

REFLECTION

2024 VIZIENT CONNECTIONS SUMMIT

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Tuesday, Sept. 17

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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.

Chasity Teer, BSN, RNC-OB, C-EFM, Chief Nursing Officer, Ochsner LSU St. Mary Medical Center

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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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.
Rajlakshmi Krishnamurthy, MD, Chief Population Health Officer, SVP, Yale Medicine and Yale New Haven Health, New Haven, Conn.

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).

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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, Managing 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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

T25 | Engaging Senior Living Communities to Partner in PLWD Care

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

Fleurie

Carolyn K. Clevenger, DNP, RN, GNP-BC, AGPCNP-BC, FAANP, FGSA, FAAN, Clinical Director/Founder, Emory Healthcare's Integrated Memory Care Clinic, 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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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

Rick May, MD, Senior Principal, Vizient

Keith Knag, Director National ASC, Stryker

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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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 and Chief Nursing Officer, Market Leader, South King Region, 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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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!

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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.

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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy

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.

Credits available: CPHQ, IPCE, Nursing, Physician, Pharmacy