31 FROM MULTIPLE ANGLES: DRIVING CHANGE TO IMPROVE SUBSTANCE USE CARE AND SUPPORT

Christine Consiglio-Greco, Linda DeMasi, Laura Harrison, Donisha Sledge. *Northwell Health*

Description Strategies to address substance use as part of usual healthcare remain underutilized and can be incorporated into quality improvement framework to improve patient care. We will share successful interprofessional experiences and partner with participants to identify opportunities for quality improvement exercises to improve substance use care within their own organizations and care settings.

- · 5 min intro to House of Strategies
- · 5 min Empowerment Bingo to inventory current strategies and network
- · 15 min didactic presentation on multi–faceted QI initiatives and results
- · 30 min World Café with facilitator–led groups exploring Screening & Overdose Prevention; Education/Intervention; Data & Documentation; and Implementation & Policy/ System Change
- · 5 min wrap–up and Commitment to Improve statement

Participants will leave with at least one achievable quality improvement action to implement/measure within 6 months within their own organization. By challenging participants to think creatively about resource utilization and feel confident in applying their existing processes, they will leave empowered to drive change and improve substance use care.

32 DIAGNOSTIC MISSED OPPORTUNITIES FOR DIAGNOSIS – ADDRESSING THE UNKNOWN UNKNOWN WITH A SAFETY NET TEAM

Brett Moran, Molly Case, Albert Karam. *Parkland Health*

Background Medical errors are the third leading cause of death in the US, with delayed diagnoses causing significant harm. Missed opportunities for diagnoses (MODs) are common in diagnostic imaging, particularly when incidental findings require follow-up.

Objectives To implement a centralized solution identifying and mitigating potential MODs in diagnostic imaging, focusing on "delayed surveillance" recommendations from radiologist interpretations.

Methods Parkland Health's approach: a) Create a model to flag diagnostic imaging "delayed surveillance" recommendations. b) Operationalize this flag in the Electronic Health Record. c) Establish a centralized team to monitor identified MODs. d) Develop an Artificial Intelligence Large Language Model (AI LLM) solution to capture MODs, ensuring comprehensive identification and reducing radiologists' workload.

Results Historically, Parkland identified MODs in 1.7% of CT or MRI studies; 17% of these MODs were not addressed. By capturing MODs in the Electronic Health Record (HER) and creating a centralized monitoring team, Parkland ensured potential diagnoses are not overlooked. Using the radiologist interpretation to detect recommended follow-up visits, the AI LLM solution demonstrated 94.8% accuracy, with a positive predictive value of 0.989 and negative predictive value of 0.944.

Conclusions and Implications Parkland's initiative demonstrates an effective approach to reducing MODs in diagnostic imaging. The implemented system, including the highly accurate AI solution, addresses a significant patient safety concern and can improve outcomes while reducing radiologist burden. This model allows for replication by other healthcare organizations, suggesting broader implications for improving diagnostic accuracy and patient safety across the healthcare system.

33 THE FUTURE OF TEAMING: ENHANCING PATIENT & WORKFORCE OUTCOMES THROUGH A TEAM PERFORMANCE FRAMEWORK

Dennis Delisle, JJ Kuczynski. *The Ohio State University Wexner Medical Center*

Description As healthcare continues to evolve, so does the need to design, activate, and nurture a team-based culture. Literature suggests that workplaces are moving towards greater collaboration, reduced hierarchy, and situational leadership. The leadership team at the Ohio State University Wexner Medical Center's (OSUWMC) University Hospital has undergone a transformational journey and has used a Team Performance and Execution framework to enhance patient and team member outcomes.

This framework uses published literature, open-access content, and a pragmatic approach to coaching to improve team domains of: trust, conflict, commitment, accountability, and results. This model can be easily adopted by others as part of their cultural transformation strategy. Within this Team Performance & Execution Program, this team uses the Team Performance Model for team development and the Clarify-Explore-Commit coaching framework.

The effectiveness of the model is comprehensively evaluated through the hospital's balanced scorecard and has shown encouraging results in all scorecard dimensions (Talent & Culture, Quality/Safety, Operations). It can easily be adopted by others as part of their cultural transformation strategy.

34 TRUSTWORTHINESS IN HEALTH CARE: BUILDING TRUST BETWEEN HEALTHCARE ORGANIZATIONS AND CLINICIANS

[1]Surabhi Bhatt, [2]Elizabeth Goelz, [3]Kate B Hilton. [1]*Oak Street Health*; [2]*Hennepin Healthcare*; [3]*Institute for Healthcare Improvement*

Background Trust at multiple levels—between patients and clinicians, between clinicians and the organization where they work, and between communities and their health care organizations–is essential for the optimal functioning of the health care system, and especially for those from historically marginalized and BIPOC (Black, Indigenous, and people of color) communities.

Objectives This session will explore the history and complexity of healthcare organizations building trust with clinicians as a driver of health equity, articulate the theory of change within