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## Poster P101 | SAFE @ HOME O2: Ambulatory Management of Supplementary Oxygen for COVID-19 Pneumonia

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**Keywords:** COVID-19, COVID-19 Pneumonia, Ambulatory Care, Continuity of Care, Transitions of Care, Patient-Centered Care, Health Care at Home, Home Oxygen, Remote Patient Monitoring, Mortality, 30-Day Readmissions, Decreased LOS, Acute Care Utilization

**Learning Objectives:**

- List the clinical criteria for safe management of COVID-19 pneumonia in the ambulatory setting.[1]
- Describe the key staffing, inventory management, patient education and communication practices involved in operationalizing a home oxygen program for COVID-19 pneumonia.[1]
- Explain how an Expected Practice framework can help achieve practice standardization and adoption in an integrated health system.[2]

**Overview:**

Tragically, COVID-19 has demonstrated that pandemic conditions can overwhelm hospitals' ability to deliver acute care services, resulting in otherwise preventable morbidity and mortality. In response to this threat, LAC+USC Medical Center developed the SAFE @ HOME O2 Expected Practice, which enabled patients with COVID-19 pneumonia to receive oxygen support in their homes. Rigorous analysis of the program revealed impressive outcomes, with low return admission rates, low mortality, and most importantly, no deaths at home or in return transit to the acute care setting. In one year, LAC+USC Medical Center discharged over 1,600 patients with COVID-19 on home oxygen. Approximately one out of four of these patients were discharged directly from the emergency department. This program has been critical to preservation of acute care access during the pandemic, and it has helped LAC+USC deliver patient-centered care at the right time and place for patients with COVID-19 pneumonia.

**Credit:** Physician, Nurse, Pharmacist, General CEU

**References:**

1. Banerjee J, Canamar CP, Voyageur C, et al. Mortality and readmission rates among patients with COVID-19 after discharge from acute care setting with supplemental oxygen. *JAMA Netw Open.* 2021;4(4):e213990. doi:10.1001/jamanetworkopen.2021.3990
2. Soni SM, Giboney P, Yee HF. Development and implementation of expected practices to reduce inappropriate variations in clinical practice. *JAMA.* 2016;315(20):2163-2164. doi:10.1001/jama.2016.4255

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## Poster P102 | Supply, Demand and the O.R. Internship

***Vickie Ripkey, MSN, MBA/HCM, RN, CNOR,*** *OR Internship Coordinator/Patient Care Specialist, Lehigh Valley Health Network, Allentown, PA*

**Keywords:** Workforce, Nurse Retention, O.R. Internship

**Learning Objectives:**

- Describe the method employed to retain operating room (O.R.) interns postgraduation.
- Prepare a comprehensive training program for graduate or registered nurses (GNs or RNs) who aspire to join the perioperative team.

**Overview:** Historically, there has been a lack of experienced O.R. registered nurse job applicants. Lehigh Valley Health Network, an academic community Magnet hospital, recognized this issue and designed an initiative to address the deficiency. To remedy this situation, the organization developed a six-month O.R. internship to provide education and on-the-job training for nurses interested in joining the perioperative team. The O.R. internship is a didactic course designed to introduce the graduate nurse/registered nurse (GN/RN) to the perioperative role. Our goal is to provide comprehensive training for graduate or registered nurses who aspire to join the perioperative team, while retaining the interns postgraduation. Join this session to learn how we successfully increased two-year retention rates by 64% and improved satisfaction among O.R. interns.

**Credit:** Nurse, General CEU

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## Poster P103 | Multi-Visit Patients: Cross-Continuum Care to Reduce Hospitalizations

***Kate Thomas, MSN, RN,*** *Director, Quality and Patient Safety, Northwestern Lake Forest, Lake Forest, IL*

**Keywords:** Readmissions, Multi-Visit Patient, Continuum of Care, Electronic Dashboard, Care Coordination

**Learning Objectives:**

- Describe how to effectively identify an actionable population for readmission reduction.
- Discuss a patient-focused approach to decrease readmissions across the continuum.
- Use data transparency for clinical teams to stay data-driven and focused.

**Overview:** In spring 2018, Lake Forest Hospital (LFH) started on the journey to achieve top-decile performance for 30-day readmissions among peer hospitals. Upon analysis of readmission cases, it was noted that patients with three or more readmissions in 12 months had a disproportionate amount of the readmissions. The top key driver was social determinants of health (SDoH). The LFH team collaborated with the ambulatory care coordination team to develop a true cross-continuum experience for these patients. We have transitioned 17 (40% of eligible) patients to a Northwestern Medicine primary care physician and the ratio of visits/patient has decreased by 56%.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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## Poster P104 | Reducing Telemetry Overuse in a Nonintensive Care Unit

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***Valerie Kaura, MSN,*** *Director of Critical Care, Redlands Community Hospital, Redlands, CA*

**Keywords:** Telemetry Monitoring, Change Management, Plan-Do-Study-Act, PDSA, Nursing Leadership, Cost Savings

**Learning Objectives:**

- Identify two criteria for discontinuation of telemetry monitoring.
- Describe patient benefits of discontinuing telemetry monitoring.
- Discuss financial benefits of discontinuing telemetry monitoring on patients who meet criteria.

**Overview:** In an acute, nonintensive care unit, does the use of a 48-hour telemetry monitoring tool reduce unnecessary telemetry usage over a four-week period? The objectives for this process improvement project are to reduce telemetry overuse in a 40-bed, nonintensive care unit, increase staff awareness of current American Hospital Association guidelines, and decrease costs. Why is this important? There are increased costs to the organization due to a 4-to-1 nurse ratio and monitoring. Inappropriate use of telemetry resources can cause problems for patient flow., e.g., during flu season. Additional problems can include errors in patient management and increased discomfort to patients with decreased independence.

**Credit:** Physician, Nurse, General CEU

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## Poster P105 | ICU Delirium Care Redesign: A Multidisciplinary Team Approach to Harm Prevention

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***Elizabeth Anderson, RN, BSEE,*** *Care Redesign Management Engineer, Duke University Health System, Durham, NC*

**Keywords:** Harm Prevention, ICU, EHR, Cost Savings, LOS

**Learning Objectives:**

- Explain the impact of a multidisciplinary team approach to identifying and treating adult inpatient delirium.
- Summarize evidence-based reasons for appropriate screening of delirium in the intensive care unit (ICU) care setting.
- Describe delirium identification tactics for the ICU care setting.

**Overview:** The objective of this multidisciplinary team effort was to utilize an EHR-driven, evidence-based approach to identify patients who are actively delirious by assessing every patient on each shift using a validated tool and nurse- and provider-driven treatment tools. The ultimate desired outcomes were to identify potentially active delirium on adult ICUs and reduce the incidence, duration and severity of delirium.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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## Poster P106 | Solving Emergency Department Left Without Being Seen

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***Carly Eastin, MD,*** *Associate Professor of Emergency Medicine, UAMS, Little Rock, AR*
***Travis Eastin, MD,*** *Associate Professor of Emergency Medicine, UAMS, Little Rock, AR*

**Keywords:** Patient Experience, Physician-in-Triage Model, PIT Model

**Learning Objectives:**

- Apply our physician-in-triage (PIT) model to a local facility.
- Develop a compelling business model to reduce left without being seen (LWBS).

**Overview:** The mission of health system emergency departments (EDs) is to provide care for all patients who seek it. Unfortunately, many patients leave before they are evaluated by a physician. The potential for poor outcomes is substantial. In our tertiary care academic ED, we significantly reduced the left-without-being-seen (LWBS) rate by 3.9% (from 6.5% to 2.6%) after implementing a front-of-house model, placing a physician in triage (with ancillary support) to provide timely assessments for patients arriving to our ED. The return on investment to provide adequate staffing and support was robust, from both patient care and financial standpoints.

**Credit:** Physician, Nurse, General CEU

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## Poster P107 | Total Hip and Total Knee Replacement Complications and How the ED Can Help!

***Marie Reisdorfer, MS,*** *Quality Manager, Mayo Clinic, Rochester, MN*
***Betzalel Reich, MD,*** *Chair of Emergency Medicine – Mayo Clinic Health System – Southeast MN, Austin, MN*
***Jeannie Tenold, MS,*** *Performance Improvement Advisor, Mayo Clinic, Rochester, MN*

**Keywords:** Total Knee Replacement, THK, Total Hip Arthroplasty, THA, Vizient Clinical Data Base, CDB, Surgical Complications, Readmission, Treatment Algorithm

**Learning Objectives:**

- Discuss the use of incorporating the emergency department (ED) into process/practice improvement activities.
- Identify mechanisms to monitor compliance.
- Explain the importance of real-time feedback.

**Overview:** In 2018, Mayo Clinic Health System, Austin, Minnesota, experienced an increase in elective total knee/total hip complications (3.33%) from the previous year. In early 2019, a review of contributing factors for these orthopedic cases identified that our largest opportunity area was with periprosthetic joint infection/wounds. All of these patients were evaluated and subsequently readmitted from the emergency department (ED). The orthopedic and emergency departments worked together to develop a suspected infection algorithm before each patient was given antibiotics or admitted. A real-time alert was also developed to monitor each patient's activities and monitor compliance to the algorithm. From 2018 to 2020, we reduced elective total hip arthroplasty (THA)/total knee replacement (THK) complications by 80%, improved the 30-day readmission rate from 4.65 to 2.39, improved the 14-day readmission rate from 2.67 to 1.27 and improved the seven-day readmission rate from 1.28 to 0.42.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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## Poster P108 | A Tale of Two Metrics: 'Observed' and 'Expected' — Improving Vizient-Reported Mortality

***Kearstin Jorgenson, MSM, CPC, COC,*** *System Director – Physician Advisory Services, Intermountain Healthcare, Salt Lake City, Utah*
***Guido Bergomi, MHA,*** *Executive Director – Office of Patient Experience, Intermountain Healthcare, Salt Lake City, Utah*
***Sathya Vijayakumar, MS, MBA,*** *Clinical Operations Manager, Intermountain Healthcare, Salt Lake City, Utah*

**Keywords:** Mortality, Vizient Clinical Data Base, CDB, Continuous Improvement Algorithm

**Learning Objectives:**

- Use the Vizient Clinical Data Base (CDB) to identify the main areas of opportunity in the observed and expected mortality index.
- Discuss mortality data from the Vizient Clinical Data Base using a novel algorithm.
- Apply focused goals for improvement in both observed and expected outcomes with quantifiable metrics.

**Overview:** We propose a novel algorithm to incorporate Vizient mortality improvement initiatives in a geographically dispersed, multi-facility health care system in a consistent and reliable manner to achieve rapid results. These components correlate well with established mechanisms of continuous improvement, such as define, measure, analyze, improve and control (DMAIC), while also fostering adoptability. Standardization of data analysis and information-sharing makes ongoing improvement reliable across large organizations and supports achievement of measurable results in a short duration of time. The appropriate use of Vizient Clinical Data Base data and determining the right questions to ask in the right order makes this a uniquely innovative approach to improve Vizient mortality.

**Credit:** Physician, General CEU

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## Poster P109 | Getting Better at Getting Better: Intermountain Healthcare Drives Rapid Improvement

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***Sathya Vijayakumar, MS, MBA,*** *Clinical Operations Manager, Intermountain Healthcare, Salt Lake City, Utah*
***Mark Ott, MD,*** *Medical Director, Intermountain Medical Center, Murray, Utah*

**Keywords:** Office of Patient Experience, Clinical Operations, Vizient Clinical Data Base, CDB, Rapid Improvement, Strategy, Mortality Rank

**Learning Objectives:**

- Describe the use of the Vizient Clinical Data Base (CDB) to engage physician and operational leaders in driving change in identified opportunities for improvement.
- Explain the operational efficiencies of the Intermountain Operating Model to deliver results on improvement initiatives.
- Describe the benefit of a lateral strategy deployment process.

**Overview:** We present in this work a strategy to leverage Vizient Clinical Data Base information and maximize operations to augment rapid and large improvement in care outcomes at a Level 1 trauma facility. The use of the Intermountain Operating Model (a continuous improvement methodology) and a lateral strategy deployment process is explained, with examples of successful initiatives that led to significant improvement in our Vizient Quality and Accountability ranking over time.

**Credit:** Physician, General CEU

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## Poster P110 | Volunteers Helping Patients Virtually in Times of COVID-19

***Fernanda Clariana, MA,*** *Coordinator, Volunteer Services, Yale New Haven Hospital, New Haven, CT*

**Keywords:** COVID-19, Patient Experience, Palliative Care, Volunteer, Music for Healing

**Learning Objectives:**

- Discuss the methods employed to keep hospital volunteers engaged remotely during the pandemic.
- Identify a way to enhance relationships with key stakeholders and external vendors through creative problem-solving and improved interoperability.

**Overview:** Under typical circumstances, Music for Healing volunteers at Yale New Haven Hospital offer music visitation sessions at a patient's bedside. Due to isolation restrictions and a non-visitation policy during the COVID-19 pandemic, the volunteer services department had to suspend all in-person volunteer programs. In order to continue improving the patient experience during the pandemic, volunteer services decided to transform the in-person Music for Healing volunteer program into a virtual-remote volunteer program.

**Credit:** General CEU

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## Poster P111 | Quality Improvement Methods Accelerate and Optimize COVID-19 Regulatory Reporting

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***Teresa Pollack, MS CPHQ,*** *Director, Quality Operations, Northwestern Medicine, Chicago, IL*

**Keywords:** EHR, Quality Improvement, Epidemiology, Regulatory Reporting, Health Equity, Workforce Efficiency, COVID-19

**Learning Objectives:**

- Identify the steps to build a successful team across a large, dispersed workforce during an unprecedented emergency.
- Describe strategies to apply quality improvement science in a resource-constrained environment.

**Overview:** Timeliness and quality of communicable disease reporting was essential when the COVID-19 outbreak began in March 2020. Northwestern Medicine (NM) mobilized a system-level team to abstract complete and timely data to local and state health departments, supporting public health goals to control the outbreak. With organizational leadership, engaged stakeholders and disciplined quality improvement methods, the team built systems for an efficient regulatory process. This systematic approach benefited the health system, reduced the manual reporting burden from 18 full-time employees to three, and improved the public health capabilities of state and local health departments.

**Credit:** Pharmacist, General CEU

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## Poster P112 | Implementing a Maternal Rest Protocol to Prevent Newborn Falls

***Kenisha J. Karlsson, BA, BSN, RNC-MNN,*** *Clinical Nurse Educator, Denver Health Medical Center, Denver, CO*

**Keywords:** Preventing Newborn Fall Risk, Patient Safety, Mother-Baby Unit, Women's Health, Safe Sleep Pledge, Pediatrics

**Learning Objectives:**
- Develop a maternal rest protocol to reduce newborn falls.
- Explore the benefits of a multidisciplinary team approach to initiate a quality improvement project.

**Overview:** Adult fall prevention measures have been thoroughly studied, but little is known about newborn falls. A 40-bed mother-baby unit at an urban safety-net teaching institution reported nine newborn falls, with one resulting in a major head injury, over a period of 3 1/2 years. On investigation, caregivers were falling asleep while holding their newborn. To reduce the number of newborn falls, a maternal rest protocol was implemented using a pre- and post-intervention design. As a result of this project, there have been zero events for a period of 2 1/2 years since implementation. A maternal rest protocol proved effective in eliminating newborn falls.

**Credit:** Nurse, General CEU

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## Poster P113 | Brace Yourself for the First Newborn Fall Risk Assessment Scale

***Hannah Antista, BSN, RNC-NIC,*** *NICU Charge Nurse, Denver Health Hospital & Authority, Denver, CO*
***Krystal Savage, BSN, RN,*** *NICU Charge Nurse, Denver Health Hospital & Authority, Denver, CO*

**Keywords:** NICU Fall Risk Assessment, Patient Safety, Joint Commission, DH-Newborn Kant Fall Scale, EMR, Newborns, Pediatrics

**Learning Objectives:**

- Describe the need for a newborn fall risk assessment scale.
- Identify three infant variables that could place an infant at high fall risk.
- Identify three caregiver variables that could place an infant at high fall risk.
- Identify at least three interventions to take to reduce the risk of newborn falls.

**Overview:** Although inpatient fall prevention in the adult population remains a primary safety initiative in most hospitals, little attention has been given to the issue of inpatient newborn falls. Inpatient settings throughout the country lack a standardized guideline or tool related to newborn fall prevention, even though an estimated 600 to 1,600 inpatient newborns experience a fall each year in the U.S. Using an iterative approach, our task force developed a fall risk assessment scale that seeks to identify newborns at high risk for falls so that timely preventive measures can be taken to protect inpatient newborns from harm.

**Credit:** Physician, Nurse, General CEU

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## Poster P114 | The Journey To Eliminating Hospital-Acquired Pneumonia

***Tonya Meyer, RRT, CPHQ, CLSSGB,*** *Transitional Care Manager, SoutheastHEALTH, Cape Girardeau, MO*
***Regina Moore, RRT, CLSSGB,*** *Quality Management – Clinical Quality Analyst, SoutheastHEALTH, Cape Girardeau, MO*

**Keywords:** Hospital-Acquired Pneumonia, HAP, Lean, Health Equity

**Learning Objectives:**
- Discuss simplistic measures to decrease hospital-acquired pheumonias (HAPs) that provide great outcomes.
- Discuss methods to sustain improvements in HAPs.

**Overview:** In 2018, Southeast Hospital recognized that many hospital-acquired pneumonias (HAPs) had occurred in third quarter 2017. With 45 cases, it was the worst performance since tracking began. During this time the sepsis team also recognized several sepsis cases originating from infections acquired during the hospital stay. The decision was made to initiate an oral care initiative that would kick off in intensive care areas before it was eventually implemented housewide. During the first 12 months of the project, a 73% improvement in HAPs was achieved, and from fourth quarter 2019 to fourth quarter 2020 an estimated cost avoidance of $3.93 million was identified.

**Credit:** Nurse, Pharmacist, General CEU

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## Poster P115 | Reduction in Unnecessary Blood Transfusions in Hospitalized Patients

***Amy Slenker, MD,*** *Vice-Chair, Quality and Patient Safety, Department of Medicine, Lehigh Valley Health Network, Allentown, PA*
***Warren D. Behr, MBA,*** *Director, Patient Blood Management Program, Lehigh Valley Health Network, Allentown, PA*

**Keywords:** Cost Savings, Blood Transfusions, Blood Utilization, Systemness, EMR

**Learning Objectives:**

- Describe an intervention that can promote appropriate blood utilization.
- Explain how the electronic medical record (EMR) can be employed to promote appropriate blood utilization.

**Overview:** Red blood cell (RBC) transfusion is a commonly overused procedure that is costly and potentially harmful to the patient. Appropriate blood utilization should follow evidence-based guidelines and inform a blood conservation strategy that recommends using the minimum amount necessary. At Lehigh Valley Health Network, we employed a multifaceted strategy to revamp our blood utilization management program that included education, changes to the EMR, feedback reports, and an accessible and transparent analytics dashboard. We were able to decrease RBC transfusions by 18% in the subsequent fiscal year, with an estimated cost savings of approximately $1.8 million.

**Credit:** Physician, Nurse, General CEU

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## Poster P116 | Using QR Code Technology to Enhance the Patient Education Experience

***Maribeth Cambridge, MS, RN, CCRN-K,*** *Patient Care Manager, Stanford Health Care, Stanford, CA*
***Brian Lee, MSN, RN, CMSRN,*** *Clinical RN IV/Unit Educator, Stanford Health Care, Stanford, CA*

**Keywords:** Patient Advisory Input, Patient Education Access, Readmissions, QR Code Adoption

**Learning Objectives:**

- Explain how QR codes can benefit patient education.
- Describe how to create a QR code within patient education materials.

**Overview:** With patient care needs becoming more complex due to COVID-19, having resources that are readily available and address multiple learning modalities can aid in the patient successfully transitioning home. The absence of in-person secondary learners due to visitor restrictions has put more stress on the health care provider and the patient in preparing for discharge. The ease of use of QR codes for health care providers removes barriers for addressing multiple learning style needs. Utilizing QR codes consolidates learning materials and provides easy access to multiple references that can be used within the hospital and at home.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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## Poster P117 | Rapid Development of Support for Physicians and Providers as Response to COVID-19 Pandemic

***Becky Lowry, MD,*** *Physician, University of Kansas Health System, Kansas City, KS*
***Terry Tsue, MD, FACS,*** *Vice President of Physician Services & Physician in Chief, University of Kansas Cancer Center, University of Kansas Health System, Kansas City, KS*

***Talal W. Khan, MD, MBA,*** *Professor and Chair, Department of Anesthesiology, University of Kansas Medical Center, Kansas City, KS*

**Keywords:** Physician and Advanced Practice Provider Well-Being, Resiliency, Cultural Awareness

**Learning Objectives:**

- Describe a process for rapid organization of a functional structure for provider-informed needs assessment.
- Use prioritization to guide development of physician support in an academic medical system.
- Describe areas of statistically significant pandemic needs prioritization between physicians and advanced practice providers.

**Overview:** Given the unprecedented professional and personal strain in health care caused by the COVID-19 pandemic, executive leaderships of our health system and physician group created a resiliency and support steering committee (RSSC). The RSSC developed a rapid pandemic support response, identified priority areas for support development and created a shared-drive database that allowed real-time initiative tracking. A pandemic needs survey collected feedback from over 300 physicians and providers in April and August, guiding initiative prioritizations and allowing needs comparisons across groups. The RSSC raised cultural awareness of the importance of mitigating distress and supporting well-being, which will continue through partnerships between frontline members and leadership.

**Credit:** Physician, General CEU

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## Poster P118 | We Deliver Babies, Not Infections

***Amanda H. Hargis, BSN, RN,*** *RNC-OB, Wellstar Health System, Douglasville, GA*
***Emily S. Shrontz, BSN, RN,*** *Wellstar Health System, Douglasville, GA*

**Keywords:** Surgical Site Infections, SSI, Obstetrics, OB

**Learning Objectives:**

- Describe the implementation of best practice measures to prevent surgical site infections in the obstetrics population.
- Identify the implemented practice changes that contributed to zero surgical site infections.

**Overview:** Surgical site infections (SSI) are a costly complication leading to increased readmission and patient morbidity. In 2019, our newly designed women's center experienced a 15% increase in SSI. Care provided within the expansion of our facility and increased patient volumes presented opportunities for improvement. With this in mind, we aimed to reduce SSI in our postpartum patients from 15% to zero by implementing initiatives including chlorhexidine gluconate (CHG) shower upon admission, re-education on abdominal scrubs and a three-minute CHG scrub at the beginning of shift. The nursing staff's collaboration with providers and staff educators, along with monitored initiatives, proved successful.

**Credit:** Nurse, Pharmacist, General CEU

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## Poster P119 | A Systemwide Initiative: Assessing Preparedness to Navigate Airway Emergencies

***Pavithra Bora, MBA, CSSBB,*** *Project Director, Houston Methodist, Houston, Texas*
***Debbi Garbade, MSN, RN, CPPS, CPHRM, CPHQ, CPSO,*** *Director of System Patient Safety, Houston Methodist, Houston, Texas*
***Stuart Dobbs, MD,*** *Chief Quality and Patient Safety Officer, Houston Methodist, Houston, Texas*

**Keywords:** Airway, Systemness, High Reliability Organization, HRO, Process Improvement

**Learning Objectives:**
- Describe how systemwide standardization can impact the process of navigating airway emergencies.
- Identify the barriers and mitigate communication failures across the care continuum.

**Overview:** Multidisciplinary teams rapidly respond to and navigate airway emergencies in complex settings. In addition to individual competence, successful airway management in emergency situations demands skilled and adept caregivers with access to the appropriate tools at the right time. Houston Methodist, an eight-hospital system in Texas, is committed to the continuing journey to high reliability. We learned that adequate preparation, standardization of equipment and defined communication could alleviate some of the complexity of a high-stress, complicated emergency airway management event. We believe our approach can benefit other health care systems experiencing similar situations when navigating airway emergencies.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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## Poster P120 | High-Value Hemodialysis Hand-Off

***Margaret Diane Giles, MSN, RN, CNL,*** *Clinical Nurse Leadership, Wellstar Douglas Hospital, Douglasville, GA*

**Keywords:** Hemodialysis, Nursing Care, LOS, Lean

**Learning Objectives:**
- Identify three reasons for delays in timely hemodialysis treatments.
- Describe four risks associated with longer length of stay (LOS) for hospitalized patients.
- Identify three countermeasures to address barriers for late initiation of hemodialysis treatments in this study.

**Overview:** An increased hospital LOS may result in increased risk for patients, including hospital-acquired infections, medication errors, falls and decreased patient satisfaction. Barriers to discharging patients requiring hemodialysis (HD) at Wellstar Douglas Hospital were a leading contributor to increased LOS. Delays initiating timely hemodialysis treatments were the result of communication failures stemming from a lack of standardized communication processes. Lacking pertinent patient information, HD nurses blindly prioritized patients needing HD. Using Lean methodology techniques, a new workflow process was developed and implemented, resulting in improved efficiency for prioritizing HD treatments, thereby decreasing LOS.

**Credit:** Nurse, Pharmacist, General CEU

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## Poster P121 | Data-Driven Strategies for Clostridioides Difficile Reduction

***Janice Elizabeth Sandiford, MSN, RN, NP-C, OCN,*** *Education Coordinator, Oncology/Renal, Emory Healthcare, Decatur, GA*
***Effie Rubia, MSN-PH, RN, CIC,*** *Infection Control Coordinator, Emory Healthcare, Lithonia, GA*

**Keywords:** Clostridioides Difficile Reduction, C. Diff, Tactical Team, Hospital-Acquired Infections, HAIs, Present on Admission, POA

**Learning Objectives:**

- Identify the significance of having a structured, interdisciplinary team.
- Describe the value of an infection preventionist (IP) as a facilitator for hospital-acquired infection (HAI) activities.

**Overview:** The reduction of HAIs is an imperative for hospitals. While evidence-based guidelines abound, implementing and sustaining meaningful improvement continues to be a challenge. Early recognition and control of Clostridioides difficile (C. diff) is the hallmark for reduction of hospital-onset cases. Our organization achieved and sustained dramatic improvement in our C. diff rates by: 1) establishing a small tactical team led by an IP using team facilitation standards developed by the office of quality; 2) completing a gap analysis and case reviews to prioritize efforts; 3) using evidence-based strategies for C. diff reduction; and 4) developing timelines for improvement and process metrics.

**Credit:** Physician, Nurse, Pharmacist, Pharmacy Technician, General CEU

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## Poster P122 | Dynamic Duo: Partners in Combating Sepsis Bundle Compliance

***Tusdi Rodriguez, MSN, RN, PCCN,*** *Clinical Quality Specialist, Keck Hospital of USC, Los Angeles, CA*
***Maby George, CCS,*** *Data Quality Abstractor, Keck Hospital of USC, Los Angeles, CA*

**Keywords:** Sepsis, Sepsis-Related Mortality Reduction, Data Analytics, SEP-1

**Learning Objectives:**

- Identify early sepsis recognition by integrating concurrent data abstraction in the daily workflow of a nurse quality specialist and a data quality abstractor.
- Discuss the unique collaboration between the quality data abstractor and nurse quality specialist.
- Outline the importance of multidisciplinary collaboration during real-time chart review.

**Overview:** A collaborative model, also known as the Sepsis Concurrent Review Performance Improvement Initiative, was implemented in August 2019 and continues to evolve as a successful sepsis compliance approach. The project aim was to designate an interdisciplinary and collaborative care model between a nurse quality specialist and a data quality abstractor. As a team, these professionals have become effective partners in the improvement and sustainment of sepsis compliance.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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## Poster P123 | Antibiotics: How Immediate Care Centers Reduced Prescribing By 38% (Relative)

***Dharmesh Patel, MBA, CNMT, R.T.(N)(ARRT),*** *Clinical Quality Leader, Northwestern Medicine, Chicago, IL*

**Keywords:** Antibiotics, Stewardship, Urgent Care, Ambulatory

**Learning Objectives:**

- Assess the importance of a systemwide antimicrobial stewardship structure.
- Develop a comparative data-sharing structure that can help improve most initiatives, such as the use of antibiotics for viral illnesses.
- List interventions that do not require modification to the electronic health record and still demonstrate a significant improvement in antibiotic prescribing for viral illnesses.

**Overview:** To improve antibiotic prescribing rates in immediate care, we addressed tracking, reporting and education. We shared findings that showed no linear correlation between patient satisfaction and the antibiotics prescription rate and shared comparative regional and individual clinician-level prescription rates. We also leveraged patient-facing resources and promoted the use of Centers for Disease Control and Prevention (CDC) commitment posters in exam rooms and patient education pamphlets placed in the common patient check-out area. For clinician education, the initiative incorporated a presentation from a Northwestern Medicine expert on appropriate antibiotic use and included an internally developed video showcasing physician and patient interaction. Following these interventions, we observed a relative reduction in the overall stewardship antibiotics prescribing rate by 38% at the end of fiscal year (FY) 2020 (September 2019 through August 2020) and by 48% during FY 2021 year-to-date through April 2021. Antibiotic prescribing for diagnosis shifting gradually decreased from 56% in FY 2019 to 50% by FY 2020, and decreased to 33% by April 2021. We did not observe a negative impact on the patient satisfaction score through April 2021.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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## Poster P124 | The Game of Life: Care Across the Continuum

***Cari Johnson, BSN, RN,*** *Director of Care Transitions, FHN, Freeport, IL*

**Keywords:** Care Transitions, Vizient Clinical Data Base, CDB, Community Agency Partnership, Community and Patient Outcomes

**Learning Objectives:**

- Explain the importance of establishing a community/agency partnership to achieve desired community and patient outcomes.
- Discuss the methods employed to align the various components of a care transitions program across the continuum.

**Overview:** In the health care version of the “Game of Life,” individuals move around the board and procure life tiles such as chronic disease, social determinants and prevention of disease. As the spinner transitions

them to another place of care, the player may find themselves enrolled in supportive, hospice or complex care, or they may become a familiar face in the emergency room or hospital setting. Through the FHN Connect the DOTS (Doors of Team Support) community program, in conjunction with an integrated care transitions approach implemented in 2019, highly complex players in the Game of Life have experienced fewer readmissions and decreased emergency room utilization.

**Credit:** Physician, Nurse, General CEU

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## Poster P125 | Interdisciplinary VTE Task Force: Cleaning Up the Clotter

***Sameh Samy, MBBCh, MSA, CPHQ,*** *Chief Quality Officer, Vice President of Quality Management, Maimonides Medical Center, Brooklyn, NY*
***Zachary Lockerman, MD, MBA, FACG,*** *Chief Patient Safety Officer, Chief Medical Informatics Officer, Maimonides Medical Center, Brooklyn, NY*

**Keywords:** Pulmonary Embolism, PE, Deep Venous Thromboembolism, DVT, Patient Safety Indicator, PSI, COVID-19, Plan-Do-Check-Act, PDCA Method

**Learning Objectives:**

- Describe evidence-based interventions to reduce postoperative venous thromboembolism (VTE) events.
- Summarize how to engage clinical leadership and frontline staff from the start of the design and planning phase to ensure project success.
- Identify areas for improvement of the project through utilizing a structured quality improvement framework (e.g., Plan-Do-Check-Act methodology).

**Overview:** This performance improvement initiative is taking place at Maimonides Medical Center, a 711-bed community-based, acute care, tertiary hospital in Brooklyn, New York. An interdisciplinary team was formed to focus on reducing postoperative VTE events in surgical patients by implementing multiple strategies to improve the establishment and compliance of a specific VTE prophylaxis protocol. The goal is to decrease postoperative VTE events by 20% in one year.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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## Poster P126 | In and Out: That's What PCI's All About

***Purnima Krishna, MSN, MBA, RN,*** *Director, Cardiovascular Health Quality, Stanford Health Care, Palo Alto, CA*
***Aaron Sy, MS,*** *Quality Consultant, Stanford Health Care, Palo Alto, CA*

**Keywords:** Same-Day Discharge, SDD, Percutaneous Coronary Intervention, PCI, CMS, Merit-Based Incentive Payment System, MIPS

**Learning Objectives:**

- Develop similar algorithms to determine which patients are ideal candidates for same-day discharge (SDD).
- Discuss a workflow to streamline the patient care pathway.
- Explain how high quality of care is maintained when shifting most percutaneous coronary intervention (PCI) procedures from an overnight to SDD.
- Apply methods to generate clinical and financial data to drive cost-reducing decisions.

**Overview:** SDD for PCI provides opportunities to decrease the average cost per case by minimizing rooming accommodations and hospital resources associated with an overnight stay. Still, barriers to implementation remain. We effected strategies in the preadmission and post-procedure phases to double our SDD rate. This resulted in bed conservation and resource optimization, made even more crucial by the COVID-19 pandemic. During this presentation, attendees will discover that principles and workflow utilized to increase SDD can be modified for other procedures currently given an overnight stay and will be motivated to execute similar interventions at their institutions.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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## Poster P127 | Reducing ICU Hospital-Acquired Pressure Injury Rate With Diaper-Free Initiative

***Britney Whaley, BSN, RN,*** *Nurse Professional Development Educator Generalist, Wellstar Paulding Hospital, Hiram, GA*
***Holly Cates, MSN, RN-BC, CWON, CWS, CNL,*** *WOCN/CNL, Wellstar Paulding Hospital, Hiram, GA*

**Keywords:** Patient Care, Patient Safety, Wound Care, Hospital-Acquired Pressure Injury, HAPI

**Learning Objectives:**
- Identify the process used to decrease the incidence of hospital-acquired pressure injury in the ICU.
- Discuss the interventions employed to create a diaper-free environment.

**Overview:** Pressure injury is any wound caused by prolonged periods of unrelieved pressure on the skin, soft tissue, muscle and bone. The development of pressure injuries is associated with life-threatening infections affecting mortality, prolonged hospital stays affecting morbidity, and high treatment costs with financial impacts to patients and facilities. Heightened awareness of these implications requires the health care team to understand the impact of evidenced-based preventive measures and to provide quality care using those guidelines and protocols.

**Credit:** Nurse, General CEU

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## Poster P128 | Launching HOPE (Health Outreach Promoting Equity): Pandemic Response to Sustainable Model

***Kelly Pigott, MSW, LCSW, ACM,*** *Manager, Ambulatory Care Coordination, Northwestern Medicine, Chicago, IL*

**Keywords:** Health Equity, COVID-19, Social Determinants of Health, SDoH

**Learning Objectives:**

- Identify a methodology used to advance health equity for patients using a proactive outreach program.
- Explain the importance of addressing medical and social needs to improve patients' overall health.

**Overview:** In June 2020, Northwestern Medicine launched HOPE (health outreach promoting equity) to engage with patients in high-hardship communities disproportionately impacted by COVID-19. Leveraging a cadre of callers, over 1,500 patients were contacted and offered assistance with medical and social needs. Strong patient response indicated an ongoing need for medical appointments and connections to community resources for a variety of social determinants of health (SDoH). The program's early success resulted in a sustainable HOPE program that proactively engages with patients in vulnerable communities to ensure they are able to connect with their care team and addresses any barriers to receiving care.

**Credit:** Physician, Nurse, General CEU

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## Poster P129 | Power of Prediction: Implementing a Predictive Model Workflow Drives Sepsis Care

***Sheila Neiner, BSN, RN,*** *Clinical Quality Leader, Northwestern Medicine, Lake Forest, IL*
***Jennifer Altounian, BSN, RN-BC,*** *Clinical Communications Coordinator, Northwestern Lake Forest, Lake Forest, IL*

**Keywords:** Sepsis Care, Predictive Modeling

**Learning Objectives:**

- Explain why Northwestern Medicine (NM) hospitals needed to improve their sepsis identification workflows.
- Describe the approach taken to redesign the sepsis workflow to incorporate the sepsis predictive model score into the sepsis alert process.

**Overview:** Early sepsis identification is vital for prompt delivery of potentially life-saving treatments. At NM hospitals, early identification was inconsistent due to alert fatigue brought on by false positives, as the alert was based on antiquated variables (vital signs and lab criteria). To decrease alert fatigue and improve response, NM hospitals implemented a workflow utilizing a predictive score for sepsis to improve early identification of sepsis and guide clinicians in sepsis treatment interventions. Utilizing pilot hospitals, a new alert and workflow were designed and implemented. This new approach improved specificity and clinician interaction with clinical decision support.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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## Poster P130 | Who's on First: A Team Approach to Goals of Care

***Kristen R. Lakis, MDiv, LCSW,*** *Strategic Services Associate, Duke Health, Durham, NC*
***Betsy Fricklas, MMSc, PA-C,*** *Physician Assistant, Duke Health, Chapel Hill, NC*

**Keywords:** Vizient Clinical Data Base, CDB, Goals of Care Discussions, GOC Discussions, Patient Engagement, Team Communication

**Learning Objectives:**

- Describe a model for your organization to implement a team-based approach to improving the quality and quantity of goals of care conversations with patients.
- Explain the role documentation and interdisciplinary huddles play in facilitating improved communication about patients' goals of care.

**Overview:** At Duke Health, we aim to ensure that the evidence-based care we deliver is not only the highest quality, but also concordant with our patients' goals. A team convened to create a new process at the Duke Center for Brain and Spine Metastasis (DCBSM), with the goal of increasing both the quality and frequency of goals of care (GOC) discussions with new referral patients. The process utilizes the DCBSM's multidisciplinary approach to normalize GOC discussions with new patients, facilitate communication among the team and target documentation of patient goals within the first three clinic visits.

**Credit:** Physician, Nurse, General CEU

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## Poster P131 | Hospitalwide Risk for Pediatrics: Does the Vizient Model Stack Up?

***Janelle Lee, DrPH,*** *Senior QI Programmer, UCSF Health, Brisbane, CA*
***Katherine Pavlovich, MPH,*** *Director, Analytics & Clinical Effectiveness, UCSF Health, San Francisco, CA*

**Keywords:** Vizient Clinical Data Base, CDB, Pediatrics, Risk Model

**Learning Objectives:**

- Distinguish between the Vizient pediatrics risk model and other registry-based risk models.
- Explain the potential limitations of service line, registry-based risk analysis.
- Describe the opportunity brought by a hospitalwide model like the Vizient pediatrics risk model.

**Overview:** Are you interested in taking advantage of the Vizient pediatrics risk model, but wish you knew more about how it compares to the models you already use and understand? If so, this session is for you! Our analytics and clinical effectiveness team in the department of quality and safety worked with our children's hospital quality team, including its medical director, to analyze and compare the Vizient pediatrics risk model with the California Perinatal Quality Care Collaborative (CPQCC) and Virtual Pediatric Systems (VPS) models. Join our discussion to learn about our results.

**Credit:** General CEU

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## Poster P132 | If You Build a (Vizient) Website, Will They Learn?

***Lindsey Walicek, MPH,*** *Quality Program Coordinator, UCSF Health, Brisbane, CA*
***Justice Dahle, MHA,*** *Senior Business Analyst, UCSF Health, Brisbane, CA*

**Keywords:** Vizient Clinical Data Base, CDB, Website Construction

**Learning Objectives:**

- Describe the development process our team pursued to share Vizient information with our own team members and with our wider organization.
- Apply a planning approach to organizational efforts to disseminate Vizient data.

**Overview:** Sharing information is a multifaceted challenge, requiring answers to confounding questions such as, “Will the people who need this information actually use it?” and “How do we keep information current and interesting?” We recognized that we had helpful information to share about using Vizient data, both within our team and with our data stakeholders. Join us to learn how we quantified and tackled the challenges of expanding UCSF’s understanding of Vizient data and what we're still improving through an iterative process.

**Credit:** General CEU

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## Poster P133 | An Initiative to Reduce High-Dose Opioid Prescriptions

***Scott Weiner, MD, MPH,*** *Medical Director, Brigham Comprehensive Opioid Response and Education Program, Brigham and Women’s Hospital, Boston, MA*

**Keywords:** Opioid, Physician Education, Patient Safety, Prescribing Guidelines

**Learning Objectives:**

- Describe the history of high-dose opioid prescribing in the U.S.
- Discuss the steps needed for a multidisciplinary intervention aimed at safely decreasing high-dose opioid prescriptions.
- Assess the outcomes of an intervention aimed at reducing high-dose opioid prescribing.

**Overview:** Whereas pain was once considered the “fifth vital sign” and opioids were liberally prescribed, the Centers for Disease Control and Prevention’s 2016 opioid prescribing guidelines were clear that prescribers treating chronic, non-cancer pain “should avoid increasing dosage to >= 90 MME/day or carefully justify a decision to titrate dosage to >= 90 MME/day.”[1] Many health care systems struggle with patients who are already on these high doses. In this presentation, we will discuss our multifaceted intervention that reduced the number of high-dose opioid prescriptions by 40.4% over 18 months.

**Credit:** Physician, Nurse, Pharmacist, Pharmacy Technician, General CEU

1. Dowell D, Haegerich TM, Chou, R. CDC guideline for prescribing opioids for chronic pain — United States, 2016. Centers for Disease Control and Prevention: Mortality and Morbidity Weekly Report. Published March 18, 2016. Accessed August 2, 2021. doi: 10.15585/mmwr.rr6501e1

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## Poster P134 | Blast to the Past to Change Your Future (Rankings)

***Michael Lowe, PhD,*** *Senior Quality Consultant, University of Utah Health, Salt Lake City, Utah*

***Adam McDougal, MSIM,*** *Data Architect, University of Utah Medical Group, Murray, Utah*
***Terrell Rohm, MBA,*** *System Quality Analytics Manager, University of Utah Health, Salt Lake City, Utah*

**Keywords:** Vizient Clinical Data Base, CDB, Quality Rankings, Neuroscience, Mortality

**Learning Objectives:**

- Explain how the Vizient Clinical Data Base (CDB) can be used to analyze other national and local rankings.
- Explain how to create a proxy data set to approximate other quality rankings and registries.

**Overview:** Rankings are important for hospitals because they are a reflection of the quality of care provided based on discrete data. In 2019 and 2020, the neuroscience department at the University of Utah Health fell out of the *U.S. News & World Report* hospital rankings. The system quality group used the Vizient Clinical Data Base to better understand these rankings and identify where to focus limited resources. Variables of interest were mortality measures, the complication or comorbidity/major complication or comorbidity capture rate and discharge status. Through this process, the system quality group was able to identify the main measures that impacted the rankings and make concrete recommendations to the neuroscience department.

**Credit:** General CEU

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## Poster P135 | Impact and Clinical Outcomes of the Troponin Optimal Care Pathway

***Vedant A. Gupta, MD,*** *Assistant Professor, Cardiovascular Medicine, UK HealthCare, Lexington, KY*
***Daniel Moore, MD, FACEP,*** *Associate Professor and Senior Inpatient Medical Director, Department of Emergency Medicine, UK HealthCare, Lexington, KY*
***Alison Woodworth, PhD, DABCC, FAACC,*** *Professor, Pathology & Laboratory Medicine, UK HealthCare, Lexington, KY*

**Keywords:** ED Workflow, Chest Pain, Cost Reduction

**Learning Objectives:**

- Describe efforts of a multidisciplinary team to optimize care of chest pain patients.
- Discuss how to streamline emergency department (ED) workflow.
- Discuss the impact of implementation of an optimal care pathway utilizing high-sensitivity troponin (hsTnT) and HEART scores to assess chest pain patients in the ED.

**Overview:** UK HealthCare introduced a chest pain optimal care pathway in December 2019. Our institution, like many referral centers across the country, suffers from inpatient boarding and capacity problems in our ED. Launching hsTnT simultaneously with the chest pain optimal care pathway has had a positive impact on ED capacity and our institution's financial position. In a retrospective review, we decreased time to disposition in our ED, reduced total costs of care and achieved a low risk of major adverse cardiac events at 30 days.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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## Poster P136 | POC Blood Gas Testing in Critically Ill Patients With and Without SARS-CoV-2 Infections

***Shari Fullenlove-Cook, BS, RRT,*** *Respiratory Care Manager, UK HealthCare, Lexington, KY*
***Alison Woodworth, PhD, DABCC, FAACC,*** *Professor, Pathology & Laboratory Medicine, UK HealthCare, Lexington, KY*
***Erin Weber, JD, MT,*** *Point of Care Chief Technologist, UK HealthCare, Lexington, KY*

**Keywords:** Point-of-Care Testing, POCT, Minimize Staff Exposure, Lab Turnaround Time, COVID-19

**Learning Objectives:**

- List two clinical benefits of point-of-care (POC) blood gas testing for critically ill patients.
- Explain how a process change in POC blood gas testing helps conserve personal protective equipment (PPE) in COVID-19 units.

**Overview:** UK HealthCare created a multidisciplinary blood gas task force to standardize POC blood gas testing. Two months into a proof of concept pilot in the medical intensive care unit (MICU), the first SARS-CoV-2-positive patient was admitted to our facility. The task force adapted lessons learned in the pilot to meet the immediate need for point-of-care testing (POCT) in the dedicated COVID-19 intensive care unit (ICU). POCT implementation in the MICU and COVID-19 ICU reduced laboratory turnaround times and specimen recollections. Implementation of special blood gas testing procedures minimized COVID-19 exposures and conserved PPE for care teams.

**Credit:** Physician, Nurse, General CEU

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## Poster P137 | Optimizing Patient Access to Cancer Genetic Counseling Through Digitization

***Courtney Rowe-Teeter, MS, CGC,*** *Licensed, Certified Genetic Counselor, Stanford Health Care, San Jose, CA*
***Gayani Kadurugamuwa, MPH,*** *Program Manager, Digital Health, Stanford Health Care, Palo Alto, CA*

**Keywords:** COVID-19, EHR, Cancer, Genetic Counseling, Patient Access, Telehealth

**Learning Objectives:**

- Identify two interventions that can lead to a decrease in time from referral to new patient genetics visit.
- Describe benefits to patients and cancer genetic counseling clinicians of moving to 100% video visits.

**Overview:** Health systems focusing on specialty care face a patient access problem. The Stanford Cancer Genetics Program clinics were no different. Newly referred patients had multimonth waits, with delays causing an emotional toll on cancer patients. The COVID-19 pandemic involuntarily implemented a significant change when the clinics moved 100% of their patient appointments to video in March 2020. The team decided to study the impact and sustainability of this change. The outcome was significant. By December 2020 there was a three-week decrease in time from referral to completed new patient visit. Join the Stanford team and learn the benefits of hardwiring digital health.

**Credit:** General CEU

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## Poster P138 | Sync'ing the STEMIs

***Kristin Hayden, MSN, RN, CV-BC,*** *Quality Improvement Specialist, Hackensack Meridian Network, Hackensack, NJ*
***Elizabeth Toledo, APN-C,*** *Chest Pain Coordinator, Hackensack Meridian Network, Hackensack, NJ*

**Keywords:** ST-Segment Elevation Myocardial Infarction, STEMI, Patient Safety, Patient Satisfaction Team

**Learning Objectives:**

- Discuss the methods used to streamline the transfer ST-segment elevation myocardial infarction (STEMI) process.
- Identify the two essential components in rolling out this pilot.

**Overview:** As an accredited Chest Pain Center by the American College of Cardiology, Hackensack University Medical Center (HUMC) continuously evaluates our processes and assesses for opportunities to standardize care for our cardiac patients. Upon review of the 2019 National Cardiovascular Data Registry (NCDR) Executive Summary, HUMC's median transfer STEMI time was above benchmark at 137 minutes. Our goal was to reduce HUMC's median transfer STEMI time by streamlining this process to meet the standard of 120 minutes. Five months after the rollout of the new process, we reduced HUMC's median transfer STEMI time by 20%, to 106 minutes.

**Credit:** Nurse, Pharmacist, General CEU

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## Poster P139 | A Team-Based Approach to Improving Oncology Mortality

***Mark J. Sands, MD, MBA, FACR,*** *Chief Medical Officer, Stony Brook Medicine, Stony Brook, NY*
***Edward Sun, MD, MBA, FASGE,*** *Assistant Chief Medical Officer, Stony Brook University Hospital, Stony Brook, NY*
***Kimberly O'Neill, RN, BSN, CCDS,*** *Associate Director, Clinical Documentation Integrity, Stony Brook Medicine, Stony Brook, NY*
***Kelly James-Walsh, BS,*** *Clinical Quality Data Analyst, Stony Brook Medicine, Stony Brook, NY*

**Keywords:** Vizient Clinical Data Base, CDB, Clinical Documentation Improvement, Clinical Documentation Integrity, Mortality

**Learning Objectives:**

- Create a multidisciplinary mortality workgroup to analyze interventions focused on improving mortality outcomes.
- Use the Vizient Clinical Data Base (CDB) and risk model groups to design relevant educational material regarding clinical documentation improvement.

**Overview:** The Vizient Clinical Data Base is a robust and essential tool that can be used to guide clinical documentation integrity efforts by identifying areas most in need of improvement. A review of our

institution's performance in the mortality domain for third quarter 2020 of the Vizient Quality and Accountability (Q&A) Study revealed an opportunity to improve our mortality index in the oncology service line. Detailed analysis of both mortalities and discharged alive patients for this time period and service line revealed educational opportunities that were implemented and resulted in an improvement in the oncology mortality index in fourth quarter 2020.

**Credit:** Physician, Nurse, General CEU

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## Poster P140 | A Multidisciplinary Service Line Approach to Optimizing Neurology Documentation and Coding Practices

***Christine Boerman, RN, SCRN, CNRN,*** *Assistant Stroke Coordinator, University of Rochester Medical Center, Rochester, NY*
***Alanna Orr, MS,*** *Financial Analyst, University of Rochester Medical Center, Rochester, NY*
***Debra E. Roberts, MD, PhD,*** *Associate Professor of Neurology, Associate Chair of Quality and Safety, University of Rochester Medical Center, Rochester, NY*

**Keywords:** Clinical Documentation Integrity

**Learning Objectives:**

- Explain how diagnosis-related group (DRG) assignment impacts case mix index (CMI) and hospital reimbursement.
- Discuss approaches to improving the specificity of clinician documentation.

**Overview:** Medical documentation and coding are complex processes that significantly impact hospital rankings and reimbursement. A review of the stroke program's CMI at a large academic medical center revealed that it fell 17% behind similar peer institutions. The goal of this project was to diagnose the root cause of the difference in CMI and implement corrective actions. By improving the specificity of clinician documentation through targeted education and leveraging electronic medical record technology, the stroke program's CMI increased by 14% and DRG revenue increased by $2.3 million from 2018 to 2020.

**Credit:** Physician, Nurse, General CEU

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## Poster P141 | Rapid Implementation: Same-Day Discharge Pathway for Orthopedic Joint Patients During the COVID-19 Pandemic

***Amy C. Lu, MD, MPH,*** *Associate Chief Quality Officer, Stanford Health Care, and Vice Chair, Quality, Safety and Improvement, Department of Anesthesiology, Perioperative and Pain Medicine, Stanford School of Medicine, Stanford, CA*
***Alicia Wilson, BSN,*** *Senior Quality Consultant, High Value Care, Stanford Health Care, Palo Alto, CA*

**Keywords:** Throughput, Service Line, COVID-19 Impact, Same-Day Discharge, SDD, Total Hip Arthroplasty, THA, Total Knee Arthroplasty, TKA

**Learning Objectives:**

- Explain the steps required for rapid implementation of same-day discharge (SDD) pathways.
- Discuss potential barriers to successful SDD pathways.
- Identify relevant process and outcome clinical and quality metrics in same-day pathways.

**Overview:** Our health system rapidly developed SDD pathways for elective surgical cases to prevent significant cancellations during the COVID-19 surge. Using a multidisciplinary, collaborative approach, we implemented and iterated a safe and effective SDD pathway for patients undergoing total hip arthroplasty (THA) or total knee arthroplasty (TKA) within days. The time constraints were due to a surge in COVID-19 cases in mid-December 2020, with a need to safely assist with patient throughput while continuing to provide high-quality care and achieve patient satisfaction. Clinical and quality metrics were measured during this time to ensure patient safety and clinical effectiveness of our interventions.

**Credit:** Physician, Nurse, General CEU

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## Poster P142 | Lead Poisoning: Reducing Risk in the Most Preventable Childhood Illness

***Marta Kostecki, LCSW,*** *Licensed Clinical Social Worker, Yale Regional Lead Treatment Center, New Haven, CT*

**Keywords:** Social Determinants of Health, SDoH, Children, Lead Poisoning, Public Health, Pediatrics

**Learning Objectives:**

- Describe a multidisciplinary perspective when exploring lead toxicity factors with at-risk families.
- Integrate knowledge to empower families to become lead-safe in tangible ways when moving or abatement are not immediate options.

**Overview:** For every birth year cohort in the U.S., lead poisoning incurs a $209 billion cost to society spread over the expense of IQ and earning loss, special education, attention deficit hyperactivity disorder (ADHD), juvenile delinquency, teen pregnancy, and health care throughout the lifespan. In spite of its well-known impact on child development, lead hazards remain prevalent within numerous communities nationwide. With an aging housing stock being the primary source of exposure, the Regional Lead Treatment Center at Yale New Haven Hospital takes a three-pronged approach to bridge the gap in services to reduce the impact of lead toxicity among children in its community.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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## Poster P143 | To the Heart of Pain: A Multimodal Regimen in Cardiac Surgery

***Britany Eichenauer, MSN,*** *Cardiac Valve Program Manager, Saint Luke's Hospital of Kansas City, Kansas City, MO*

**Keywords:** Opioid, Vizient Clinical Data Base, CDB, COVID-19, LOS Reduction

**Learning Objectives:**

- Discuss the methods employed to reduce opioid usage within the cardiac surgery patient population
- Use the Vizient Clinical Data Base (CDB) to analyze current opioid utilization by diagnosis-related groups over the course of a patient's stay

**Overview:** With limited pain management alternatives, opioids remain the dominant pain management practice for patients undergoing cardiac surgery. The resource utilization function within the Vizient Clinical Data Base was used to determine current utilization of opioid resources and benchmark against the *U.S. News & World Report*'s Top 20 Cardiology & Heart Surgery Hospitals. Opportunities to change clinical practice were identified and the "days within stay" grouping pinpointed which phase of care would have the greatest impact. As a result of this analysis, our program changed current practice and standardized a multimodal approach within the cardiac surgery patient population. The post-implementation analysis showed a successful reduction in opioid usage and a reduction in length of stay.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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## Poster P144 | Preventing Clostridioides difficile Infection: Implementation of Two-Step Testing

***Paul Murphy, BS, CSSBB,*** *Quality Management Practitioner, Stony Brook Medicine, Setauket, NY*
***Jennifer Maxwell, RN, MSN, MHA, CIC,*** *Director, Healthcare Epidemiology, Stony Brook Medicine, Stony Brook, NY*
***Sadia Abbasi, MD,*** *Director, Hospitalist Medicine, Stony Brook Medicine, Stony Brook, NY*

**Keywords:** C. Diff, C. Difficile Infections, CDI, Testing Algorithm, Standardized Infection Ratio, SIR, Hospital Onset CDI, HO-CDI, ED

**Learning Objectives:**
- Recall the National Healthcare Safety Network (NHSN) definition of hospital-onset C. difficile infection reporting and impact.
- Describe potential tracking mechanisms and analysis for C. difficile infections.
- Describe the Stony Brook University Hospital (SBUH) two-step testing process.
- Explain how implementation of the SBUH two-step testing process will affect hospital reporting.

**Overview:** SBUH identified an opportunity to develop and implement prevention strategies to reduce hospital-onset C. difficile infections. Hospital-onset C. difficile infections are included in NHSN reporting and with other hospital-acquired infections as publicly reported data. C. difficile infections contribute to prolonged hospital stays, inappropriate antimicrobial use, increased readmissions and high costs for nearly every health care organization. In 2020, SBUH implemented a two-step testing process for clarification of active infection versus colonization C. difficile infection, paired with a robust educational initiative surrounding the new testing and clinical care guidelines associated with each result.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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## Poster P145 | Hypoglycemia Command Center and Insulin Management Learning Response Team

***Bela Patel, MD, FCCP, CMQ, FCCM,*** *Regional Chief Medical Officer/Executive Medical Director of Critical Care Medicine, Memorial Hermann-Texas Medical Center, Houston, Texas*
***Jeffrey Chen, MD,*** *Hospitalist and Assistant Professor, Memorial Hermann-Texas Medical Center and University of Texas in Houston, Houston, Texas*
***Michelle Narat, MS,*** *Six Sigma Master Black Belt, Memorial Hermann-Texas Medical Center, Houston, Texas*

**Keywords:** Hypoglycemia, Real-Time Dashboard, Interdisciplinary Care, Process Improvement

**Learning Objectives:**

- Discuss strategies to incorporate a real-time hypoglycemia dashboard.
- Discuss a multidisciplinary approach for responding to hypoglycemia.
- Identify barriers to tackling hypoglycemia in the inpatient population.

**Overview:** Memorial Hermann-Texas Medical Center created an innovative "situational awareness" dashboard that serves as the central resource for a command center-style process flow to facilitate real-time monitoring and response to inpatient hypoglycemic events. When a patient's glucose level drops below 60, a multidisciplinary team quickly responds with appropriate short- and long-term interventions. Current implementation has decreased the Vizient lab metric hypoglycemia rate of insulin patients in fourth quarter 2020. However, beginning in April 2020, impacts from the COVID-19 pandemic put a complete pause on our multidisciplinary efforts to monitor and improve hypoglycemia. As a result, the hypoglycemia metric value climbed from 4.58% to 5.7%, likely attributed to competing priorities and large numbers of traveling staff. Today, the Vizient hypoglycemia lab metric has dropped from 5.7% to 5% since resuming improvement efforts, and we look forward to further improvement in 2021 as we see the effects of our additional pilot and expanded nursing efforts throughout our hospital.

**Credit:** Physician, Nurse, Pharmacy Technician, Pharmacist, General CEU

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## Poster P146 | Unique Approach Helping Those Most in Need During the Pandemic

***Kelly Zabriskie, MLS, BS, CIC, FAPIC,*** *Enterprise Vice President of Infection Prevention and Control, Jefferson Health, Philadelphia, PA*
***Efrat Kean, MD,*** *Clinical Instructor, Emergency Medicine, Thomas Jefferson University Hospital, Philadelphia, PA*
***Kristen Vogl, MBA,*** *Enterprise Vice President Post-Acute and Musculoskeletal Service Line, Thomas Jefferson University Hospital, Philadelphia, PA*

**Keywords:** COVID-19, Long-Term Care Facilities, Public/Private Partnership, Rapid Response Teams

**Learning Objectives:**

- Describe how hospitals can successfully form partnerships with nonhospital facilities to provide needed services specializing in infection prevention and control.
- Describe the benefits of having advice about sensitive issues, like COVID-19 outbreak control or vaccinations, come from a trusted source outside of the employment structure and hierarchy of an organization.

**Overview:** Preventing and containing COVID-19 outbreaks in long-term care facilities is a crucial step in limiting the impact of the pandemic on the most vulnerable seniors in our community. In Pennsylvania, the state formed the Regional Response Health Collaboration Program (RRHCP), a public-private partnership between the state and hospitals to provide support to facilities both before and during COVID-19 outbreaks. These types of partnerships have been highly effective in reducing case numbers and have also created lasting relationships between hospitals and their facility partners that have additional applications beyond COVID-19.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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## Poster P147 | The Skinny on Reducing Bariatric Surgery LOS

***Grace Parrish, BSN, RN,*** *Performance Improvement Specialist 4, Tampa General Hospital, Tampa, FL*
***Ashley Mooney, MD,*** *Bariatric/MIS/Robotic Surgeon, University of South Florida/Tampa General Hospital, Tampa, FL*

**Keywords:** Bariatric Surgery, LOS, Vizient Clinical Data Base, CDB, Readmissions

**Learning Objectives:**

- Discuss using data and quality analytics to determine opportunities to evaluate alignment with best practices.
- Discuss using the Vizient Clinical Data Base (CDB) as a benchmarking tool to identify process gaps.
- Identify how to leverage the analytic environment to guide data-driven decision-making to engage clinicians to promote a culture of change through best practice guidelines.

**Overview:** Competitive benchmarking is a valuable tool that can be used to identify improvement opportunities so that hospitals are not simply striving to be better internally, but are also working to improve industry standards. Tracking and trending length of stay (LOS) and respective costs is the primary step in identifying existing patterns that highlight process gaps and opportunities for improvement. By benchmarking, comparing and analyzing data from the Vizient Clinical Data Base, Tampa General Hospital was able to identify areas of improvement and implement best practices for the bariatric population, which yielded favorable process changes and sustainable results.

**Credit:** Physician, Nurse, General CEU

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## Poster P148 | Three People Walk Into a Clinic: The Patient, the Provider and the Scheduler

***Michelle Havinga, MLS(ASCP)CM, LBBP****, Director of Population Health/ACO Operations, University of Iowa Health Care, Iowa City, Iowa*
***Alicia Messer,*** *ACO Patient Access Specialist, University of Iowa Health Care, Iowa City, Iowa*
***Ashley Balsanek,*** *ACO Patient Access Specialist, University of Iowa Health Care, Iowa City, Iowa*

**Keywords:** Patient Access, Health Equity, COVID-19

**Learning Objectives:**

- Describe how an outbound call initiative can improve rates of primary care provider (PCP) visits.
- Discuss how increased PCP visits can lead to more opportunities for care gap closure (foundation/fundamental).

**Overview:** The population health/accountable care organization (ACO) department improved the rate of annual PCP visits during the COVID-19 pandemic. These visits are the foundation of preventive health services and retention of ACO attribution. To ensure high performance on quality measures such as screenings, immunizations and vaccinations, the patient needs to be seen by their PCP to present an opportunity to close the care gap. Our team included population health leadership, schedulers, data analysts and medical directors. We collaborated to start a proactive outbound call initiative to get patients scheduled for their annual PCP visit and preventive care.

**Credit:** Physician, Nurse, General CEU

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## Poster P149 | Systemwide Implementation of Comprehensive Behavioral Risk Screening

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***Freda Lyon, DNP, MSN, RN, NE-BC, FAEN,*** *Vice President, Emergency Services, Wellstar Health System, Marietta, GA*

**Keywords:** ED, Behavioral Health, EHR, Pediatrics

**Learning Objectives:**
- List two tools used to screen patients for behavioral risk.
- Use the behavioral risk tool to determine appropriate patient interventions.
- Apply the concepts to build evidence-based behavioral health documentation.

**Overview:** The Joint Commission continues to focus on suicide prevention in the emergency department (ED). Improving the safety and care of the behavioral health population continues to be a high priority. A behavioral screen process, as well as initial and reassessment nursing documentation for adults and pediatrics, was developed and implemented. Safety and sitter interventions included a safety communication hand-off tool, behavioral health assessor initial and reassessment documentation, visualization of risk level for both nursing and behavioral health assessments, and standardization of documentation across the care continuum. This included ED, behavioral health and inpatient populations. This successful initiative improved workflow and patient care for a disparate population. Join this session to learn more.

**Credit:** Nurse, General CEU

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## Poster P150 | Emergency Department Navigation: No Longer Questionable

***Julie Nevers, MN, BSN, CCM,*** *Assistant Vice President – Care Coordination, St. Tammany Health System, Covington, LA*

**Keywords:** ED, ED Navigator, Admissions/Readmissions, Patient and Staff Satisfaction

**Learning Objectives:**

- Demonstrate the impact of an emergency department (ED) navigation program specific to patient and employee satisfaction.
- Identify opportunities for avoidable admissions/readmissions in the ED.
- Recognize the value of ED navigation from organizational efficiency/cost containment and patient engagement perspectives.

**Overview:** In the ever-changing landscape of health care reform, patients obtaining the right care at the right place at the right time is imperative from a health outcome perspective, along with efficiencies in cost containment. The ED continues to be a major health care outlet for nonemergent utilization. Frequent ED utilization is often a result of barriers that include access to health care services, social determinants of health, behavioral/mental health issues, and deficiencies related to outpatient follow-up and services. As a community-based health care organization, it is imperative to assist patients with navigation of the health care system in an effort to achieve cost-effective, high-quality health outcomes.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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## Poster P151 | 'A' Stands for Airway: Reducing Airway Emergencies Following Tracheostomy Placement

***Kellianne Fleming, MSc, RRT-ACCS, RRT-NPS,*** *Director, Pulmonary Services, Froedtert & Medical College of Wisconsin, Milwaukee, WI*
***Kathryn Lauer, MD,*** *Vice Chair of Quality and Professor of Anesthesia, Froedtert & Medical College of Wisconsin, Milwaukee, WI*
***Thomas Carver, MD,*** *Associate Professor & SICU Medical Director, Froedtert & Medical College of Wisconsin, Milwaukee, WI*

**Keywords:** Tracheostomy, Inadvertent Decannulation, Serious Advert Event, SAE, Surgical Airway, Emergency Response Team, Annual Competency Training

**Learning Objectives:**

- Identify the leading causes of inadvertent decannulation.
- Discuss the methods of engaging a multidisciplinary team to implement a successful quality and safety initiative.

**Overview:** Our institution is a 735-bed academic medical center. New tracheostomy patients are admitted to multiple services and located throughout the institution, and new surgical airways are at risk for dislodgement and inadvertent decannulation, which can lead to life-threatening consequences. Our goal was to standardize our response to surgical airway emergencies and get the highest proficiency providers to the bedside. To facilitate this goal, we created a surgical airway emergency response team. The respiratory safety domain team was responsible for project oversight, and it also created a multidisciplinary group to perform a root cause analysis. Join us as we share lessons learned from the root cause analysis and the newly implemented processes that helped eliminate sentinel events related to loss of a new surgical airway.

**Credit:** Physician, Nurse, General CEU

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## Poster P152 | Protecting High-Risk Patients From Unsafe Chemicals: IVF Bag Conversion

***Colleen Groll, MSN, LEED AP BD&C,*** *Manager, Sustainability, Seattle Children's, Seattle, WA*
***Mellissa Nguyen,*** *Senior Program Services Manager, Environmentally Preferred Sourcing, Vizient, Irving, Texas*

**Keywords:** Reliability, Value Analysis, Pediatrics, IVF Bag, Phthalate, Sustainability

**Learning Objectives:**

- Identify how to use standardized, environmentally preferred attributes in value analysis.
- Discuss the methods employed to implement sustainability criteria into purchasing decisions to achieve cost savings.

**Overview:** Seattle Children's sought to align two aspects of its mission: supply chain reliability and reducing chemicals of high concern (CoHC) in the pediatric population. Over the years, Seattle Children's faced challenges in attempting to convert IVF bags to a polyvinyl chloride (PVC) and phthalate-free version because of supply issues related to natural disasters, contractual challenges and availability of products that do not contain CoHC (which have proven to be harmful to pediatric patients). This case study explores how Seattle Children's used its Vizient agreement to convert to a new IVF bag supplier that manufactures its CoHC-free products within the continental U.S., while also achieving a cost savings.

**Credit:** Physician, Nurse, Pharmacist, Pharmacy Technician, General CEU

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## Poster P153 | Workflow Optimization: Enhancing Quality of Care for Patients With Sepsis

***Alex Forman, BS,*** *Manager Enterprise Information Technology, WVU Medicine, Morgantown, WV*
***Hannah Trickett, PharmD, BCPS,*** *Pharmacy Quality Specialist, WVU Medicine, Morgantown, WV*

**Keywords:** Sepsis, Vizient Clinical Data Base, CDB, Algorithm, Robotic Process Automation, Tableau Dashboard, EHR

**Learning Objectives:**

- Explain key indicators required to measure performance of a system for any given population.
- Define the Centers for Medicare & Medicaid Services SEP-1 Core Measure and ways to incorporate CMS Sepsis Bundle into provider workflow.
- Discuss the methodologies employed to integrate Vizient Clinical Data Base (CDB) data and system data for analyzing and optimizing the quality of care provided to patients with sepsis.

**Overview:** Sepsis is caused by an inflammatory response to an infection leading to organ dysfunction. According to the Sepsis Alliance, sepsis is the leading cause of death in hospitals and is likely to result in an increased length of stay and high readmission rates.[1] Therefore, it is crucial for hospitals to continually evaluate and improve the quality of care for patients with sepsis. The Report Builder within the Vizient Clinical Data Base was used to obtain data and analyze key performance indicators. A systemwide dashboard was created to monitor quality of care, optimize the transition between multiple service lines across the acute care

and emergency department settings, and improve the electronic health record (EHR) functionality for patients with sepsis. A sepsis committee was formed to evaluate these key performance indicators and benchmark quality outcomes at WVU Medicine with other academic medical centers in an effort to improve hospital workflows and care management systems.

**Credit:** Physician, Nurse, Pharmacist, General CEU


1. What is sepsis? Sepsis Alliance. Updated August 2, 2021. Accessed August 3, 2021. sepsis.org/sepsis-basics/what-is-sepsis/


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## Poster P155 | Uniting Physical Therapy and Emergency Medicine to Reduce Admissions


***Joshua Rosentel, BSN, RN, CPHQ,*** *Clinical Quality Information Expert, Lehigh Valley Health Network, Allentown, PA*
***Daniel Sawyer, PT, DPT,*** *Physical Therapist, Lehigh Valley Health Network, Allentown, PA*


**Keywords:** Physical Therapy, Patient Experience, ED, Admissions, Opioid Reduction, Vizient Clinical Data Base, CDB

**Learning Objectives:**

- Examine the implementation of an emergency department-based physical therapy evaluation algorithm to reduce admissions relating to common musculoskeletal conditions.
- Use the Vizient Clinical Data Base (CDB) to benchmark hospital data against an appropriate comparison cohort for quality improvement.

**Overview:** A multidisciplinary collaborative team approach is necessary to provide value-based care to patients — while achieving high-quality care at the lowest possible cost. It is essential to reduce unnecessary admissions to the hospital whenever possible. This presentation will show how Lehigh Valley Hospital utilized Centers for Medicare & Medicaid Services (CMS) reporting, the Vizient Clinical Data Base and evidence-based care to develop a back pain protocol allowing physical therapists to evaluate patients in the emergency department prior to admission.

**Credit:** Physician, Nurse, Pharmacist, General CEU

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## Poster P156 | Movement to an Accelerated Discharge Process for TAVR Patients


***Cecilia Mortorano, MSN, RN, NEA-BC,*** *Director, Cardiology Services, Emory University Hospital Midtown, Atlanta, GA*
***Patricia Keegan, DNP, NP-C,*** *Program Director, Structural Heart, Emory Healthcare, Atlanta, GA*


**Keywords:** Transcatheter Aortic Valve Replacement, TAVR, Same-Day Discharge, SDD

**Learning Objectives:**

- Assess appropriateness of implementation of same-day discharge (SDD) at a local site.

- Identify patient characteristics of successful SDD candidates.

**Overview:** During the pandemic, consideration needed to be given to appropriately treating patients while being cognizant of resource utilization and bed availability. In reviewing procedures performed in the cardiac catheterization laboratory, it was noted that select patients receiving transcatheter aortic valve replacement (TAVR) were able to safely meet SDD criteria. Many patients expressed a preference for SDD due to visitor restrictions and infection control concerns. With this in mind, our goals were to keep patient safety paramount, remain mindful of insurance regulations and ensure that the process is sustainable in the long term.

**Credit:** Nurse, General CEU

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## Poster P157 | Safety Event Management: The Journey to Zero Harm

***Crystal Veal, RN, BSN, MSPSL,*** *Assistant Vice President, Safety and Accreditation, Wellstar Health System, Marietta, GA*

**Keywords:** Harm Prevention, Safety Huddle, Senior Leadership, Board of Trustees Support, Systemness, Good Outcomes

**Learning Objectives:**

- Discuss safety event management process redesign and standardization across an 11-hospital system.
- Describe safety event management process redesign that aligns with high reliability organization principles and a foundation rooted in Lean.

**Overview:** Reliable safety event management is critical to safety culture transformation and the journey to zero harm. At Wellstar, preventable harm was occurring every 5 1/2 days. In response, a new event reporting system was implemented and safety event management process redesigned. Key improvements include: 1) a 21% increase in event reporting; 2) a 164% increase in near-miss reporting; 3) a 40% to 86% increase of "strong" action items; and 4) action plan implementation increased from 24% to 88%. We expect an 80% reduction in harm with program implementation. Peak performance demonstrates a 23% decline in harm. Zero harm is the goal and true measure of our success.

**Credit:** Nurse, Pharmacist, General CEU

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## Poster P158 | Clearing the CMI Clouds: Standardized Documentation Tools Improve Severity Of Illness Capture

***April Junker, RN,*** *Clinical Informatics Lead, Nebraska Medicine, Omaha, NE*
***Justin Birge, MD, MS,*** *Medical Director of Provider Informatics, Nebraska Medicine, Omaha, NE*
***Micah Beachy, DO, FACP, SFHM,*** *Chief Quality Officer, Nebraska Medicine – University of Nebraska Medical Center, Omaha, NE*
***Tammy Winterboer, PharmD, BCPS, CPHQ,*** *Vice President, Quality, Effectiveness & Experience, Nebraska Medicine, Omaha, NE*

**Keywords:** Severity of Illness, SOI, EHR, Cardiothoracic Surgery Coding Team-Based Approach, Advanced Practice Provider, APP, Vizient Clinical Data Base, CDB

**Learning Objectives:**

- Discuss strategies for implementing a standardized documentation workflow.
- List challenges of implementing a standardized documentation model.

**Overview:** Translating severity of illness (SOI) from clinical to coding terminology is often an elusive process for clinical providers. SOI has far-reaching implications, including quality measures and reimbursement. Nebraska Medicine sought to improve SOI capture through standardized electronic health record (EHR) tools, with the goal of creating efficient and well-adopted workflows across service lines. One year after implementation, cardiothoracic surgery showed a 90% adoption rate, increased average case mix index (CMI), and decreased observed-to-expected mortality and length of stay ratios — all while reducing note-editing times by an average of 62 hours per month. Presenters will discuss strategies for service line engagement and adoption.

**Credit:** Physician, Nurse, General CEU

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