Chief of Medicine, NYU Langone Health, New York, NY*  
*Wendy M. Horton, PharmD, MBA, FACHE, Chief Executive Officer, UVA Health University Medical Center, Charlottesville, Va.*

**Keywords:** Leadership, Women Leaders, Future of Healthcare

### **Learning Objectives:**

- Discuss different leadership styles and strategies employed by female leaders in healthcare.
- Describe promoting the vision for women in healthcare.

**Overview:** Join this conversation with three female leaders in healthcare. This session will highlight strategies, leadership styles, work/life harmony, and the vision for women in healthcare. All are welcome to join the conversation about how we can harness the value of women to shape the future of healthcare.

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

## **T62 | Transformative Healthcare Delivery: Health Systems Addressing Social Needs**

**Tuesday, 2:15-3 p.m.**

**Bandol 2**

*Sheryl Mathew, LCSW, Manager, Clinical Innovation, Parkland Health, Dallas, Texas*  
*Kristin Alvarez, PharmD, Director Clinical Innovation, Parkland Health and Hospital System, Dallas, Texas*  
*Lisa Cross, MPH, BSN, RN, SMQT, Director of Post-Acute Services, Parkland Health, Dallas, Texas*  
*Kavita P. Bhavan, MD, MHS, Chief Innovation Officer, Parkland Health, Dallas, Texas*

**Keywords:** Healthcare Delivery, Social Needs, Patients and Families, Access to Care, Community-Centric Approach

### **Learning Objectives:**

- Identify opportunities to integrate health-related social need interventions into health systems.

- Discuss the value of collaborative partnerships between healthcare providers and social service agencies in fostering a holistic and community-centric approach to care delivery.

**Overview:** Join this panel session to learn how one health system approached patient and family support to enable access to the right care, in the right place, at the right time. This session will discuss several efforts to support the community by providing access to childcare to ensure patients can attend appointments and assisting individuals experiencing homelessness who utilize the emergency department as a primary access point to care. This session will highlight one health system’s innovative approach to meeting patients and families where they are in the community.

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

### **T63 | Advancing Health Equity: Maximizing Data and Partnerships**

**Tuesday, 2:15-3 p.m.**

**Meursault**

*Julie Nevers, MN, BSN, AVP of System Quality Management, St. Tammany Health System, Covington, La.*

*Jennifer Gray, BSN, RNC-MNN, Performance Improvement Coordinator, St. Tammany Health System, Covington, La.*

*Emersen Frazier, MPH, Director, Health Equity and Policy, Stormont Vail Health, Topeka, Kan.*

*Lynn Fergola, APRN, Director of Maternal Child Inpatient Services, Stormont Vail Health, Topeka, Kan.*

**Keywords:** Health Equity, Data, Partnerships, Vulnerabilities, Underserved Population

#### **Learning Objectives:**

- Describe the process of leveraging demographic data to identify areas for improvement while addressing disparities in healthcare access and quality.
- Discuss methods to address obstacles in healthcare access for the underserved populations while incorporating health equity and diversity.

**Overview:** Multipronged efforts are necessary to advance access, quality and outcomes for patients who may have vulnerabilities. Accurate data and community partnerships are foundational to any efforts to understand and support the health of a community. Join this panel session to hear from organizations that have undertaken efforts to improve and enhance data-driven initiatives, as well as a community-based approach to care for an underserved population. This session will highlight the foundational aspects of improving data collection to inform intervention, as well as improvement efforts around access, quality and outcomes for Medicaid beneficiaries.

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

### **T64 | Creating Access to Specialty Care Through eConsults**

**Tuesday, 2:15-3 p.m.**

**Castillon**

*Leah Rosengaus, MS, Director, Digital Health, Stanford Health Care, Palo Alto, Calif.*

*Jennie Crews, MD, Associate Chief Medical Officer Ambulatory Care, Stanford Health Care, Palo Alto, Calif.*  
*Lena Giang, MPH, Digital Health Senior Manager, Stanford Health Care, Palo Alto, Calif.*  
*Crystal Kong-Wong, MD, Associate Chief Digital Health Officer, Associate Professor, Department of Family Medicine, UW School of Medicine, University of Washington Medicine, Seattle, Wash.*

**Keywords:** Asynchronous Care, Telehealth, Digital Health, Virtual Care, Access, Physician Engagement, Enterprise Scale, Novel Applications, eConsult

**Learning Objectives:**

- Describe the eConsult value proposition and role of asynchronous care in health system access strategy.
- Discuss the best practices for physician engagement and solution implementation to meet organizational goals.

**Overview:** Attendees will gain insight into Stanford Health Care and UW Medicine’s ambulatory access strategies and discuss how asynchronous care models such as eConsults drive improvements in access, quality and experience. The session will add value to organizations new to eConsults, as well as those with existing offerings that are considering expansion to novel applications such as eConsults with referring community providers, eConsults in the inpatient setting and conversion of referrals to eConsults. We will discuss the impact to patient access and the associated return on investment organizations can achieve by enabling asynchronous care at scale. Additional takeaways include performance measures, enabling technologies and programmatic best practices.

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

## **T65 | Team-Based Heart Failure Clinic: Impact on Improving Outcomes**

**Tuesday, 2:15-3 p.m.**

**Fleurie**

*Kerry Shanklin, MSN, FNP-BC, DNP, Lead APP of VAD Program and AHF Team, Rush University Medical Center, Chicago, Ill.*

*Tisha Suboc, MD, FACC, Advanced Heart Failure Cardiologist, Rush University Medical Center, Chicago, Ill.*

*Nicole Green, BSP, RPh, DPLA, Director of Ambulatory Pharmacy, ThedaCare, Neenah, Wis.*

*Dessia Laxton, BSN, MSN, AGACNP-BC, Cardiology Nurse Practitioner, Thedacare, Appleton, WI*

**Keywords:** Heart Failure Clinic, Improving Outcomes, Collaborative Interprofessional Team, Guideline-Directed Medical Therapy, GDMT, Multidisciplinary Approach

**Learning Objectives:**

- Describe the differences in GDMT management for patients seen within a team-based care HF clinic versus primary care alone.
- Discuss creating a team-based care HF clinic utilizing the outcome benefits shown in this presentation.

**Overview:** Appropriate pharmacotherapy for heart failure (HF) improves outcomes, including reduced mortality, readmissions and hospitalizations, while also improving quality of life. To effectively manage heart



failure it is crucial to have a collaborative interprofessional team of physicians, advanced practice providers, nurses (RNs), pharmacists, social workers and other healthcare professionals. The inclusion of a pharmacist on the team is important to facilitate guideline-directed medical therapy (GDMT) medication management. Learn how two organizations implemented a multidisciplinary approach to improving guideline adherence and patient outcomes.

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

## **T66 | Froedtert, Mayo and Yale Unite to Renovate Product Recall Ecosystem**

**Tuesday, 2:15-3 p.m.**

**Musigny**

*Anna Cerilli, MS, RN, Value and Safety Clinical Coordinator, Yale New Haven Health, New Haven, Conn.*

*Emily Funk, MBA, Project Coordinator, Yale New Haven Health, New Haven, Conn.*

*Cherie Bragg, Lean Six Sigma Black Belt, Performance Improvement Coordinator, Yale New Haven Health, New Haven, Conn.*

*Jennifer Sanders, Contract Portfolio Manager, Supply Chain, Froedtert Health, Milwaukee, Wis.*

*Amy Conway, MEd, Enterprise Recall Analyst, Mayo Clinic, Rochester, Minn.*

**Keywords:** Recall Management System, Health Systems, Manufacturer Communication, Standardization, Patient Risk

### **Learning Objectives:**

- Discuss gaps in the current recall management system.
- Explain the value of integrating the voice of the customer as a standard.

**Overview:** Froedtert Health, Mayo Clinic and Yale New Haven Health united to bring awareness and action to recall management processes. With goals of recall standardization and nationwide best practices, we engaged health systems, medical device suppliers, and the Food and Drug Administration to collectively propose a system for recall communication. Development of national standards is in the interest of speed to safety for patients. Although internal processes vary across all health systems, the pain points created by lack of external standardization are shared. The proposed standardizations focus on manufacturer communication and therefore do not require health systems to rework individual internal standard operating procedures.

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

## **T67 | Improving the ED Experience and Efficiencies: 5 Strategies From 2 Large Systems**

**Tuesday, 2:15-3 p.m.**

**Musigny**

*Courtenay R. Bruce, JD, MA, Associate Chief Experience Officer, Houston Methodist Hospital System, Houston, Texas*

*Jason R. Knight, MD MBA, FACEP, Chief Medical Officer and Emergency Department Physician Director, Houston Methodist The Woodlands Hospital, The Woodlands, Texas*

*Erica Richardson, MPH, Program Director for Emergency Service, Houston Methodist Hospital System, Houston, Texas*

*Amanda Bacque, MHA, Director of Consumer Experience, Ascension Texas, Austin, Texas*

*Tatiana G. Guertin, MSN, RN, CEN, Director of Emergency Services and Patient Throughput, Ascension Seton Medical Center Austin, Austin, Texas*

**Keywords:** Accountability, Reporting Structures, Process Improvements, Data Analytics, Lean and Six Sigma Process Improvements

**Learning Objectives:**

- Discuss interventions to provide tangible guidance to operational leaders on how to improve their ED experience.
- Explain the roles of process improvements, accountability structures and process engineering and the impact each of them has on outcomes.

**Overview:** Emergency departments (EDs) are strained due to high acuity, rising volumes, increased ambulance traffic, inpatient bed shortages and staffing challenges. This panel, consisting of two Texas hospital systems representing 24 EDs and 500 emergency providers, will discuss five interventions focused on accountability and reporting structures. Outcomes include: a 25% to 45% improvement in patient experience scores, a 50% reduction in left-without-being-seen, a 30% reduction in length of stay and reduced ED boarder hours. Success factors include frontline staff engagement, process engineering, data analytics, and patient and staff feedback that drove change. Lessons learned include: (1) process overhauls can be more effective than incremental changes and (2) pilots and best practices should be shared and replicated.

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

## **T68 | On the Horizon: Preparing for Cell and Gene Therapy**

**Tuesday, 2:15-3 p.m.**

**Ruinart**

*Mary Tamargo, Associate Vice President, Pharmacy and Payer Growth Strategy, Vizient, Irving, Texas*

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

**Keywords:** Cell and Gene Therapy, Patient Access, High-Cost High-Touch Therapeutics, Ultra-Specialty Drugs, Reimbursement, Operations

**Learning Objectives:**

- Describe the rapidly expanding market of cell and gene therapy.
- Discuss the unique challenges to health systems of managing cell and gene therapy.

**Overview:** With over 270 cell and gene therapy products in the U.S. pharmacy pipeline, Vizient is dedicated to collaborating with providers, payers and suppliers to create a knowledge-sharing platform and reducing the barriers to cell and gene therapy — ensuring market access and maximizing the potential benefit of these treatments on patient care. Our goal is to offer the industry meaningful product and operational support.

Discover how Vizient solutions can assist in overcoming the numerous challenges these high-cost, high-touch therapeutics present, including access, cost, reimbursement and operations.

This session does not award accredited CE credit.

## **T69 | Informatics-Led Autonomous Workflows in Outpatient Radiology**

**Tuesday, 2:15-3 p.m.**

**Avignon**

*Greg Sitkiewicz, Chief Commercial Officer, Akumin, Plantation, Fla.*

**Keywords:** Informatics, Autonomous Workflows, Radiology Command Center, AI-Enabled/Cloud-Based PACS, Artificial Intelligence-Enabled/Cloud-Based Picture Archiving and Communication System

### **Learning Objectives:**

- Describe methods to increase outpatient radiology operational efficiencies.
- Discuss how informatics-led autonomous workflows impact delivery of care for patients.

**Overview:** We invite you to join us and discover how a leading outpatient radiology organization has streamlined the delivery of radiology services through integrated electronic medical record (EMR) systems, patient preparations, scanning processes, remote imaging services, AI-enabled cloud-based PACS, and a physician portal for collaborative decision-making. These enhancements prioritize patient comfort and accessibility while addressing critical industry challenges such as staffing shortages and imaging delays.

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

## **T72 | Improving Mortality and Sepsis Care: Novel Approaches to EHR Optimization**

**Tuesday, 3:15-4 p.m.**

**Bandol 2**

*Jason Porter, MD, MBA, FACEP, Chief Medical Officer, AdventHealth, Orlando, Fla.*

*Shreya E. Sunny, BSIE, CLSSBB, Process Improvement Specialist III, AdventHealth, Orlando, Fla.*

*Allison Mott, BSN, RN, WOC, PCCN, Regional Senior Nurse Manager Clinical Outcomes and Operations Acute Care Services, AdventHealth, Orlando, Fla.*

*Purnema Madahar, MD, MS, Associate Director of MICU and Medical Critical Care Services, Columbia University Medical Center/NewYork-Presbyterian Hospital, New York, NY*

*Joseph A. Mailman, MD, Assistant Professor of Clinical Medicine, Weill Cornell Medical College/NewYork-Presbyterian Hospital, New York, NY*

*Sweta Patel, MHS, PA-C, Physician Assistant, Columbia University Medical Center/NewYork-Presbyterian Hospital, New York, NY*

**Keywords:** Automation, EHR, Identifying Challenging Diagnoses, Clinical Documentation, Cost Avoidance, Collaboration

**Learning Objectives:**

- Discuss the methods employed to drive significant impacts on quality and patient outcomes, including improvements in sepsis best practice alerts.
- Identify the steps to create a user-friendly, automated EHR-tool that is incorporated into hospital notes to improve documentation practices, as well as how variables are selected and updated.

**Overview:** Navigating the electronic health record (EHR) in an accurate and holistic approach to disease management is a challenge faced by many organizations. Hear how two organizations created novel approaches to EHR enhancement to optimize targeted disease-state identification, documentation, management and treatment. One project involved a sepsis identification and management campaign and EHR alert improvements that resulted in significant reductions in adjusted length of stay and mortality rates. The second organization created automation and a heat map to capture key risk variables and improve mortality measures.

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

**T73 | Red Sneakers and the Peanut Gallery: Novel Leadership Improves Engagement**

**Tuesday, 3:15-3:45 p.m.**

**Meursault**

*Carolyn Santora, MS, RN NEA-BC, CPHQ, Chief Nursing Officer and Chief Regulatory Officer, Stony Brook University Hospital, Stony Brook, NY*

*Carol Gomes, MS, FACHE, CPHQ, Chief Executive Officer/Chief Operating Officer, Stony Brook University Hospital, Stony Brook, NY*

*Eric J. Morley, MD, MHA, MS, CPHQ, FAAEM, Chief Quality Officer, Stony Brook University Hospital, Stony Brook, NY*

**Keywords:** Compassionate Leadership, Connected Leadership, Red Sneaker Rounds, The Peanut Gallery, Walking Wednesdays, Talking Tuesdays

**Learning Objectives:**

- Describe unique methods of leadership to connect with the workforce.
- Discuss novel approaches to staff engagement.

**Overview:** This presentation describes a novel approach to increasing executive leadership visibility. Two specific approaches were designed to increase visibility, approachability and responsiveness to frontline workers. The two implementations, “Red Sneaker Rounds” and “The Peanut Gallery,” will be described from inception to implementation. We will review outcomes, including an employee engagement survey and patient satisfaction, as well as how to create a culture of connected, compassionate leadership. Outcomes are reflected in the strong scores and the process also made a lasting impact on the executives who participated. We will share our process, results and personal reflections.

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

**T74 | Scaling Mobility Guided by the Vizient Mobility Collaborative**

**Tuesday, 3:15-4 p.m.**

**Castillon**

*Melissa Visco, PT, DPT, CPHQ, Manager, Quality Services, Lehigh Valley Health Network, Allentown, Pa.*

*Matthew McCambridge, MD, MHQS, CPHQ, CPPS, Chief Quality, Patient Safety and Acute Care Continuum Officer, Lehigh Valley Health Network, Allentown, Pa.*

*Matthew J. Schreiber, MD, Chief Medical Officer, Lehigh Valley Health Network, Allentown, Pa.*

**Keywords:** DMAIC Model, Vizient Clinical Data Base, CDB, Activity Measure for Post-Acute Care Scores, AMPAC Scores, Mobility Specialists, Skilled Nursing Facilities, SNF

**Learning Objectives:**

- Discuss the application of current literature related to a mobility project into organizational initiatives.
- Describe ways to assess quality indicators related to mobility.

**Overview:** After participating in the Mobility Collaborative and completing a mobility pilot, this project's aim was to scale mobility across the largest hospital and all network hospitals. A define, measure, analyze, improve and control (DMAIC) model and information from the Mobility Collaborative were used to set the scope of work and define quality indicators. We engaged all hospitals' key stakeholders, including the chief medical officers as executive sponsors. We focused on standardizing mobility practices, altering electronic medical record and documentation requirements, modifying nursing mobility protocols, and improving education and training. The Vizient Clinical Data Base was used to track length of stay, rehabilitation utilization and discharge disposition.

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

## **T76 | How an Interdisciplinary Tier 3 Huddle Drove Patient Flow Across an NYC Hospital**

**Tuesday, 3:15-4 p.m..**

**Hermitage**

*Frank Michael Volpicelli, MD, Chief Medical Officer and Vice President, NewYork-Presbyterian Hospital, New York, NY*

*Erin Butrico, MHA, Senior Project Manager, Clinical Operations and Analytics, NewYork-Presbyterian Hospital, New York, NY*

*Chinenye Ezeh, MPH, Project Manager Operations, NewYork-Presbyterian Hospital, New York, NY*

*Lynsey Lipowicz, MBA, BSN, Director of Clinical Operations and Analytics, NewYork-Presbyterian Hospital, New York, NY*

*Roxanne Rosenberg, PA, MS, Director of Capacity Management, NewYork-Presbyterian Hospital, New York, NY*

**Keywords:** Patient Flow Management, Tier 3 Huddle, Discharge Delays, Hospitalwide Bed Needs, Length of Stay Variance

**Learning Objectives:**

- Discuss leveraging technology to increase visibility and create an accountability system to resolve discharge delays and facility and equipment-based issues hospitalwide.

- Describe the use of dialogue between operational and clinical staff to ensure timely discharge planning.

**Overview:** In the aftermath of the COVID-19 pandemic, a New York City hospital implemented an innovative approach to patient flow management. The hospital revitalized its morning Tier 3 Huddle — an interdisciplinary team of administrative and clinical leaders that meets daily. The first segment of the huddle leveraged Microsoft Teams to alleviate frontline challenges related to facilities, information technology, supply chain and related areas. The subsequent segment, facilitated by a specialized patient flow team, utilized custom Epic dashboards to discuss discharge barriers and hospitalwide bed needs. The Tier 3 Huddle yielded tremendous improvements in patient throughput, resulting in a remarkable decrease in length of stay variance.

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

## **T77 | Innovating Together: A Multidisciplinary Care Approach to Reducing Hypoglycemic Events**

**Tuesday, 3:15-4 p.m.**

**Musigny**

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

*Brooks Morgan, RN, Senior Quality Improvement Specialist, University of Florida Health Shands, Gainesville, Fla.*

*Michele N. Lossius, MD, Associate Chief of Staff, University of Florida Health Shands, Gainesville, Fla.*

*Victorine R. Moore, BSN RN, Coordinator of Performance Improvement, Wellstar Health System, Douglasville, Ga.*

*Julie LaFontaine, MSN-RN, CNL, CPPS, CSSGB, Clinical Nurse Leader, Wellstar Health System, Douglasville, Ga.*

*Elizabeth Pennington, PharmD, Director, Wellstar Health System, Douglasville, Ga.*

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

**Keywords:** Hypoglycemia Metric, Clinical Decision Support, CDS, Vulnerability Index, Multidisciplinary Care Approach, Interdisciplinary Team

### **Learning Objectives:**

- Describe potential high-risk patient populations for hypoglycemic events.
- Discuss various methods employed through an interdisciplinary team (including nursing, pharmacy, and nutrition and food services) to reduce hypoglycemic risk with insulin administration.

**Overview:** The Quality and Accountability Scorecard incorporates a hypoglycemia metric, which defines a blood glucose  $\leq 50$  mg/dL for a patient receiving insulin as preventable harm. Two organizations leveraged multidisciplinary teams to improve the hypoglycemia rate at their centers through appropriate medication use and reduction in practice variation. Learn about their clinical decision support, standard operating procedures and use of pharmacy data that resulted in improved outcomes.

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

## T78 | Developing a Systematic Approach to Measure Clinical Quality, Operational Performance and Strategic Growth

Tuesday, 3:15-4 p.m.

Ruinart

*Zain Kazmi, Associate Vice Chancellor, Chief Digital & Analytics Officer, Health Affairs, The University of Texas System, Irving, Texas*

*Bela Patel, MD, Regional Chief Medical Officer, Memorial Herman-Texas Medical Center, Houston, TX*

*Ryan Roux, Vice President, Division of Pharmacy, The University of Texas MD Anderson Cancer Center, Houston, TX*

*Alison Wishnick, Vice President, Client Relations, Vizient, Irving, Texas*

**Keywords:** High-Performing Organization, Dynamic Enterprise Strategy, Long-Term Financial and Market Viability, Healthy Culture, System Expansion

### Learning Objectives:

- Describe and examine the characteristics of a high-performing organization.
- Explain how a dynamic enterprise strategy can pave the way toward long-term financial and market viability.

**Overview:** The University of Texas System aimed to improve quality, lower costs and support growth by aligning its diverse facilities. Previously, each facility operated autonomously, leading to challenges in coordinating services and analytics. At the time, only a portion of its facilities utilized the Vizient Clinical Data Base (CDB), Vizient Operational Data Base (ODB) and Sg2 market forecast data. After seeing improvements, the health system decided to leverage Vizient's tools systemwide. By expanding the use of CDB and adopting the ODB in four additional institutions, the health system identified best practices, improved patient outcomes and generated additional value.

This session does not award accredited CE credit.