# ARCHITECTURE OF HIGH VALUE HEALTHCARE
# 2018 NATIONAL CONFERENCE

American Hospital Association™
Advancing Health in America

**ORDER WISELY PRECONFERENCE** **Friday, September 21, 2018**
**High Value Tests & Treatments**

| | |
|---|---|
| **6:30-9:30 am** | **Coffee** |
| **7:00 am–7:00 pm** | **Registration** |
| **7:45 am** | **Welcome** Karen M Horton, MD & Pamela Johnson, MD |
| **8:00 am-12 pm** | **Appropriate Imaging for CMS PAMA AUC Priority Clinical Areas* & More** |
| 8:00 am | Headache* \| Sachin Gujar, MD |
| 8:15 am | Neck pain* \| Ari Blitz, MD, PhD |
| 8:30 am | Low back pain* \| Gary Gong, MD |
| 8:45 am | Shoulder pain* \| Shivani Ahlawat, MD, PhD |
| 9:00 am | Hip pain* \| Shadpour Demehri, MD, PhD |
| 9:15 am | Break / Time for Q&A |
| 9:30 am | Chest pain* \| Jeff Trost, MD |
| 10:00 am | Pulmonary embolism* \| Pamela Johnson, MD |
| 10:15 am | Abdominal pain \| Pamela Johnson, MD |
| 10:45 am | Break / Time for Q&A |
| 11:00 am | Managing incidental findings on body imaging \| Pamela Johnson, MD |
| 11:15 am | Radiation exposure from CT: facts vs. myths \| Mahadaveppa Mahesh, MD, PhD |
| 11:30 am | Best practice breast imaging (screening, mass, pain) \| Lisa Mullen, MD |
| 11:45 am | Lung cancer* \| Cheng Ting Lin, MD |
| 12:15 -1:15 pm | Lunch on your own |
| **1:15-5:00 PM** | **High Value Hospital Medicine** |
| 1:15 pm | Low value labs \| Mike Borowitz, MD, PhD |
| 1:30 pm | Inpatient hypertension \| Andrew Parsons, MD |
| 1:45 pm | Hospital acquired acute kidney injury \| George Hoke, MD |
| 2:00 pm | Non-neurologic syncope \| Lenny Feldman, MD |
| 2:15pm | TIA & stroke \| Toyin Idowu, MD |
| 2:30 pm | Break / Time for Q&A |
| 2:45 pm | Optimizing catheters (peripheral IVs, PICCs & midlines) \| David Bozaan, MD |
| 3:00 pm | C difficile testing \| Clare Rock, MBBCh |
| 3:15 pm | UTI vs asymptomatic bacteriuria/pyuria \| Valeria Fabre, MD |
| 3:30 pm | Targeted antibiotic prescribing for LRTI \| Jenny Townsend, MD |
| 3:45 pm | Cellulitis & mimics: imaging and antibiotics \| Jenny Townsend, MD |
| 4:00 pm | Break / Time for Q&A |
| 4:15 pm | Paraneoplastic syndrome: labs & PET \| John Probasco, MD, PhD |
| 4:30 pm | Transfusions \| Steve Frank, MD |
| 4:45 pm | VTE prophylaxis \| Brandyn Lau, MPH |
| 5:00 pm | Program ends |
| **5:00-6:00 pm** | **Coffee Break & Snacks** |
| **6:00-6:30 pm** | **Keynote Speaker:** Amitabh Chandra, PhD, Director of Health Policy Research at Harvard Kennedy School of Government. **The Healthcare Trilemma: Access, Value and Innovation** |
| **6:30-8:00 pm** | **Networking Reception on Terrace with Appetizers** |

# ARCHITECTURE OF HIGH VALUE HEALTHCARE
# 2018 NATIONAL CONFERENCE

American Hospital Association™
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**HVPAA GENERAL SESSION_DAY 1** **Saturday, September 22, 2018**

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|---|---|
| **6:30-9:30 am** | **Coffee (registration 7AM-7PM)** |
| **7:00 am–7:00 pm** | **Registration** |
| **7:45-8:00 am** | **Welcome** Roy Ziegelstein, MD & Pamela Johnson, MD |
| **8:00-9:15 am** | **Plenary Session I** Moderator: Amit Pahwa, MD |
| 8:00-8:15 am | A Targeted "Top 100" High-Risk Care Management Program Improves Adherence to Best Practices. Sarah Johnson Conway, MD, Johns Hopkins Hospital |
| 8:15-8:30 am | How does the Initiation of a Clinical Care Pathway for Community Acquired Pneumonia Effect Antibiotic Administration and Hospital Costs? Claire Ciarkowski, MD, University of Utah |
| 8:30-8:45 am | Standardizing an Interprofessional Rounding Process in a Surgery/Trauma ICU<br>Joshua Herb, MD, UNC Chapel Hill |
| 8:45-9:00 am | Inpatient Colonoscopy Bowel Preparation: Decreasing Variability & Optimizing Patient Experience. Alexandra Strauss, MD, Johns Hopkins Hospital |
| 9:00-9:15 am | Choosing Wisely: Reducing Unnecessary Daily Laboratory Tests in Orthopaedic Trauma Surgery Patients. Raj Amin, MD, Johns Hopkins Hospital |
| **9:15-9:30 am** | **Break** |
| **9:30-10:00 am** | **Guest Speaker:** John Colmers, Vice President of Health Care Transformation and Strategic Planning, Johns Hopkins Medicine **Putting High Value Care Into Action: The View from Maryland** |
| **10:30 am-12:00 pm** | **Workshops: Value-improvement Bootcamp** |

☐ Blood Management / Transfusion — Room 314
Frank Volpicelli, MD, NYU Langone Health
Nicole Adler, MD, NYU Langone Health
Moises Auron, MD, Cleveland Clinic
Steve Frank, MD, Johns Hopkins Hospital

☐ Preoperative Testing — Room 307
Carol Peden, MD, MPH, USC Keck School of Medicine
Jerry Stonemetz, MD, Johns Hopkins Hospital
Marilyn Katz, MD, University of Connecticut
Mihir Patel, MD, MS, George Washington University

**HVPAA GENERAL SESSION_DAY 1** **Saturday, September 22, 2018**

**10:30 am-12:00 pm** **Workshops, continued: Value-improvement Bootcamp**

☐ Starting a HVC Program and Selling it to your Leadership Room 308

*Part I: Program Building*
Deepak Agrawal, MD, MBA, University of Texas Southwestern
Amy Lu, MD, Stanford Medical Center
Christine Soong, MD, University of Toronto
Arjun Gupta, MD, Johns Hopkins

*Part II: Presenting the Program to Your Leadership*
Mack Mitchell, MD, CMO at University of Texas Southwestern
Yoshimi Anzai, MD, MPH, Associate CMQO at University of Utah

**12:00 -2:00 pm** **Poster Session I**

**2:00-3:15 pm** **Plenary Session II** Moderator: Roy Ziegelstein, MD

2:00-2:15 pm Vascular Access Stewardship: Enhancing Patient Safety one (less) Line at a Time.
Katherine Hochman, MD, MBA, NYU Langone Health

2:15-2:30 pm Quality Improvement through Reduction in Urine Culture Test Utilization
Matthew Miller, MD, Lehigh Valley/USF

2:30-2:45 pm Yield of Stool Cultures and Prevalence of Pathogens at a safety net hospital
Jessica Barnes, MD & Deepak Agrawal, MD, MBA, University of Texas Southwestern

2:45-3:00 pm Real-Time Assistance with Recommendations for Incidental Solitary Pulmonary Nodules
Jean Jeudy, MD, University of Maryland

3:00-3:15 pm Avoid the Abdomen: No Added Value of Abdominal MRI in Pelvic Diagnoses
Ilana Kafer, MD, NYU Langone Health

**3:15-3:30 pm** **Break**

**3:30-5:00 pm** **Workshops: Value-improvement Bootcamp**

☐ Best Practice Opioid Prescribing — Room 308
Martin Makary, MD, PhD, Johns Hopkins Hospital
Heidi Overton, MD, Johns Hopkins Hospital

☐ Enhanced Recovery After Surgery (ERAS) Pathways — Room 314
Michael Grant, MD, PhD, Johns Hopkins Hospital
Deb Hobson, RN, Johns Hopkins Hospital
Lisa Ishii, MD, Johns Hopkins Hospital

☐ HVC Educational Curricula Development — Room 307
Kshitij Thakur, MD, University of Kentucky
Giri Andukuri, MD, Creighton University
Remus Popa, MD, UC Riverside
Kencee Graves, MD, University of Utah
Christopher King, MD, University of Colorado

**5:00-6:30 pm** **Poster Session II & Reception with Appetizers**

# ARCHITECTURE OF HIGH VALUE HEALTHCARE
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**HVPAA GENERAL SESSION_DAY 2** **Sunday, September 23, 2018**

| | |
|---|---|
| **6:30-9:30 am** | **Coffee** |
| **7:45-8:00 am** | **Welcome** |
| **8:00-9:15 am** | **Plenary Session III** Moderator: Lenny Feldman, MD |
| 8:00-8:15 am | Daily Vs Weekly Ventilator Circuit Change in Long Term Acute Care Unit, Outcome and Cost Analysis. Sandeep Sharma, MD, Baptist Regional Medical Center |
| 8:15-8:30 am | Target Based Visual Cues in the Electronic Medical Record System at a High-Volume Academic Medical Institution. Amy Lu, MD, Stanford Medical Center |
| 8:30-8:45 am | ITP: Keeping Dime-Sized Bruises From Turning Into Large Hospital Bills. Matthew Schefft, DO, Virginia Commonwealth University |
| 8:45-9:00 am | IV to PO Conversion of Antimicrobials: Small Intervention, Big Impact. Wenjing Wei, PharmD, Parkland/University of Texas Southwestern |
| 9:00-9:15 am | Would you be surprised? The use of a simple question to identify and improve care for our end-of-life population. Nicole Adler, MD, NYU Langone Health |
| **9:15-9:30 am** | **Break** |
| **9:30-10:00 am** | **Guest speaker:** Jonathan Gleason, MD, Vice President of Clinical Advancement & Patient Safety for Carilion Clinic: **Human Factors & Behavioral Economics to Design High Value Healthcare** |
| **10:30 am-12:00 pm** | **Workshops: Value-improvement Bootcamp (pick one)** |

☐ Infectious Disease Lab and Antibiotic Stewardship Room 307
Sara Keller, MD, MPH, MSHP, Johns Hopkins Hospital
Clare Rock, MBBCh, Johns Hopkins Hospital
Jenny Townsend, MD, Johns Hopkins Hospital
Charlotte Woods-Hill, MD, Children's Hospital of Philadelphia

☐ Nuts and Bolts of Value Improvement: IT and Analytics Room 308
Steve Chatfield, MBA, NYU Langone Health
Kencee Graves, MD, University of Utah
Pamela Johnson, MD, Johns Hopkins Hospital
Ken Lee, DrPh, MHA , Johns Hopkins Hospital
L. Scott Sussman, MD, Yale University

**12:00 -1:00 pm** **Lunch on your own**

**HVPAA GENERAL SESSION_DAY 2** **Sunday, September 23, 2018**

| | |
|---|---|
| **1:00-2:15 pm** | **Plenary Session IV** Moderator: Pamela Johnson, MD |
| 1:00-1:15 pm | Face-to-Face – Use of Scheduled Video Visits in Oncology Patients to Reduce Emergency Department Utilization and Improve Patient Engagement. Nicole Adler, MD, NYU Langone Health |
| 1:15-1:30 pm | Inpatient Hospice Services within the Walls of Yale New Haven Hospital. Crystal Clemons, MPH, PMP & L. Scott Sussman, MD, Yale New Haven Health |
| 1:30-1:45 pm | Planning for Discharge via a Multidisciplinary Virtual Care Conference. Laura Hornacek, BSN, RN, Michigan Medicine |
| 1:45-2:00 pm | The Implications of Underutilizing Cardiac Rehabilitation in Patients Undergoing Coronary Artery Bypass Grafting and/or Valvular Heart Surgery: A Quality Improvement Project. Abdelrahman Ahmed, MD, Wayne State |
| 2:00-2:15 pm | Implementing an Opioid Risk Reduction Program in a Comprehensive Inpatient Rehabilitation Unit. Margaret Kott, MD, Johns Hopkins Hospital |
| **2:15 pm** | **Closing Remarks** |
| **2:30 pm** | **Program Ends** |

**HVPAA GENERAL SESSION_DAY 1**
**POSTER SESSION I**
**Saturday, September 22, 2018**
**12:00-2:00 pm**

**TOPICS**
**Appropriate Tests & Treatments**
**Preventive Medicine**
**Evidence-based Screening**

**Multispecialty, provider-led health system committee designed to reduce low value practice. Mr. Steve Park, BA, Johns Hopkins Hospital**

*A high value care committee was created to reduce low value practice across 5 hospitals and a large community practice. Designed to harmonize work being done in silos, the provider-led committee directs initiatives to decrease unnecessary lab tests, imaging exams and medications.*

**Quality Improvement: Assessing wasteful and unnecessary medical tests and treatments incorporating Choosing Wisely guidelines. Mrs. Erin Dunneback, Bachelors of Science, M.D. Candidate, Michigan State University College of Human Medicine**

*Awareness has grown of the astronomical amount of medical waste in the hospital and the implications this has on patients, employees, and resources. In response, the American Board of Internal Medicine Foundation launched the Choosing Wisely campaign comprising evidence based guidelines to reduce medical waste. This study utilized those guidelines.*

**Managing incidental thyroid nodules identified on cross-sectional imaging: standardized radiology report recommendations to reduce unnecessary imaging and biopsy. Dr. Pamela Johnson, MD, Johns Hopkins Department of Radiology**

*Thyroid nodules are commonly identified incidental findings on imaging. Many patients with benign nodules undergo unnecessary surgery or serial ultrasound imaging in the setting of an inconclusive fine needle aspiration (FNA).*

**A multifaceted quality improvement intervention: Decreased frequency of low value Heparin Induced Thrombocytopenia (HIT) panel orders. Dr. Fnu Aparna, MD, Crozer Chester Medical Center**

*We undertook a multifaceted quality-improvement (QI) intervention in a community hospital to decrease unnecessary HIT panels. Our primary aim was to increase the use of 4T scoring system before ordering HIT panels. Secondary aim was to reduce the number of HIT panels with low pretest probability of positive result by 20%.*

**Routine Evaluation of Intra-Abdominal Injuries in Infants Less Than 12 Months with Non-Accidental Trauma is not Warranted. Dr. Clifton Lee, MD, Virginia Commonwealth University School of Medicine**

*Non-accidental trauma (NAT) is a leading cause of injury and death in children in the United States. Infants less than 12 months are at a significantly increased risk. Studies have shown that up to 10% of patients with closed head and/or bony injuries were found to have abdominal injuries.*

**HVPAA GENERAL SESSION_DAY 1**
**POSTER SESSION I**
**Saturday, September 22, 2018**
**12:00-2:00 pm**

**Inpatient Use of Continuous Pulse Oximetry. Dr. Josh Marr, MD, MPH, FACP, University of Utah School of Medicine**

*We performed a retrospective cohort study of all patients who were admitted to a general medicine hospitalist service at a large academic medical center with a primary or comorbid diagnosis of respiratory failure between December 14, 2015 and July 31, 2017. Comparison groups were defined by whether an order was placed for continuous pulse oximetry monitoring during admission.*

**Hepatitis C screening among baby boomers in an Internal Medicine Residency Practice. Dr. Kshitij Thakur, MD, Crozer Chester Medical Center**

*Our Internal Medicine residency outpatient practice was struggling to meet this USPFT recommendation with just 6.5% compliance. Our clear aim was to improve the HCV screening rate at our outpatient practice by 10% in one year.*

**Low-value use of procalcitonin testing after introduction at an academic medical center. Dr. Gregory Seymann, MD University of California San Diego Division of Hospital Medicine**

*Procalcitonin (PCT) is a biomarker that correlates with the presence of bacterial infection in certain clinical scenarios; it has increasingly accepted indications for antibiotic stewardship.*

**Overtesting in Japan. Dr. Mano Soshi, BM, Osaka Medical College**

*Overtesting is a cause of unnecessary harm to patients and waste in healthcare. It can lead to downstream tests, invasive procedures, and unnecessary treatments with potential risk for complications. In Japan, little is understood about physician perspectives on the problem.*

**The path of least resistance: how computerized provider order entry can lead to (and reduce) wasteful practices. Dr. Cori Atlin, MD, University of Toronto**

*Computerized provider order entry (CPOE) has the potential to improve efficiency and accuracy. However, this hinges on careful planning. Poorly planned CPOE order sets can lead to undetected errors and waste. In our emergency department (ED), lactate dehydrogenase (LDH) was included in various blood panels, but had little clinical value.*

**Reducing Unnecessary Daily Laboratory Testing through House Staff Education on High Value Care. Dr. Vishnu Kommineni MBBS, University of Alabama at Birmingham**

*Aim: To evaluate and improve the house staff's practice of ordering routine lab tests and to incorporate the principles of high value, cost-effective care.*

**Non-Critical Care Telemetry Monitoring for Non-Cardiac Related Diagnoses: Are We Overdoing it? Dr. Jian Liang Tan, MD, Crozer Chester Medical Center**

*Telemetry is an essential tool for real-time monitoring of heart rhythm of a patient. Studies have shown a rising trend of telemetry use in non-critical care setting for non-cardiac related diagnoses due to fear of clinical deterioration and need for closer monitoring. This have led to overuse of telemetry monitoring.*

**A Myth in Better Patient Care: Study of Trending Troponin. Muhammad Usman Ali, MD, Crozer Chester Medical Center**

*It is estimated that 5-8 million patients present to the emergency department annually for chest pain and differentiating acute coronary syndrome (ACS) from non-cardiac chest pain is the primary diagnostic challenge. Serial cardiac troponins are measured to aid the diagnosis.*

**HVPAA GENERAL SESSION_DAY 1**
**POSTER SESSION I**
**Saturday, September 22, 2018**
**12:00-2:00 pm**

**Incidental Thyroid Nodules: Benefits of Adhering to JACR 2015 Consensus Management Recommendations. Dr. Taylor English, MA, MD, Johns Hopkins Department of Radiology**

*Incidental thyroid nodules are common. Most thyroid cancer is indolent with low mortality. Increased ITN detection contributed to tripling thyroid cancer incidence over thirty years without changing the 0.5% mortality rate. Diagnosis and management of US patients with papillary cancer was associated with a cost of $1.6 billion in 2013.*

**Evidence-Based Syncope Diagnosis and Treatment – Does it exist and what we learned from trying. Dr. Remus Popa, MD, University of California Riverside**

*Evidence-based medicine is inconsistently used in the evaluation of syncope, leading to unnecessary testing and increased healthcare costs.*

**Investigational study of patient wait times and equipment utilization in a hospital-based outpatient breast imaging center. Dr. Susan Harvey, MD, Johns Hopkins University**

*Patient satisfaction and department efficiency are central pillars in defining quality in medicine. We describe a novel method for decision-making to improve efficiency, thereby decreasing wait times and adding value.*

**Strategies for Decreasing Screening Mammography Recall Rates While Maintaining Performance Metrics. Dr. Lisa Mullen, MD, Johns Hopkins University**

*Up to 10% of women are recalled from screening mammography for further evaluation, and the majority of recalls are ultimately benign. False positive screening recalls add significantly to health care costs and patient anxiety. Decreasing the screening recall rate would decrease cost, while maintaining patient safety and improving patient experience.*

**An Abbreviated Protocol for High-risk Screening Breast Magnetic Resonance Imaging: Impact on Performance Metrics and BI-RADS Assessment. Dr. Babita Panigrahi, MD, Johns Hopkins Department of Radiology**

*Annual breast magnetic resonance imaging (MRI) is recommended to screen women at high-risk for breast cancer. The cost of annual screening MRI is high, so it is important to consider options to reduce the cost of the test, including decreasing the length of the examination, while maintaining performance metrics.*

**The Trickle Down Effect: The Attending's Role in Resident Lab Ordering Behavior. Dr. Rachna Rawal, MD, St. Louis University**

*Unnecessary laboratory orders are a well-known contributor to healthcare cost. Our residents identified "fear of attending" as a reason to order labs. This project focused on educating attending physicians on high-value care and promoting resident-attending discussions.*

**Inspiring High-Value Care By Addressing Unnecessary Lab Orders. Dr. Rachna Rawal, MD, St. Louis University**

*Laboratory over-ordering is well recognized in healthcare and contributes to delivery of high-cost, low-value care. Our goal was to integrate high-value care education in our residency program, thereby reducing the number of CBCs with and without differential, BMP, and CMP by 15% in one academic year.*

**HVPAA GENERAL SESSION_DAY 1**
**POSTER SESSION I**
**Saturday, September 22, 2018**
**12:00-2:00 pm**

**Preoperative Laboratory Test Utilization in Young, Healthy Patients Undergoing Outpatient Low-Risk Surgery. Dr. Joshua Tseng, MD, Cedars-Sinai Medical Center**

*The utility of preoperative laboratory testing in low-risk surgeries is widely questioned. Both the American Society of Anesthesiologists and National Institute of Health and Care Guidance in the UK recommend against routine preoperative tests for outpatient elective surgeries in patients with ASA class 1 or 2.*

**Pre-implementation evaluation of a rule out MI protocol incorporating high sensitivity troponin T in a United States hospital. Dr. Rebecca Vigen, MD, MSCS, University of Texas Southwestern**

*The U.S. FDA approved the high-sensitivity troponin T (hs-cTnT) assay in January 2017. Rapid myocardial infarction (MI) rule out protocols capitalizing on its greater sensitivity and precision may alleviate emergency department crowding in U.S. hospitals; hs-cTnT has been validated in non-U.S. settings where MI prevalence among those tested is higher.*

**A Novel Tele-Dizzy Consultation Program in the Emergency Department using Portable Video-oculography. Dr. Daniel Gold, DO, Johns Hopkins School of Medicine**

*A specialized eye exam was shown to be superior to MRI at diagnosing stroke in acute vertigo. Advances in video-oculography have made it possible to record eye movements in the ED, resulting in almost instantaneous remote review, enabling inexpensive, reliable, and rapid tele-diagnosis.*

**Optimizing the Electronic Medical Record (EMR) to Promote Cost-Conscious Care. Dr. Rachna Rawal, MD, St. Louis University**

*Repetitive laboratory ordering for hospitalized patients is a known cause of unnecessary healthcare spending. The EMR often utilizes order sets to facilitate efficiency. Internal Medicine residents identified our EMR as a barrier to cost-conscious care. Changes were made to the EMR to facilitate cost-conscious care.*

**Do Non-Teaching Services Order Labs Mindfully? Dr. Rachna Rawal, MD, St. Louis University**

*A project on high-value lab ordering targeting residents prompted a look at the on-teaching services staffed by the same attending physicians. Did the high-value care education for our teaching teams influenced their ordering habits when on the non-teaching service?*

**A Housestaff-Led Initiative to Reduce Laboratory Utilization at a Large Academic Center. Dr. Kevin Eaton, MD Johns Hopkins School of Medicine**

*Ordering daily lab tests on patients with clinical stability has led to wasteful testing. This has resulted in unnecessary phlebotomy sticks for hospitalized patients. Unnecessary labs and multiple sticks can lead to hospital acquired anemia and decreased patient satisfaction.*

**Housestaff Barriers to the Reduction of Daily Laboratory Testing in a Large Academic Center. Dr. Kevin Eaton, MD Johns Hopkins School of Medicine**

*Professional societies recommend reducing repetitive lab testing on clinically stable patients. Daily lab orders remain a significant contributor to unnecessary lab testing.*

**"Two Will Do" – A nuanced alert to reduce daily phlebotomy. Dr. Christopher Grondin, MD, Michigan Medicine**

*The Hospital Medicine Choosing Wisely Campaign recommends against ordering daily labs in the face of clinical and laboratory stability. Daily labs can lead to unnecessary blood draws, direct financial costs, and downstream testing due to spurious results or iatrogenic anemia. We aimed to reduce inappropriate daily complete blood count (CBC).*

**HVPAA GENERAL SESSION_DAY 1**
**POSTER SESSION I**
**Saturday, September 22, 2018**
**12:00-2:00 pm**

**Think Outside the Box: Using a Multi-Disciplinary Approach to Reduce the Overutilization of Telemetry. Dr. Brittany Katz, MD, New York-Presbyterian/Weill Cornell Medical Center**

*Inappropriate remote telemetry is linked to increased healthcare costs and alarm fatigue. On the Internal Medicine service at NYPH/WCMC, a telemetry order remains active until a provider discontinues it or it "auto-expires" after five days. Beyond auto-expiration, there are no institutional methods for when to consider or to discontinue telemetry.*

**Utility of Fecal Leukocyte Testing for Inpatients with Diarrhea. Dr. Jessica Barnes, MD, University of Texas Southwestern Medical Center, Dallas, TX**

*Fecal leukocyte (FL) testing is frequently ordered along with ova and parasites (O&P) and stool cultures for patients with diarrhea. FL are ordered with the notion that a positive test suggests bacterial diarrhea, clostridium difficile or inflammatory bowel disease. However, studies have questioned the clinical and diagnostic utility of FL.*

**Making a C.Diff-erence: The Impact of Educating Greenwich Hospital Residents and Staff on the Infectious Disease Society of America C.Difficile Guidelines. Dr. Omair Sheikh, DO, Greenwich Hospital**

*Of the many tests ordered on the inpatient service, the C.Difficile assay has become one of the most ubiquitous. There is a lack of consensus on the appropriate ordering algorithm leading to over-testing, which increases both the financial and medical burdens on hospitals and patients.*

**Utilization of Cytogenetic Testing in Acute Myeloid Leukemia. Dr. Mark Girton, MD, University of Virginia School of Medicine**

*The UVA cytogenetics lab typically performs fluorescence in situ hybridization (FISH) for new and repeat AML testing, using probes specific for nine genetic abnormalities. Karyotyping is also performed in the majority of these workups. We sought to determine if a complete FISH panel (nine probes) was warranted for repeat testing of AML or if a personalized, focused FISH panel would provide the same clinical sensitivity while using less resources.*

**Utility of Electrocardiogram and Chest X-ray for Preoperative Evaluation in Benign Hysterectomy. Dr. Neil Keshvani, MD, University of Texas Southwestern Medical Center**

*Preoperative electrocardiogram and chest x-ray are commonly utilized in the work up for benign hysterectomy. No single standard of care exists to guide surgeons in the use of preoperative studies to optimize patients for gynecologic surgery.*

**Diagnostic Utility of Ova and Parasite Testing in Hospitalized Patients. Dr. Jessica Barnes, MD, University of Texas Southwestern Medical Center**

*Patients presenting to emergency room or admitted to the hospital with loose bowel movements are usually evaluated with multiple tests, including ova and parasite (O&P) stool testing. Prior studies have shown low yield for O&P, especially when checked greater than 3 days after admission.*

**New approaches to an old testing process: Quality improvements in serum protein electrophoresis (SPEP) analysis and interpretation to reduce unnecessary follow-up testing. Dr. Kwabena Sarpong, PhD, University of Virginia Health System**

*To reduce unnecessary follow-up testing by utilizing patients' medical history, medications and past protein electrophoresis results in SPEP and immunofixations interpretations.*

**HVPAA GENERAL SESSION_DAY 1**
**POSTER SESSION I**
**Saturday, September 22, 2018**
**12:00-2:00 pm**

**Laboratory Ordering Reduction and Cost Accountability (LORCA): A Value Driven Quality Improvement Initiative. Dr. Claire Diarkowski, MD, University of Utah School of Medicine**

*It is estimated 30-50% of laboratory testing ordered on hospitalized patients is unnecessary, can cause potential harm, and contributes to healthcare waste. In 2014, the hospitalist group implemented a multifaceted intervention that resulted in a 19% reduction in daily labs. However, this intervention lacked timely feedback and clear provider attribution.*

**E-iatrogenesis and Physician Burnout: Unnecessary Ordering of Urine Creatine. Dr. Neil Keshvani, MD, University of Texas Southwestern Medical Center**

*E-iatrogenesis is defined as patient harm caused by the application of health information technology. Use of Computerized Provider Order Entry (CPOE) has been associated with introduction of unique medication errors and may also contribute to the ordering of unnecessary, incorrect, and costly tests, leading to low-value care.*

**A multifaceted quality improvement intervention: A high-value approach to Heparin Induced Thrombocytopenia (HIT). Dr. Fnu Aparna, MD, Crozer Chester Medical Center**

*The incidence of HIT is on the rise with more use of heparin in the hospital setting. 4Ts score is a validated screening tool with a high negative predictive value in excluding HIT type II when a low probability score is present.*

**Reducing inappropriate laboratory ordering for heparin induced thrombocytopenia (HIT). Dr. Christopher Petrilli, MD, Michigan Medicine**

*Approximately 0.2% of patients treated with heparin will experience HIT, a serious condition with an estimated 20% mortality rate. The diagnostic algorithm of HIT is an initial PF4-ELISA followed by confirmatory SRA testing - both are expensive and resource intensive. In practice, standard testing procedures for HIT are highly variable.*

**Rigorous Evaluation in Quality Improvement: Decreasing Vitamin D Screening in an Academic Healthcare System. Dr. James Henderson, PhD, Michigan Medicine**

*In response to the Choosing Wisely recommendation to avoid population based screening for Vitamin D deficiency, a multidisciplinary committee at Michigan Medicine developed a consensus guideline for appropriate vitamin D screening that included a list of diagnoses for which it may be appropriate to order Vitamin D testing.*

**A Folate Fallacy: Inappropriate Cut-off Resulting in An Epidemic of Folate Deficiency. Dr. Nivedita Arora, MD, University of Texas Southwestern Medical Center**

*To study rates of low serum folate levels at our institution to compare and evaluate against other institutional and national rates.*

**Improving MRI Wait Times: Making STAT actually STAT. Dr. Jackson Murrey-Ittmann, MD, Michigan Medicine**

*MRI imaging plays a crucial role in clinical decision making in the inpatient setting, However, long wait times can limit their use and cause delays in patient care. Since October 2015, Michigan Medicine implemented several initiatives in an attempt to decrease MRI wait times.*

**HVPAA GENERAL SESSION_DAY 1**
**POSTER SESSION I**
**Saturday, September 22, 2018**
**12:00-2:00 pm**

**Effectiveness of interventions targeting stewardship of Clostridium difficile testing. Dr. Natalie Kappus, MD, NYU Langone Health**

*Clostridium difficile infection (CDI) is a common healthcare-associated infection with significant morbidity and mortality. Diagnosis causes increased length of stay and costs from additional medical and surgical management. Because PCR-based C. difficile testing does not differentiate between colonization and disease, it is crucial to test only when appropriate.*

**Impact of Emphasis of Palliative Care Consult Referral in all Hospitalized Heart Failure Patients on 30-day Readmission Rates. Dr. Kalyan Potu, MD, University of Illinois College of Medicine at Peoria**

*Despite palliative care consultation (PCC) having shown improvement in clinical outcomes for patients with heart failure (HF) all over the US, referral rates for hospitalized patients remain disappointing. In our hospital PCC referral was not a usual practice; but was emphasized in order to improve re-admission rates for HF patients.*

**Prevalence of Pneumothorax Following Right-Heart Catheterization: Is Routine Post-Procedure Chest Radiography Indicated? Dr. Christopher Centonze, MD, University of Michigan**

*Standard practice at Michigan Medicine is to obtain a routine chest radiograph on all outpatients following outpatient right heart catheterization and endomyocardial biopsy. This is done because of the theoretical possibility of a pneumothorax from an internal jugular vein approach.*

**Implementation of Imaging Clinical Decision Support – Initial experience and lessons learned. Dr. Yoshimi Anzai, MD, MPH, University of Utah School of Medicine**

*The purpose of this study is to share our initial experience in implementing imaging CDS in a single academic institution.*

**A competition-based multimodal approach to improving routine laboratory utilization among residents. Dr. Stephen Clark, MD, University of Virginia Health System**

*Residents are known to order unnecessary laboratory tests as part of a habitual culture, contributing to significant waste. The most effective means of combating unnecessary laboratory testing remains elusive with evidence suggesting a multimodal approach can be effective.*

**Reduction in Unnecessary Routine Labs. Dr. Scott Sussman, MD, Yale New Haven Health System**

*Routine labs, which include CBC and BMP or CMP are commonly over utilized, especially in the inpatient setting where they tend to be ordered daily without compelling clinical reasoning. Choosing Wisely recommends mindful ordering. It has been suggested that 10 days of routine labs phlebotomizes 1 unit of blood.*

**Reducing Inappropriate Telemetry on the Inpatient General Medicine Teaching Services. Dr. Fatima Shahid, MD, Cleveland Clinic**

*Approximately $250,000 is spent on unnecessary cardiac monitoring in an average hospital annually. In 2004, the American Heart Association (AHA) published guidelines for cardiac monitoring, yet physicians continue to place patients on telemetry when it is not indicated. Overuse of telemetry results in waste, over-treatment, patient discomfort and alarm fatigue.*

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**The Use of Handheld Focused Cardiac Ultrasound (FoCUS) for EF Assessment at Parkland Memorial Hospital: A Quality Improvement Initiative with Novel Applications for Clinical Outcomes. Dr. Samreen Raza, MD, University of Texas**

*Focused cardiac ultrasound (FCU) is the use of portable ultrasound-devices to rapidly answer clinical questions. Advantages include easy use/portability. Chemotherapy-related cardiotoxicity detection requires serial echocardiography which is resource intensive/burdensome for patients. It is unknown whether FCU can be used to screen for this using advanced practice providers (APPs).*

**Predictors of upper extremity deep venous thrombosis on venous Doppler study in cancer patients: Implications for utilization of point of care ultrasound and appropriate use criteria. Dr. Tharakesware Bathala, MBBS, MD, University of Texas MD Anderson Cancer Center**

*The actual incidence of upper extremity deep venous thrombosis in the oncology care setting, the profile of patients at increased risk for the development of upper extremity deep vein thrombosis, and the clinical sequelae of this condition, particularly with regards to the development of recurrent venous thromboembolic events, remains unclear.*

**Overuse of Respiratory Viral Panel PCRs on Inpatient Medicine. Dr. Peter Barish, MD, University of California San Francisco**

*Viral respiratory illness is a common complaint. Though comprehensive testing is available to identify specific viruses, targeted treatments are limited. Our institutional guidelines for the Respiratory Viral Panel PCR include ICU and immunocompromised status, where results are more likely to change management. Despite this, use remains common on hospital medicine.*

**Bronchodilators and bronchiolitis: breaking old habits through targeted education efforts. Dr. Jaclyn Tamaroff, MD, Johns Hopkins Hospital**

*Bronchiolitis remains the leading cause of hospitalization of infants in the United States. Despite evidence-based recommendations of the American Academy of Pediatrics and Choosing Wisely campaign, wide variation in practice remains. A prior institutional intervention improved guideline adherence in the inpatient setting, however practice variation persisted in the Emergency Department.*

**Accelerated Stone Treatment Following Stenting For Complicated Nephrolithiasis. Dr. Preston Kerr, MD, University of Texas Medical Branch at Galveston**

*The accepted management of infected ureteral stones includes emergent decompression of the collecting system as well as antibiotic therapy. Despite this, there is no consensus guidelines suggesting the optimal time to undergo definitive stone management following emergent decompression.*

**Impact of Procalcitonin Assay on Antibiotic Stewardship. Dr. Stanley, Podlasek, MD, Johns Hopkins Department of Pathology**

*Procalcitonin is a phase reactant prohormone with faster kinetics than C-reactive protein, and is thought useful in distinguishing bacterial infection from viral infection or other causes of inflammation. We introduced an FDA approved procalcionin assay at our 267 bed community hospital using the core lab automated chemistry platform, Cobas 6000.*

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**Limiting Off-label use of KCentra in High Value Warfarin Therapy. Dr. Stanley, Podlasek, MD, Johns Hopkins Department of Pathology**

*Warfarin effect is easily reversed by holding doses or by administration of vitamin K. For urgent reversal, KCentra (4 factor PCC made from US plasma donors) is FDA approved. Evidence to support OFF-label use of 4 factor PCC is not robust (National Drug Monograph, VA Pharmacy Benefits Management Services, 2015).*

**Discharge Hemoglobin < 8 g/dL is Associated with Increased 30-day Readmission Rates after CABG. Dr. Vincent DeMario, BS, Johns Hopkins School of Medicine**

*High-value care is promoted by a restrictive transfusion strategy in cardiac surgery, resulting in decreased blood utilization with similar outcomes, compared to a liberal transfusion strategy. What remains to be determined, however is the impact of lower discharge hemoglobin (Hb) levels on readmission rates.*

**Provider Feedback Reduces Unindicated Transfusions In Orthopaedic Surgery. Dr. Raj Amin, MD, Johns Hopkins Hospital**

*Multifaceted blood-management programs are a well described means of reducing out of guideline transfusions. Sustained education and feedback measures are a common component of these programs, but are time intensive. Moreover, the efficacy of this feedback in altering surgical provider transfusion practices is not well defined.*

**Standardization of Continuous Renal Replacement Therapy Targets High Value Care: An Evidence Based Approach. Dr. Joshua Tseng, MD, Cedars-Sinai Medical Center**

*Continuous renal replacement therapy (CRRT) is an essential tool in the management of renal failure in critically ill patients, but it is a resource-intensive, costlier modality of dialysis. Its usage is highly variable due to the heterogeneity of patients and healthcare providers and the paucity of evidence to guide practice.*

**Optimizing Use of Fresh Frozen Plasma to Correct Coagulopathy in patients with Variceal Bleeding. Dr. Komal Patel, MD, University Texas Southwestern Medical Center**

*FFP is often given to correct elevated INR in patients with cirrhosis despite evidence that elevated INR does not correlate with risk of bleeding due to rebalanced hemostasis. To optimize use of FFP at our institution we developed workflow whereby all FFP requests were reviewed by the hematology fellow.*

**Understanding the scope and causes of unnecessary Proton Pump Inhibitor (PPI) prescribing in patients admitted to the hospital and at discharge. Ms. Shailavi Jain, BS, University Texas Southwestern Medical School**

*Proton pump inhibitors (PPIs) are one of the most prescribed classes of drugs in the United States. Their efficacy and relatively low adverse event profile has resulted in their significant overuse. Long-term PPI use is increasingly being associated with many health consequences and any unnecessary PPI prescribing causes unnecessary expenditures.*

**Reducing Inappropriate Utilization of Inpatient Physical Therapy. Dr. Sarah Rosenberg-Wohl, MPH, University of California San Francisco**

*Unnecessary referrals to physical therapy (PT) limit skilled therapists' capacity to evaluate and treat the patients who most need their services*

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**Eliciting Patients' Perspectives on Value to Prioritize Quality Improvement. Dr. Matthew DeCamp, MD, PhD, Johns Hopkins University Berman Institute of Bioethics and Division of General Internal Medicine**

*Value in health care can be defined from different perspectives, including those of society, payers, health care organizations, and patients. Value-based quality improvement activities are likely to be more successful and patient-centered when they align with the expressed needs and preferences of patients.*

**Expanding the Scope of High Value Practice Beyond Guideline Based Care. Dr. Neil Keshvani, MD, University of Texas Southwestern Medical Center**

*Proton pump inhibitors (PPIs) remain one of the most overused medications in the United States. Current guidelines recommend PPI infusions in patients with suspected acute upper gastrointestinal bleeding before endoscopy and in patients with ulcerated lesions with high-risk features on endoscopy.*

**Bedside Portable Smart Device Ultrasound: Faster Diagnoses and Reduced Time to Treatment. Dr. Jamie Felzer, MD, MPH, Scripps Clinic**

*Gathering complete and accurate information during an initial patient encounter is critical for an informed differential diagnosis and subsequent treatment. Point of care ultrasound can be used to aide in bedside examination of a patient.*

**Promoting High Value Care by De-adopting the Neutropenic Diet, Dr. Ahana Sen, MD, University of Texas Southwestern Medical Center**

*Patients with cancer associated neutropenia are commonly prescribed 'neutropenic diets' despite multiple randomized controlled trials demonstrating that restrictive 'neutropenic diets' do not reduce infection rates compared to more liberal diets. Neutropenic diets are associated with lower quality-of-life and malnutrition.*

**Moving Hysteroscopy from the Operating Room to the Office: A comparison of clinical outcomes and resource utilization. Dr. Jessica Shields, DO, University of Texas Southwestern Medical Center**

*Evaluation of the uterine cavity and endometrial lining is necessary during the workup of various gynecologic problems. Hysteroscopy has become the gold standard in the United States for evaluation and is one of the most common procedures performed by gynecologists.*

**Changing antibiotics from IV infusion to IV injection mitigates the effects of a critical supply shortage. Dr. Timothy Brown, MD, University of Texas Southwestern Medical Center**

*In inpatients, numerous medications are administered via intravenous (IV) infusion in small-volume normal saline bags. The 2017 hurricanes in Puerto Rico introduced a critical supply disruption of small-volume normal saline bags, resulting in a price increase on the "grey market". Our institution evaluated possibilities for decreasing reliance on small-volume infusions.*

**Assessing adherence to the IDSA guideline in managing Neutropenic Fever in a community hospital. Dr. Naveed Jan, MBBS, MD, Crozer Chester Medical Center**

*Neutropenic fever is one of the hematological emergencies responsible for significant morbidity and mortality. Without early antibiotics, it has a mortality rate of 70%. MASCC scoring system is a well-validated risk stratifying tool which can be used to triage these patients in an appropriate medical setting.*

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**Development of a Clinical Decision Support Model using Systems Engineering Methods to Deliver High Value Care. Mr. Matthew Johnson, MD, Michigan Medicine**

*Clinical decision-making is a nuanced process that relies on gathering relevant information to formulate the most appropriate decision for a patient. Current electronic health records (EHR) can access vast, potentially overwhelming volumes of data. However, the ability to identify high value care opportunities requires system level insight functionality.*

**Appropriate selection of PICC and Midline Catheters with New Vascular Access Consult in the Electronic Health Record. Ms. Anisha Gangult, Medical Student, University Texas Southwestern Medical School**

*Midline catheters are preferred alternatives to PICC if intravenous access is required for <2 weeks, since they have a lower risk of infection, clots, and do not require XRays prior to use. At our hospital, many PICC lines were being placed for indications requiring vascular access for <2 weeks.*

**Reducing Inappropriate IV Potassium Use: A Multimodal Quality Improvement Project. Dr. Brian Grundy, MBBS, MPH, Dell Medical School at the University of Texas, Austin**

*A nurse-driven intravenous potassium replacement sliding scale order set can enable nurses in an inpatient setting to replace low serum potassium without direct input from physicians but can lead to patient harm, delays in care and increased costs. There is good evidence that PO K administration is safer than IV.*

**Reducing Inappropriate Rasburicase Use to Promote High-value Care. Dr. Komal Patel, BS, MD, University of Texas Southwestern Medical Center, Dallas, TX**

*Rasburicase is the preferred treatment of hyperuricemia in patients (pts) with tumor lysis syndrome (TLS) and those at high-risk for TLS. However, it is commonly overused leading to increased costs of care.*

**Antibiotic Stewardship: Defining a True Penicillin Allergy, Ms. Alexandra Lucas, BS, Geisinger Commonwealth School of Medicine**

*Patients with penicillin allergies in their chart are at higher risk of ICU admission/readmission, lengthier hospital stay, more antibiotic use, and morbidity and mortality.Many patients designated as allergic to penicillin are not allergic. The severe consequences of this allergy serve as an incentive for practitioners to re-evaluate these patients.*

**Standardizing Use of Albumin in Large Volume Paracentesis. Ms. Shelby Anderson, Pharm D, Parkland Health and Hospital System**

*Albumin infusion is indicated after Large volume paracentesis (LVP) when >5L is removed, to prevent Paracentesis-Induced Circulatory Dysfunction (PICD).At our hospital there is significant variability in grams and concentration of albumin ordered after LVP, resulting in high costs. In some cases, albumin was ordered for < 5L of paracentesis*

**A Retrospective Review of Short-Term Peripherally Inserted Central Catheter Use in a Community Hospital. Dr. Kshitij Thakur, MD, Crozer Chester Medical Center**

*The Michigan Appropriateness Guide for Intravenous Catheters (MAGIC) guidelines recommend avoiding use of peripherally inserted central catheters (PICC) if the anticipated duration of use is ≤5 days. Recent studies have shown that despite this recommendation up to 25% of PICCs have a dwell time of ≤5 days.*

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**Reducing Clostridium Difficile Infection Rates by Reducing the Duration of Fluoroquinolones. Dr. Steven Allen, MD, Grand Strand Medical Center**

*Clostridium difficile infection (CDI) rates at our community hospital were higher than acceptable. Our typical prescribed fluoroquinolone duration was greater than standard guidelines. Fluoroquinolones incur one of the greatest risk of CDI. We focused on fluoroquinolone duration for community acquired pneumonia, acute COPD exacerbation, simple UTI, complicated UTI, and colitis.*

**Population-Based Outcomes and Costs Assessment Comparing Radical Cystectomy With Trimodal Therapy for Patients Diagnosed With Localized Muscle-Invasive Bladder Cancer. Dr. Preston Kerr, MD, University of Texas Medical Branch at Galveston**

*Radical cystectomy is the guideline-recommended treatment for muscle-invasive bladder cancer. Recently there has been increased use of trimodal therapy with limited data on comparative outcomes, and especially attributable costs.*

**Radical Cystectomy Provides Improved Survival Outcomes and Decreased Costs Compared With Trimodal Therapy for Patients Diagnosed With Localized Muscle-Invasive Bladder Cancer. Dr. Preston Kerr, MD, University of Texas Medical Branch at Galveston**

*Radical cystectomy is the guideline-recommended treatment for muscle-invasive bladder cancer. Recently there has been increased use of trimodal therapy with limited data on comparative outcomes, and especially attributable costs.*

**LTAPP: Bringing Bedside Procedures Back to the Bedside. Dr. Kevin Hauck, MD, NYU Langone Health**

*Many procedures that were previously done at the bedside by hospitalists have become the exclusive province of Interventional Radiology. As hospitalists have become more reliant on IR, they have lost the ability to do these procedures. This causes delays with a subsequent increase in LOS and delay in diagnosis.*

**Insurance Status Affects Complication Rates After Elective Total Hip Arthroplasty. Dr. Xinning Li, MD, Boston University School of Medicine**

*Hip arthroplasty (HA) is a commonly performed orthopaedic procedure. Prior studies have suggested an association between health insurance status and complications after THA in small cohorts*

**Improving phosphorus repletion practices amongst residents on inpatient internal medicine teaching services. Dr. Jacob Choi, MD, PhD, Cleveland Clinic**

*Hypophosphatemia is an electrolyte abnormality commonly found on the general hospital wards. Despite its frequent occurrence, there are limited number of studies investigating the appropriate prescribing practices resulting in the overuse of intravenous (IV) phosphate products, which is 4- to 11- times the cost of oral phosphate products.*

**Post-Operative Opioid Prescribing In Urology: Are We Contributing To The National Crisis? Dr. Kathryn Hacker, MD, PhD, University of North Carolina at Chapel Hill**

*The incidence of new persistent opioid use following surgery is 6-10%, more common than any single post-operative complication. Additionally, recent systematic review found 67-92% of patients report unused opioid medications after a surgical prescription. Reducing opioid oversupply may substantially impact the opioid epidemic as a primary and secondary prevention strategy.*

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**Total Joint Arthroplasty in a Safety Net Hospital: Substance Abuse and Other Factors Affecting Outcomes. Dr. Harry Jergesen, MD, UCSF Orthopaedic Surgery**

*Although total joint arthroplasty (TJA) is one of the most efficacious and cost-effective procedures in all of orthopaedic surgery, and medicine, in general, TJA outcomes and patient risk factors for post-TJA complications have not been studied in detail in safety net hospital settings.*

**Reducing chronic acid suppression therapy. Dr. Alexander Sun, MD, Johns Hopkins Hospital**

*Acid suppression therapy (AST), including proton pump inhibitors (PPI) and H2 receptor antagonists (H2RA), is commonly prescribed and increasingly associated with new side effects. The inpatient setting may be an underutilized opportunity to optimize a patient's chronic medications (PMID 24616183), and this study aimed to reduce AST during hospitalization.*

**Dumping Docusate: A Student Driven Initiative to Decrease Docusate Sodium Use. Mr. Daniel Burczak, BA, Rush University Medical Center**

*Many studies have shown that docusate is an ineffective stool softener. However, it is frequently prescribed for the treatment and prevention of constipation. We aimed to decrease docusate prescriptions at an academic hospital through an educational intervention followed by changes to electronic medical record (EMR) order sets.*

**Abdominal Aortic Aneurysm: Standardized Surveillance Imaging Recommendations to Reduce Rate of Rupture. Dr. Sameer Ahmed, MD, Northwestern University Department of Radiology**

*Abdominal aortic aneurysms (AAA) require careful surveillance to guide management, and patients with inadequate radiological surveillance of their AAA have increased rates of rupture and death, as well as decreased rates of elective repair.*

**Abdominal Aortic Aneurysm Screening in A Resident-Run Clinic – A Commonly Underutilized Screening Test. Dr. Jian Liang Tan, MD, Crozer Chester Medical Center**

*Abdominal aortic aneurysm (AAA), defined as aortic diameter ≥ 3.0 cm, affects an estimated 1.5% to 1.7% of men aged 65 or older. It was estimated that a ruptured AAA has a mortality rate of 75% – 90%.1 Screening for AAA with an abdominal ultrasound is relatively cost-effective*

**A Multi-Disciplinary Approach to Improving Secondary Fracture Prevention after Vertebroplasty. Dr. Giustino Albanese, MD, University of Wisconsin School of Medicine and Public Health**

*Patients treated with vertebroplasty for osteoporotic vertebral compression fractures benefit from secondary fracture prevention but may not be referred for treatment. A dedicated referral pathway for such patients during the interventional radiology clinic intake process may increase the likelihood of them receiving osteoporosis treatment and reduce secondary fracture risk.*

**Low rate of adherence with primary spontaneous bacterial prophylaxis in patients with cirrhosis: a single-center experience. Dr. Nghia Hguyen, MD, MAS, University of California San Diego Department of Medicine**

*Spontaneous bacterial peritonitis (SBP) is a complication of advanced liver disease which significantly increases morbidity, mortality, and healthcare-related costs in patients with cirrhosis. Although there is a proven mortality benefit associated with primary SBP prophylaxis, previous reports have suggested a low rate of adherence, representing a key gap in care.*

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**Appropriate Use of Sequential Compression Devices: A High Value Based Care Initiative. Dr. Preston Kerr, MD, University of Texas Medical Branch at Galveston**

*Sequential compression devices (SCDs) are routinely used for venous thromboembolism (VTE) prophylaxis. Current guidelines recommend SCD use in specific orthopedic populations or when bleeding risks prohibit pharmacologic prophylaxis.*

**Telephone intervention to improve adherence to dual-antiplatelet therapy following percutaneous coronary intervention at Parkland Hospital and Health System. Dr. Daniel Bennett, MD, Parkland Health and Hospital System**

*Adherence to P2Y12 inhibitors following stent placement reduces risk of multiple serious complications. Khalili et al. (2016) previously reported poor adherence rates to P2Y12 inhibitors at Parkland Health and Hospital System (PHHS). Rinfret et al. (2013) demonstrated improvement in adherence to these medications with patient phone calls following discharge.*

**How Does an Education Intervention (EI) vs. an Electronic Health Record (EHR) Best Practice Alert Impact Provider Use of an EHR Community Acquired Pneumonia (CAP) Order Set in a University Emergency Department (ED)? Dr. Frank Thomas, MD, MBA, University of Utah**

*The Electronic Health Record (EHR) is evolving from a data storage resource to a clinical decision support (CDS) tool. EHR alerts can help guide healthcare providers toward better patient decision-making.1 However, research also warns that excessive use of alerts can cause alerts to be ignored due to "alert fatigue".2-4*

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**TOPICS**
**Best practice pathways and reducing unwarranted variability**
**Optimizing patient care setting**
**Improving discharge transitions**
**Provider behavioral modification**
**Information technology innovations**
**High value care educational curricula**

**ABSTRACTS**

**The Effectiveness of a Quality Improvement Project for Advance Care Planning among Older Adults. Ms. Noore-Sabah Kahn, BA, Johns Hopkins School of Medicine**

*Advance Care Planning (ACP) documentation has been shown to improve quality of end-of-life care, increase compliance with patient preferences, and reduce costs of end-of-life care without increasing mortality. However, studies on barriers to ACP note a need for interventions that routinely integrate ACP into time-pressured clinic workflows.*

**Sweet Care: Improving Diabetes Outpatient Quality Measurements with Implementation of EMR Based "Macros." Dr. James Mitchell, MD, The George Washington University School of Medicine and Health Sciences, Department of Medicine**

*Diabetes Mellitus (DM) is an endemic chronic medical condition that requires a multispecialty approach, which much of the time is led by a primary care provider. Given the ever-increasing workload of physicians, it may not be difficult to overlook certain guidelines when managing patients with diabetes.*

**Pediatric to Adult Transition of Care in IBD: Establishing the Current Standard of Care Amongst Canadian Adult Academic Gastroenterologists. Dr. Noor Jawaid, MD, BHSc, University of Toronto**

*There has been no systematic effort to define a standard of care amongst adult gastroenterologists providing IBD transition care. The purpose of this study is to establish current transition practices across Canada amongst adult gastroenterologists in high volume academic centers.*

**Missed Opportunities: Poor Adherence to Guideline-Directed Use of Proton Pump Inhibitors with Initiation of Triple Antithrombotic Therapy. Dr. Joseph Meserve, MD, University of California San Diego**

*Anticoagulants and antiplatelet medications confer increased risk for gastrointestinal bleeding. Patients on triple antithrombotic therapy (dual antiplatelet therapy plus oral anticoagulants) are at particularly high risk, and current Cardiology and Gastroenterology guidelines recommend prophylactic proton pump inhibitor (PPI) use in this patient population. Studies suggest that this practice is underutilized.*

**Changes in Utilization of Axillary Dissection in Women with Invasive Breast Cancer and Sentinel Node Metastasis after ACOSOG Z0011 Trial. Dr. Joshua Tseng, MD, Cedars-Sinai Medical Center**

*The American College of Surgeons Oncology Group Z0011 trial, published in 2/2011, demonstrated no survival advantage for women with clinical T1-T2 invasive breast cancer with 1-2 positive sentinel nodes and received whole breast radiation and no further axillary surgery when compared to women who did undergo axillary lymph node dissection.*

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**Implementation of a Novel Johns Hopkins Perioperative Pain Program: An Integrated Care Model. Dr. Traci Speed, MD, PhD, Johns Hopkins School of Medicine**

*Increased use of prescription opioids for chronic pain has led to alarming rates of addiction and opioid related deaths in the United States. Opioid prescriptions in the post-operative period contribute to this epidemic.*

**Post-Discharge Opioid Use and Disposal after Radical Prostatectomy: The ORIOLES Initiative. Dr. Hiten Patel, MD, MPH, Johns Hopkins Brady Urological Institute**

*Surgeons account for one-third of all opioid prescriptions despite decreased morbidity for many procedures in recent years. Additionally, there is minimal evidence on post-discharge opioid use by patients across all surgical fields for any specific procedure, hindering the development of evidence-based recommendations for prescribing.*

**A supply chain value initiative to identify 'lost' ureteral stents and reduce supply costs. Dr. Juan Javier-DesLoges, MD, Yale New Haven Health System**

*Ureteral stents are temporary devices to relieve obstruction, but risk being lost. Excessive dwell time leads to obstruction, infection, and kidney loss. Though a clinical commodity, stent cost varies substantially. In our health system, there was substantial baseline variability in device utilization and cost, without suspected clinical benefit.*

**Safe Transitions Pathway in Neurological Surgery. Ms. Jennifer Viner, NP, University of California San Francisco**

*Most craniotomy patients board in the neuro-intensive care unit (NICU) their first night after surgery then transfer to the floor. These patients are clinically well, with uncomplicated post-operative courses and are anticipated to be discharged home post-operatively after two days. Some of these patients can bypass the NICU.*

**A Network Commitment to Care Pathways: Integrating Clinical and Claims Data for Care Transformation. Dr. Matthew Miller, DO, MBA, Lehigh Valley Health Network**

*Lehigh Valley Health Network made a commitment to a network goal for FY18 of implementing 20 care pathways through a defined governance and processes that standardized care for key diagnoses. Building off of EMR build and integrating clinical and claims data, visualization tools were used to make the data impactful.*

**Implementation of an Electronic Health Record (EHR)-Driven, Standardized Care Pathway for Diabetic Ketoacidosis. Dr. Emily Signor, MD, University of Utah School of Medicine**

*Previously, our institution did not have a standardized protocol for diabetic ketoacidosis (DKA), and most patients were admitted to an intensive care unit (ICU).*

**Reducing wait time between admission and chemotherapy initiation. Dr. Arjun Gupta, MD, University of Texas Southwestern Medical Center**

*Reducing the length of stay (LOS) is a high priority objective for all healthcare institutions. Delays in chemotherapy initiation for planned pre-admissions lead to patient dissatisfaction and prolonged LOS.*

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**Improving the quality of care for patients newly diagnosed with HCV: Starting with the initial patient encounter. Dr. Kevin Harris, MD, Cleveland Clinic**

*At our institution, none of the patients referred to hepatology for HCV treatment have undergone the requisite evaluations necessary to develop a HCV directed care plan. As a result, there are delays in the development of a treatment plan, increases in healthcare costs, and declines in patient and provider satisfaction.*

**A Residency Class Project to Decrease Labs in the Neonatal Intensive Care Unit. Dr. Rebecca Levin, MD, University of Chicago**

*Premature infants are susceptible to anemia, often requiring transfusion, as a result of repeated blood draws. Transfusions are associated with morbidity and mortality in the neonatal intensive care unit (NICU) setting. Other sequelae of blood draws include infection, painful stimuli, increased cost, and unnecessary use of resources.*

**Facilitating image sharing for patients transferred to a tertiary care center through process assessment and identification of quality indicators. Dr. Roshni Patel, MD, University of Texas Southwestern Medical Center**

*Imaging studies play an integral role in diagnosing, documenting, and managing disease across specialties. Image availability during inter-hospital transfers remains a barrier of care. Cloud-based sharing, rather than CD transfer, provides an important opportunity to improve patient care. Even when available, the use of cloud-based sharing (lifeIMAGE) remains poorly understood*

**Room for Improvement in a Rheumatology Clinic Protocol Visit Process. Dr. Nathalie E. Chalhoub, MD, University of Cincinnati**

*Adherence to therapeutic treatment plans can be difficult for patients with chronic diseases such as Rheumatoid Arthritis (RA). Self-management involves taking disease modifying anti-rheumatic drugs (DMARDs) as prescribed, as well as completing lab testing for medication monitoring, which can be burdensome [1].*

**Internally and Externally Developed Bariatric Care Pathways Improve Performance Similarly. Dr. Prashant Sinha, MD, NYU Langone Health**

*Laparoscopic sleeve gastrectomy (LSG) is a high volume procedure with relatively few variables within its care delivery framework, making it an ideal candidate for standardization. Two hospitals in our system are accredited bariatric centers, but did not previously share resources or workflow. Both centers used pathways to independently standardize care.*

**Hospitalist Co-Management of Surgical Patients: A Unique Approach to Reducing Mortality. Dr. Charles Okamura, MD, NYU Langone Hospital – Brooklyn**

*The benefits of hospitalist co-management of surgical and other non-medicine patients are well studied and validated. Studies fairly consistently demonstrate an improvement in quality metrics, particularly mortality and length of stay. NYU Langone Hospital – Brooklyn introduced hospitalist co-management as a mechanism to improve patient safety for targeted surgical services.*

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**A Review of 6565 PET/CT Scans for Report Addenda: A Quality Improvement Project. Dr. Jeffrey Kempf, MD, FACR, Rutgers, Robert Wood Johnson Medical School**

*Value in diagnostic radiology lies in large part in our ability to answer a clinical question through prompt communication of a written report to the referring physician. At times, however, an addendum to the initial report is performed with potential for minor or major clinical patient impact.*

**Reducing the Rate of Contaminated Blood Draws Coming from the ED to the Microbiology Laboratory at Vidant Medical Center. Ms Meera Patel, MR, BS, BA, ECU Brody School of Medicine**

*Blood draw contamination rates are continually reported among hospital-wide quality improvement and patient safety measures. Contamination can result in increased administration of inappropriate antibiotic treatments, increased patient length of stay (LOS), and subsequently increased patient costs. Such factors can significantly dampen patient experience and quality and safety of care received.*

**Early Findings from Implementation of Individualized Pain Plans for Young Adults with Sickle Cell Disease. Dr. Jasmine Umana, MD, University of Chicago**

*Patients with sickle cell disease (SCD) are high utilizers of health care, in part due to frequent pain crises. National guidelines recommend individualized pain plans (IPP) for all patients with SCD, yet IPPs have not been widely implemented. IPPs lead to reduced hospital admission rates and to increased patient satisfaction.*

**Evaluating post-operative opioid use following radical cystectomy: a strategy to reduce misuse and diversion. Dr. Kathryn Hacker, MD, PhD, University of North Carolina at Chapel Hill**

*The incidence of new persistent opioid use following surgery is 6-10%, more common than any single post-operative complication. Additionally, recent systematic review found 67-92% of patients report unused opioid medications after a surgical prescription. Reducing opioid oversupply may substantially impact the opioid epidemic as a primary and secondary prevention strategy.*

**Cutting down on amputations: Redesigning care for patients with lower extremity ulcers. Dr. Katherine Neal, MD, Duke University Hospital**

*Peripheral vascular disease and diabetes mellitus increase the risk of developing a lower extremity ulcer and rates of both are increasing worldwide. When lower extremity ulcers become infected or ischemic, surgical intervention is warranted, often requiring a lower extremity amputation.*

**Implementation of Criteria to Predict Medication-Related Readmissions within High-Risk Patients. Dr. Belinda Mang, Pharm D, Parkland Health & Hospital System**

*The Transitional Care Unit (TCU) at Parkland is a program identifying high-risk patients to improve patient access, promote engagement, and reduce 30-day readmissions. A nurse case manager selects patients utilizing predictive analytics. A pharmacist performs a comprehensive assessment of medications at discharge, reconciles discrepancies or problems, and provides counseling.*

**Impact of the Same-Day Project at the Wilmer Eye Institute. Dr. Eric Singman, MD, PhD, Wilmer General Eye Services at Johns Hopkins Hospital**

*Unnecessary visits to hospital Emergency Departments (ED) burdens health care delivery, causing delays in providing care for true emergencies, longer wait times for all patients and increased costs of care. Additionally, overcrowded ED's lead to reduced patient satisfaction in the healthcare system and increased stress and burnout for ED personnel.*

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**Implementation of large volume paracentesis in an academic generalist setting to reduce cost of care. Dr. Cristin Colford, MD, University of North Carolina Chapel Hill School of Medicine**

*Patients with refractory ascites suffer poor quality of life and poor outcomes1. These patients often present to the emergency department acutely symptomatic from increasing ascites and are admitted for bedside therapeutic large volume paracentesis (LVP). This procedure can be performed safely in the outpatient setting.2*

**Improving medication reconciliation in Robert Packer Hospital – A quality improvement project. Dr. Asish Regmi, MBBS, Guthrie/Robert Packer Hospital**

*Medication reconciliation is the process of comparing a patient's medication orders to all of the medications that the patient has been taking. It is done to avoid medication errors such as omissions, duplications, dosing errors, or drug interactions.*
*Errors in medication reconciliation may lead to significant patient safety hazards*

**Bridging the gaps in transition of care in a residency practice. Dr. Kshitij Thakur, MD, Crozer Chester Medical Center**

*Transition of care from inpatient to outpatient setting is a critical time for patients. Studies have shown that approximately 49% of patients experience at least one medical error during this time. Transition of care management (TCM) visits become even more difficult in resident run practices due to limited outpatient hours.*

**Time-to-Relapse in Substance Abuse Patients with Concomitant Affective Disorders from an Intensive Treatment Unit Dr. Mike Wang, BSc, The Johns Hopkins University School of Medicine**

*Relapsing must be considered when managing substance abuse patients. Psychiatric assessments in the intensive treatment unit offers insight into predictors that may shorten the time-to-relapse in this population. Understanding these predictors may lead to more effective preventative health initiatives and optimized healthcare for these patients, reducing rates of relapsing.*

**Optimizing Suboptimal/Nondiagnostic Computed Tomographic Pulmonary Angiography. Dr. Hung Lin, MD, SUNY Downstate Medical Center**

*Computed tomographic pulmonary angiography (CTPA) is the most commonly performed diagnostic imaging modality to investigate patients with suspected PE. Inevitably, a fraction of CTPA are diagnostically suboptimal, posing a management dilemma for the referring clinicians. Limited literature estimates the incidence of limited CTPAs ranging from 5.9% to 27%.*

**Reducing Hospitalizations: Institution of Outpatient Infusional EPOCH-based Chemotherapy at a Safety-Net Hospital. Dr. Neil Keshvani, MD, University of Texas Southwestern Medical Center**

*EPOCH-based chemotherapy regimens have traditionally been administered inpatient because they include a continuous 96-hour infusion. These routine admissions are costly, disrupting, and isolating to patients.*

**Moving the Bar, Even if you Can't Move the Bed. Dr. Kimberly Pedram, MD, Virginia Commonwealth University School of Medicine**

*Successful discharge planning starts at admission. When admission occurs to a closed medical intensive care unit (MICU), discharge planning can be delayed until the patient transfers to a general floor. This delay is exacerbated as a hospital's occupancy rises, increasing the MICU boarding time for patients awaiting general bed availability.*

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**Clinical Outcomes Using Low-Pressure Pneumoperitoneum during Robotic-Assisted Gynecologic Procedures. Dr. Jian Qun Huang, MD, NYU Langone Health**

*Robotic gynecologic procedures require insufflation of carbon dioxide during laparoscopy which increases intra-abdominal pressure and has been associated with postoperative pain. Robotic gynecologic procedures can be performed at low pressure pneumoperitoneum.*

**REDUCING LENGTH OF STAY IN WELL APPEARING FEBRILE INFANT 7-60 DAYS OF LIFE: A QUALITY INITIATIVE. Dr. Kara Kwiatkowski, DO, Akron Children's Hospital**

*The febrile neonate is a common patient presentation and diagnosis that often requires hospitalization. In infants, symptomatology of fever alone makes it difficult to differentiate clinically which infants may have a self-limiting illness from those who have a serious process that could progress to sepsis and death.*

**Understanding and Improving UCLA's Transitions of Care Between the Inpatient and Outpatient Setting. Dr. Neha Agarwal, MD, UCLA Ronald Reagan**

*The transition between inpatient care and re-entry back home with outpatient supervision is a vulnerable time period for patients. Understanding the handoff weaknesses in a busy tertiary care academic hospital is crucial to preventing readmissions, avoiding emergency room visits, ensuring access to outpatient services, and improving patient satisfaction and safety.*

**Dedicated ESRD Care Management in the Johns Hopkins MSSP ACO. Mrs. Cassandra Peterson, MBA, MSW, Johns Hopkins HealthCare**

*Within Johns Hopkins Medicine Alliance for Patients (JMAP) MSSP ACO, patients with end-stage renal disease (ESRD) were more costly than the national average. Based on Medicare Part A & B expenditures, JMAP ESRD patients in 2014 had annual expenditures of $102,524, compared with the national ACO average of $77,106.*

**Annual Strategic Review Process for the Johns Hopkins Medicine Alliance for Patients (JMAP) Accountable Care Organization and Emerging Accountable Care Best Practices. Ms. Sarah Himmelrich, MPH, Office of Johns Hopkins Physicians and Johns Hopkins Medicine Alliance for Patients, LLC**

*The Johns Hopkins Medicine Alliance for Patients (JMAP), a Medicare Shared Savings Program Accountable Care Organizations (ACO) with approximately 3,000 primary and specialty care providers, both employed and independent, is responsible for 40,000 attributed Medicare beneficiaries. ACOs must be strategic about selecting initiatives in the quest for higher value.*

**Integrating mental health care into primary care settings to improve patient care and staff support. Dr. Jin Hui Joo, MD, MA, Johns Hopkins University**

*Mental health conditions such as depression occur in at least 20% of persons undergoing treatment for medical conditions; yet patients with depression in primary care settings are underdiagnosed and undertreated with negative consequences such as worsening of medical conditions, decreased quality of life, and increased mortality.*

**Nurse-Physician Perceptions of Collaboration with Implementation of Geographic Localization. Dr. Tony Kurian, BS, MD, Loyola University Medical Center**

*Loyola University Medical Center is implementing geographic localization of patient care teams throughout the hospital system. These changes may positively affect nurse and physician perceptions of collaborative behaviors.*

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**Midnight Rounds: A Quality Improvement initiative to address patient safety at night. Dr. Benjamin Lawson, MD, HonorHealth**

*Hitcho* et al*, showed that a majority (58.5%) of falls occurred between 7pm and 7am. Hanane* et al, *found higher ICU readmission rates of nighttime transfers from ICU (12.2% vs 9.0% p=0.027) and longer hospital length of stay (8 vs 7 days, p=0.013), compared with daytime transfers from ICU group.*

**Validation of the Hopkins Pediatric Early Warning Score in a Large Academic Children's Hospital. Dr. Therese Canares, MD, Johns Hopkins Hospital**

*Pediatric early warning scores (PEWS) have been integrated into children's hospitals to assess clinical status and determine the need for intervention. Hopkins Pediatric Early Warning Score (HPEWS) is unique as it integrates physical exam findings, applies specific clinical parameters, and uses a maximal score rather than an additive score.*

**Implementing the Patient Antenatal Support System to Promote and Optimize Record Transition (PASSPORT) between a County Health Department and a Tertiary-Care Academic Center. Ms. Gabrielle Kattan, BS - Biological Sciences, ECU Brody School of Medicine**

*The Pitt County Health Department (PCHD) and Vidant Medical Center Labor and Delivery (VMC) collaborate to care for expectant mothers in rural Eastern North Carolina. As implementation of electronic health record system is ongoing, records are currently faxed to VMC which hinders effective transmission and increases risk for fragmented care.*

**Implementation of intravenous push antibiotics in response to a national fluid shortage. Dr. Norman Mang, Pharm D, Parkland Health and Hospital System**

*In the wake of Hurricane Maria, there was a nationwide shortage of infusion mini bags. To limit usage of infusion minibags, Parkland Memorial Hospital shifted outpatient IV antibiotic administration from infusion to "IV push" administration, in which more concentrated suspension is administered via a simple syringe in a single bolus.*

**Collateral benefits of diabetes management associated with self-administered outpatient parenteral antimicrobial therapy. Ms. Anisha Ganguly, MS, University Texas Southwestern Medical School**

*Diabetes is common among patients in the Self-administered outpatient parenteral antimicrobial therapy (S-OPAT) program. Previous research has shown that engaging in self-care activates patient and thus improves outcomes of chronic diseases. Given the degree of patient activation demanded by the S-OPAT program, we hypothesized that S-OPAT may improve diabetes outcomes.*

**A New Discharge Instruction Template: Improving Safe Discharges on the Internal Medicine Teaching Service. Dr. Megan McGervey, MD, Cleveland Clinic**

*Decreasing hospital readmissions has been a major focus locally and nationally over recent years. Multiple components of the patient's hospital discharge process have been shown to impact readmission rates. Frequently, residents in academic hospitals play a major role in the discharge process and in providing discharge instructions to patients.*

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**Perceptions Vs Realities of Hospital Discharges. Dr. Kshitij Thakur, MD, Crozer Chester Medical Center**

*Effective post-discharge care transitions are important to providing safe, high-quality care. Studies have shown that up to 50% of patients experience at least one medical error at the time of discharge. Medical errors coupled with poor outpatient follow-up can lead to hospital re-admissions.*

**The Enhanced Interdisciplinary Care Team: A Novel Approach to Facilitating Challenging Dispositions. Dr. Amarpreet Bains, MD, NYU Langone Hospital - Brooklyn**

*Numerous factors contribute to a long length-of-stay. Evidence for hospital-wide strategies reducing the duration of admissions is limited. These patients often require more time and resources than more routine cases. Our hospital identified these patients as a unique challenge to our unit-based medical, case management, and social work interdisciplinary teams.*

**DEVELOPMENT OF A MODEL TO CONTEXUALIZE AND MANAGE THE HOSPITAL ADMISSION PROCESS. Dr. Vivek Patel, MD, UT Southwestern**

*Both inappropriate hospital admissions and inappropriate discharges from the ED are associated with adverse patient outcomes and significant health care costs. Little is known about the accuracy (sensitivity and specificity) of the hospital admission triage process.*

**ACCURACY AND IMPLICATIONS OF A HOSPITAL MEDICINE, EMERGENCY MEDICINE AND CRITICAL CARE COLLABORATIVE PROCESS TO TRIAGE TO THE MEDICAL INTENSIVE CARE UNIT. Dr. Anita Heged, MD, UT Southwestern**

*Intensive Care Unit (ICU) beds are limited and associated with high costs, so effective triage is important for resource utilization. However, inappropriate triage of critically ill patients to non-ICU settings can lead to poor patient outcomes, as early unexpected ICU transfers are associated with increased mortality.*

**Surgical tray optimization as a simple means to decrease perioperative costs. Dr. James Farrelly, MD, MHS, Yale University School of Medicine, Yale New Haven Children's Hospital**

*Healthcare spending in the US remains excessively high. Aside from complicated, large-scale efforts at health care cost reduction, there are relatively simple ways to decrease costs from everyday hospital operations. Our group sought to decrease the costs associated with surgical instrument processing within a large, multi-hospital health system.*

**Hip Resurfacing Arthroplasty: What Are Our Patients Reading On The Internet? Dr. Paul Yi, MD, Johns Hopkins Department of Radiology**

*Hip resurfacing arthroplasty (HRA) is an alternative to total hip arthroplasty for young, active patients with hip osteoarthritis. As patients increasingly educate themselves on the Internet, it is crucial that information presented online is credible.*

**Residency Program Initiative to Transform Transitions of Care. Dr. Zahraa Rabeeah, MD, Piedmont Athens Regional Medical Center**

*Transitions of care often fail to improve health and decrease the cost of care. Competency in the transition of care process is essential, yet it is not necessarily part of the residency curriculum. In our program we designed and implemented a resident led transition of care team.*

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**Readability of Patient Education Materials from RadiologyInfo.Org: Spanish vs. English-Language Materials. Dr. Paul Yi, MD, Johns Hopkins Department of Radiology**

*The USA has the second-largest group of Spanish-speaking citizens in the world with 41 million native Spanish speakers. However, little attention has been paid towards assessing patient comprehension of Spanish-language healthcare educational materials. In contrast, numerous studies have shown English-language patient educational materials to be written at high readability levels.*

**Modifying Provider Ordering Behaviors to Reduce Low Value Care: Comparative Effectiveness Literature Review. Mr. Scott Shuldiner, BA, Johns Hopkins School of Medicine**

*Unnecessary diagnostic tests contribute to the high cost of health care, with reports that $65 billion is spent each year on laboratory tests and 20-50% of imaging exams may be unindicated. As such, quality improvement leads around the world are working to reduce unnecessary lab and imaging tests.*

**Huddle Up! Enhancing Resident Care for Obese Patients. Dr. Susan Vehar, MD, Cleveland Clinic**

*Over one third of adults in the United States are obese. Obesity is a risk factor for diabetes, hypertension, and heart disease. These diseases are among the leading causes of preventable death and amount to over $140 billion in yearly healthcare expenditures*

**Evaluation of Automated, Telecommunication-Based Glaucoma Medication Dosing Reminders Linked To an Electronic Health Record. Dr. Varshini Varadaraj, MBBS, MPH, Wilmer Eye Institute at Johns Hopkins Hospital**

*Patient non-adherence with glaucoma medications is a common problem. While automated dosing reminders for glaucoma medications have been shown to increase drug-adherence, an outstanding limitation preventing broad adoption of this approach is the difficulty linking reminders to the particular medication(s) in each patient's electronic health record (EHR).*

**Antimicrobial Stewardship in a Community Hospital: Investigation to Compliance and Outcomes. Dr. Heather Lusby, DO, Magnolia Regional Health Center**

*Current scientific literature emphasizes the need to reduce the use of inappropriate antimicrobials in health care settings due to developing antimicrobial resistance. Studies analyzing outcomes of antimicrobial stewardship programs (ASP) exist; however data is limited in the community hospital setting.*

**Imaging Utilization Affects Negative Appendectomy Rates in Appendicitis: An ACS-NSQIP Study. Dr. Joshua Tseng, MD, Cedars-Sinai Medical Center**

*The rate of negative appendectomies (NA) – pathologically normal appendices in patients who undergo surgery for suspected appendicitis – ranged from 15-25% in the US. However, studies show that negative appendectomies are also associated with considerable cost, elongated hospitalizations, and morbidity.*

**Risk Factors for Surgical Site Infection and Postoperative Intraabdominal Abscess after Appendectomy: An ACS-NSQIP Study. Dr. Joshua Tseng, MD, Cedars-Sinai Medical Center**

*Surgical site infections (SSI) and postoperative intraabdominal abscesses (IA) are common postoperative complications for appendicitis. Although laparoscopic appendectomies have been associated with reductions in postoperative pain, in-hospital length of stay, and SSI rates, other studies associate laparoscopic appendectomies with higher rates of postoperative IA.*

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**Improving Opioid Stewardship; Standardizing Physician Prescribing Methods. Mr. Nathan Woody, CSSBB, UNC School of Medicine**

*In 2017, UNC Medical Center, the Ambulatory Surgical Center, and the Hillsborough Hospital prescribed 857,993 opioid doses for post-procedural pain after discharge. There's little published data on optimal number of pills to prescribe following procedures. This, with lack of education on the ramifications of unused opiates, often leads to overprescribing.*

**Communication in an Operating Room Environment; Improving patient safety by utilizing a TeamSTEPPS approach. Mr. Nathan Woody, CSSBB, UNC School of Medicine**

*Utilizing a multi-disciplinary workgroup composed of Anesthesia, Clinical, and Surgical team members, UNC Perioperative Division with the UNC School of Medicine Surgical and Anesthesia divisions launched a revised Surgical Safety initiative in January 2017.*

**Comfort with the uncomfortable- socializing end-of-life care. Dr. Mark Nunnally, MD, NYU Langone Health**

*Many patients at the end-of-life receive high-intensity therapies without a change in outcome. In spite of evidence that goals emphasizing comfort are appropriate, many providers continue to pursue aggressive therapies out of misunderstanding or moral distress.*

**Making Your Preference Cards a Precision Instrument. Mr. Mark Saraceni, MBA, NYU Langone Health**

*In an effort to reduce waste within ORs, a multidisciplinary work-group was established to improve the accuracy and cost-effectiveness of surgeon preference cards across the health system. Understand how to engage clinicians to establish effective preference card management and processes that will improve OR efficiency.*

**A Multidisciplinary Approach to Implementing PJP Prophylaxis in the Setting of High Dose Steroids on Discharge to Reduce Risk of Incidence of PJP. Dr. Noopur Goyal, MD, University of Utah School of Medicine**

*Pneumocystis jirovecii pneumonia (PJP) is an opportunistic infection that in non-HIV patients has been associated with immune suppression. Guidelines recommend consideration of prophylaxis in patients receiving high dose steroids (>20mg prednisone daily) for four weeks, as prophylaxis can reduce chance of infection by up to 90%.*

**Disintermediation within the Data Life Cycle for Higher Value Patient Care. Dr. Ken Lee, DrPH, Johns Hopkins University**

*Data is one of the key ingredients in driving higher value patient care. However, data alone cannot solve any problems. Being able to efficiently generate insight and rapidly cycle through the feedback loop between the information producer and information consumer is critical.*

**Promoting High-Value Change By Addressing the Structure of Order Sets: Lessons from the Cardiac Catheterization Lab. Dr. Nagendra Pokala, MD, University of Texas Southwestern Medical Center, Dallas, TX**

*Order sets in electronic medical records can promote efficiency and reduce variability but can also influence ordering practices. At our institution, one order set was used for right (RHC) and left heart catheterizations (LHC). It included opt-out prescriptions for IV normal saline as well as hydrocodone.*

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**Changing resident prescribing practices for VTE prophylaxis using peer-to-peer education. Dr. Lauren Harter, MD, UPMS**

*Prior to this project, there were no established guidelines for VTE prophylaxis at UPMC Presbyterian/Montefiore for hospitalized medical patients, and prescribing practices between UFH and LMWH varied. Review of cost associated with these led to an institutional preference for LMWH. This study was therefore initiated to change housestaff prescribing practices.*

**LEADER (Learning Expedited through Audiovisual Directed Education by Residents). Dr. Rajpreet Singh, MD, Mount Carmel West**

*Poor health literacy correlates with lower socioeconomic status and education, and increases healthcare expenses. Diabetic patients with limited health literacy have A1c% higher than those with proficient literacy. Residency clinics are poised for literacy interventions given a patient population typically below the poverty level and commonly having diabetes.*

**Reduction of Catheter-Associated Urinary Tract Infections: A Multi-Pronged Approach. Dr. Jennifer Frontera, MD, NYU Langone Hospital – Brooklyn**

*Catheter-associated urinary tract infections are preventable, reportable hospital acquired events associated with increased morbidity and mortality. Excess urinary catheter use leads to increased exposure to infection. Sampling urine from an indwelling catheter for >24 hours may lead to false positive results from colonization and can lead to inappropriate antibiotic administration.*

**Readability of Neuroradiology CT and MRI Reports: Are They Over Patients' Heads? Dr. Paul Yi, MD, Johns Hopkins Department of Radiology**

*Radiology reports have traditionally been written for referring clinical providers. However, patients have recently begun to access and read their radiology reports through online medical record "portals", raising concerns about their ability to comprehend these complex documents.*

**Readability of CT Chest Radiology Reports: Will Patients Understand? Dr. Paul Yi, MD, Johns Hopkins Department of Radiology**

*Although radiology reports have traditionally been written for referring clinical providers, patients are increasingly reading their radiology reports through electronic health record portals, which raises concerns about whether they can adequately comprehend these reports.*

**Are Patients Able To Understand Their Abdominal MRI Reports? A Readability Analysis. Dr. Paul Yi, MD, Johns Hopkins Department of Radiology**

*Although traditionally written for referring clinical providers, radiology reports are increasingly being read by patients via online patient health record "portals." This trend has raised concerns about patients' ability to comprehend these complex medical documents.*

**Ultrasound Radiology Reports are "Ultra"-Unreadable. Dr. Paul Yi, MD, Johns Hopkins Department of Radiology**

*Radiology reports have traditionally been written for ordering clinical providers. However, patients are increasingly reading radiology reports through online medical record "portals," raising concerns about their ability to comprehend these often-complex documents.*

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**Randomized Control Trial of Real Time Feedback on Internal Medicine Laboratory Utilization. Dr. Amit Pahwa, MD, Johns Hopkins School of Medicine**

*Frequent labs of hospitalized patients often do not change management and can lead to increased hospital acquired anemia and mortality. Physician peer comparison in some studies has lead to decreased inappropriate testing and treatment.*

**Improving influenza vaccination among African-American HIV-positive patients through 'Tele-flucation.' Dr. Titilope Olanipekun, MD, MPH, Morehouse School of Medicine**

*People with HIV and AIDS are at a higher risk of influenza infection and related complications due to immune suppression. Therefore, the CDC recommends annual influenza vaccination for HIV infected persons. There is limited data about national vaccination rates in HIV infected patients. Influenza vaccination rate is generally low.*

**Integration of a Novel Quality Improvement Curriculum into an Internal Medicine Residency Program. Dr. Jed Cowdell, MD, MBA, Mayo Clinic**

*Quality improvement (QI) has been recognized as a necessary core component of medical resident training. Prior to 2015, there was not a comprehensive QI curriculum established within our internal medicine residency program. This deficiency prompted leadership to collaborate with local QI champions and implement a novel QI curriculum.*

**The Choosing Wisely STARS Program: Empowering medical students to act as change agents in medical education. Dr. Chris Moriates, MD, Dell Medical School at the University of Texas, Austin**

*Physician behaviors and practices are heavily shaped by training experiences and environment. Yet, Choosing Wisely campaigns have not generally engaged medical students, and many medical schools do not have content related to health care value integrated into their curricula.*

**Quality improvement curriculum in Internal Medicine Residency. Dr. Vritti Gupta, Creighton University Medical Center**

*Over the past few years, much research has been conducted in medicine focusing on reducing medical error and patient safety. As a result, ACGME has required residents to work in interprofessional teams to enhance patient safety and improve patient care. Literature about QI curriculum implementation in residencies has been limited.*

**Building a Longitudinal, Interactive High Value Care Conference. Dr. Jessica Donato, MD, Cleveland Clinic**

*The current economic burden imposed by healthcare is not sustainable. Medical educators have been tasked with not only educating trainees about cost-containment but also shaping their clinical practice with regards to high value care and reducing waste. However, many internal medicine programs still lack formal education on value-based healthcare.*

**Cost Conscious Care Education for Resident Physicians. Dr. Kasey Little, MD, University of Virginia**

*Health systems, payers, and patients are increasingly recognizing the need to reduce healthcare costs. Research shows that to have an effect on provider habits, they must be supplied with cost data as well as targeted education related to high value care.*

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**Implementing a Hi-Value Care Educational Curriculum at Greenwich Hospital- repeating the message, repeating the message, repeating the message. Dr. Ellika Mardh, MD, Greenwich Hospital**

*Healthcare costs in the US are unsustainable and it's estimated that 30 % of health care costs are wasted care. Graduate medical education provides an opportunity to influence future physicians regarding cost consciousness, stewardship of resources, and future practice behaviors.*

**A National High Value Care Curriculum: Lessons from the Future Leaders Program. Dr. Christopher King, MD, University of Colorado School of Medicine**

*Physicians are estimated to be responsible for 80% of national healthcare costs. It is imperative that physicians in training understand the key concepts of healthcare value. The High Value Practice Academic Alliance (HVPAA) developed a national curriculum and mentorship model for residents titled the Future Leaders Program (FLP).*

**Team-V: Moving Value from the Classroom to the Bedside. Dr. Christopher King, MD, University of Colorado School of Medicine**

*Physicians are responsible for 80% of healthcare costs, and multiple tools have been developed to teach trainees how to practice high value care. There has been no focus on utilizing these tools in a comprehensive bedside curriculum. We sought to empower teaching teams to discuss value at the bedside.*

**Effect of cost exposure on medical students' preferred mammography screening strategies: a randomized comparison. Ms. Clarice Nguyen, BA, UCSF**

*Many high value care educational interventions have focused on shaping clinical decision-making for individual patients. Few interventions have investigated how students integrate cost information into clinical recommendations for populations.*

**Imaging Wisely: An Introduction to the ACR Appropriateness Criteria and Analysis of its Impact on Internal Medicine Residents. Dr. Mike Cheng, MD, University of Chicago**

*Inappropriate radiological exam ordering is a large contributor to healthcare waste in the United States. The American College of Radiology (ACR) Appropriateness Criteria (AC) are designed to inform radiological exam ordering practices, however many general internists are unfamiliar with it.*

**A Hybrid Evidence and Value-Based Medicine Curriculum for Senior Internal Medicine Residents. Dr. Cornelius James, MD, University of Michigan**

*It is challenging to add new material to crowded curricula. Duty hour restrictions and the large amount of information that residents must learn, make proper prioritization and efficiency important. The ACGME requires that programs ensure that residents are able to competently use the medical literature and consciously consider cost.*

**Knowledge and attitudes on value-based healthcare among a national group of physicians-in-training. Dr. Kencee Graves, MD, University of Utah School of Medicine**

*A physician's ability to practice cost-conscious care is linked to the residency program from which they graduate, yet there is little information regarding what physicians-in-training nationally understand about value. We evaluated the knowledge and attitudes of a national cohort of residents and fellows from a variety of training programs.*

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**Teaching High Value Care: Case Vignettes for Pediatric Practice. Dr. Lauren Walker, MD, Baylor College of Medicine**

*As healthcare systems recognize the importance of high value care (HVC), physicians must focus on individualized patient outcomes using economically responsible and evidence-based medicine. The best ways to teach HVC principles to medical trainees that can result in meaningful practice and behavior changes are unknown.*

**High Value Care Morning Report Curriculum for Internal Medicine Interns. Dr. Kshitij Thakur, MD, Crozer-Chester Medical Center**

*Internal Medicine Interns (PGY1) are at the forefront of patient care and are responsible for most of the orders in teaching hospitals. We introduced concepts of the "Choosing Wisely" campaign to our existing morning report curriculum to create awareness about health care waste and resource stewardship among interns.*

**A National Online High Value Care Curriculum for Medical Students. Dr. Amit Pahwa, MD, Johns Hopkins School of Medicine**

*The American Association of Medical Colleges (AAMC) recommends that upon completion of medical school, students are able to select and interpret diagnostic and screening tests using evidence-based and cost-effective principles. However, internal medicine clerkship directors cite lack of time in curriculum as biggest barrier to teaching high value care.*