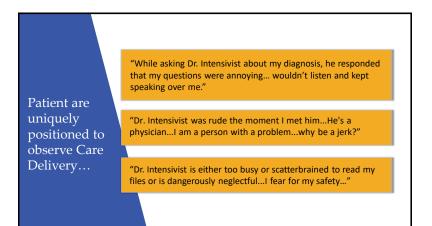
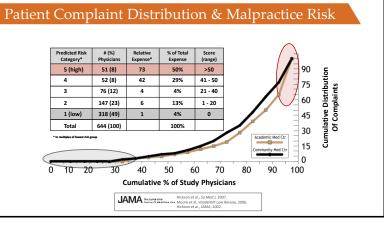
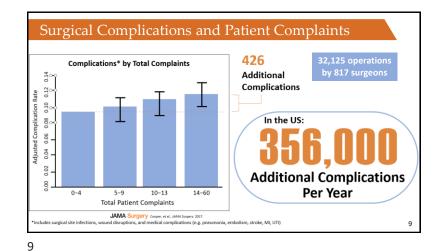


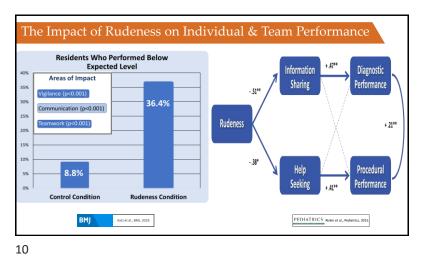
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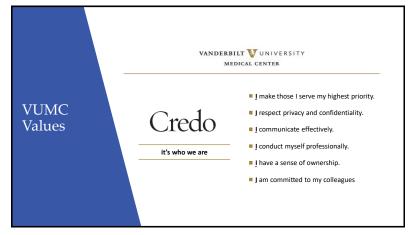


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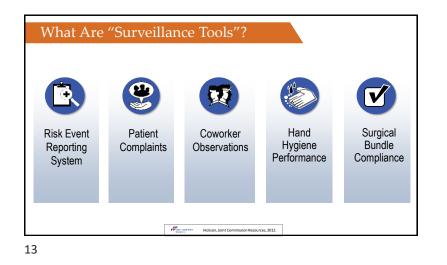


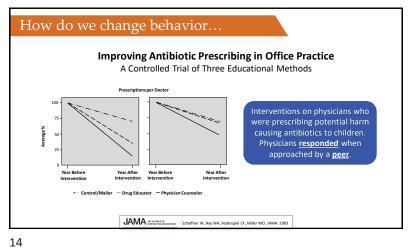
Pursuit of Accountability and Reliability Requires an Infrastructure \oslash PEOPLE **PROCESS SYSTEMS** Clear Goals and <u>Tools, Data and</u> Committed Values Metrics Policies and Reliable Review Project Champions Procedures Process Sufficient Resources **N** Training **Tiered** Intervention Models Joint Commission Hickson et al., Joint Commission Resources, 2012.

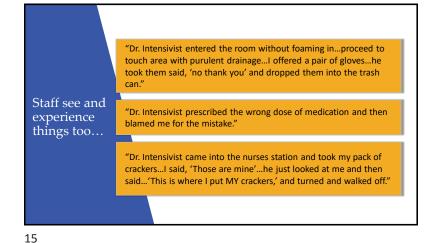


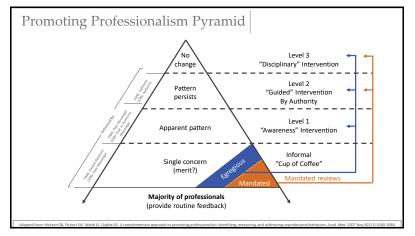
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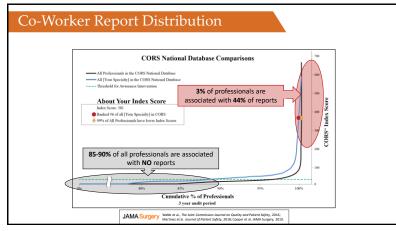
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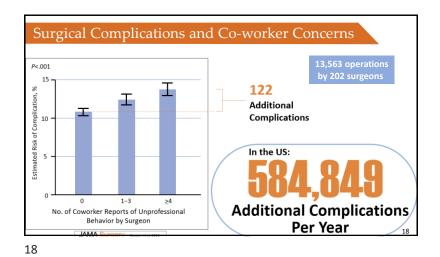












of Missed	Opportunitie	es: Co-Work	er Reports
Medical Center	Annual # Surgical Procedures ¹	Number Fewer Complications (# Surgeries x Mean NSQIP Adverse Event Rate x Mean NSQIP CORS Study Reduction)	Estimated Savings @ \$13,822/ Complication ²
VUMC	50,998	1105	\$15,273,310
HOSPITAL B	31,330	679	\$9,385,138
HOSPITAL C	15,333	332	\$4,588,904
HOSPITAL D	8,234	178	\$2,460,316
¹ http://health.usne ² Includes SSIs, wour	8,234 ws.com/best-hospitals; hospit ad disruptions, medical compl st of complications across 8 st	al websites ications (e.g., pneumonia, er	nbolism, stroke, MI,

Addresses behaviors that undermine a culture of safety³ Improves Physicians prescribing, clinical decision making² V Vanderbilt Center claims & expenses By > 70%⁴ For Patient and fessional Advoc 1 Tabot et al., Infect Control Hosp Epidemiol, 2013. 2 Schaffner et al., JAMA, 1983; Ray et al., JAMA, 1985; Ray et al., JAMA, 1986. 3 Catron et al., Am J Med Qual, 2015; Webb et al., Joint Commission, 2016. 4 Liverson et al., JAMA 2007; Hickson et al., South Med J, 2007; Pichert et al., AHRC JAMA SHE Reality.

Does the Vanderbilt Professional Accountability Model Work?

Improves and sustains hand hygiene practices: From 50% to > 95% compliance¹

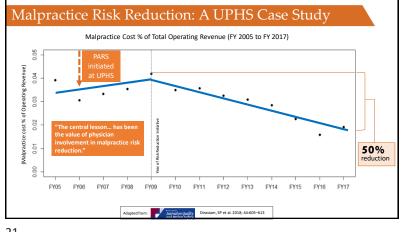
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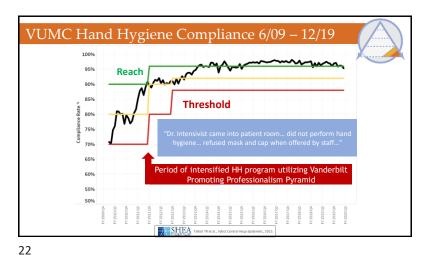
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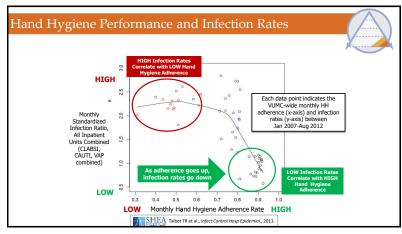
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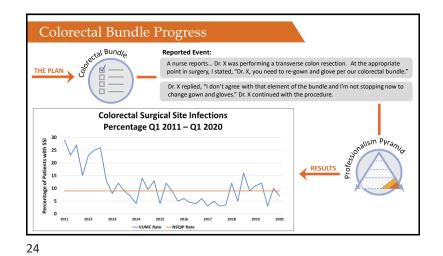
to surgical bundle to reduce infection





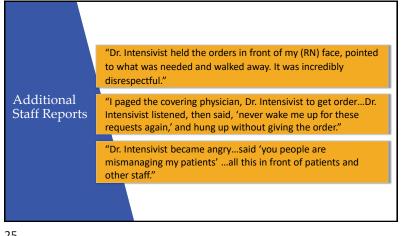


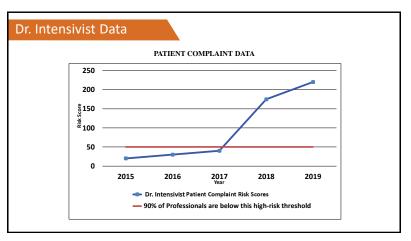




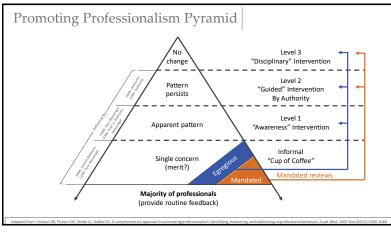
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