Outlook

Re: Messages & Communications Doc. No. 38GL-26-3161 through 3170.

From Guam Legislature Clerks <clerks@guamlegislature.gov>
Date Mon 11/9/2026 3:15 PM
To 38th Committee On Rules <committeeonrules@guamlegislature.gov>

Håfa Adai,

Received, and thank you.

Elijah Untalan
Clerks Office
I Mina'trentai Ocho na Liheslaturan Guåhan
Guam Congress Building, 163 Chalan Santo Papa, *Hagåtña,* Guam 96910
Voice: (671) 472-3465/3460 Fax: (671) 472-3524
guamlegislature.gov

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From: 38th Committee On Rules <committeeonrules@guamlegislature.gov>
Sent: Monday, November 9, 2026 2:46 PM
To: Guam Legislature Clerks <clerks@guamlegislature.gov>; Frank Blas Jr. <speakerblas@guamlegislature.gov>
Subject: Messages & Communications Doc. No. 38GL-26-3161 through 3170.

Håfa Adai Clerks Office,
Please see attached, **Messages & Communications Doc. No. 38GL-26-3161 through 3170** for processing:

√	**38GL-26-3161**	Department of Public Health and Social Services	Prior Year Obligation to pay Child Care Subsidy Payments for FY2026 in the total amount of $115,317.00*
√	**38GL-26-3162**	Department of Public Health and Social Services	Prior Year Obligation to pay Child Care Subsidy Payments for FY2026 in the total amount of $51,729.91*
√	**38GL-26-3163**	Guam Housing and Urban Renewal Authority	FY2026 4th Quarter Staffing Pattern.
√	**38GL-26-3164**	Department of Administration	FY2026 4th Quarter Limited Gaming Fund Report*
√	**38GL-26-3165**	Bureau of Statistics and Plans	Acting Director Designation of Matthew C. Santos, for the Bureau of Statistics and Plans on November 3, 2026*
√	**38GL-26-3166**	Guam Memorial Hospital Authority	FY2026 4th Quarter Travel Report.
√	**38GL-26-3167**	Department of Public Works	Prior Year Obligation to pay Artemio P. Salomes Jr. in the total amount of $200.00*
√	**38GL-26-3168**	Department of Land Management	FY2026 Monthly Revenue Collection Report for September 2026*
√	**38GL-26-3169**	Department of Land Management	Small Purchases Monthly Report for October 2026*
√	**38GL-26-3170**	Department of Revenue and Taxation	Prior Year Obligation to pay Commercial Vehicale Safety Alliance (CVSA) in the total amount of $290.00* Prior Year Obligation to pay D27-0800-011 CVSA, Handbook and Pictorial plus shipping (Invoice 1007046- $290) in the total amount of $290.00*

Please retrieve Doc. No. 38GL-26-3166, 3168 through 3170 from link below:

Messages & Communications Physical Scanned Copy - Google Drive

Kindly reply to this email.

Si Yu'os ma'åse',
Marie Crisostomo
Committee on Rules Assistant
COMMITTEE ON RULES
Vice Speaker V. Anthony Ada, Chairperson
I Mina'trentai Ocho Na Liheslaturan Guåhan
38th Guam Legislature

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Messages and Communications 38GL-26-3166.

2 messages

Speaker Frank Blas Jr. <speakerblas@guamlegislature.gov> Fri, Nov 6, 2026 at 2:16 PM
To: 38th Committee On Rules <committeeonrules@guamlegislature.gov>, Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

Håfa adai,

Please see attached M&C Doc. No. 38GL-26-3166

38GL-26-3166	Guam Memorial Hospital Authority	FY2026 4th Quarter Travel Report.

Si Yu'os Ma'åse'

Bernice Rivera

Administrative Assistant

Office of Speaker Frank F. Blas, Jr.

I Mina'trentai Ocho na Liheslaturan Guåhan 38th Guam Legislature

Guam Congress Building, 163 Chalan Santo Papa, Hagatña

(671)969-6456
speakerblas@guamlegislature.gov

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38GL-26-3166.pdf
11496K

38th Committee On Rules <committeeonrules@guamlegislature.gov> Fri, Nov 6, 2026 at 3:39 PM
To: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>

Håfa Adai,

Received, and thank you.

Si Yu'os ma'åse',

Kamarin J. A. Nelson

Committee on Rules Director

COMMITTEE ON RULES

Vice Speaker V. Anthony Ada, Chairperson

I Mina'trentai Ocho Na Liheslaturan Guåhan

38th Guam Legislature

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[Quoted text hidden]

GUAM MEMORIAL HOSPITAL AUTHORITY
ATURIDÅT ESPETÅT MIMURIÅT GUÅHÅN
850 Governor Carlos Camacho Road, Tamuning, Guam 96913
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508

October 29, 2026

38GL-26-3166
OFFICE OF THE SPEAKER
FRANK F. BLAS JR.
NOV 04 2026
Time: 9:40 AM
Received:

VIA HAND DELIVERY
The Honorable Frank Blas, Jr.
Senator and Legislative Speaker
Chairperson of Committee on Rules
Thirty-Eighth Guam Legislature
Guam Congress Building
163 Chalan Santo Papa
Hagåtña, Guam 96910

Hafa Adai Speaker Blas:

Buenas yan Saludu! In accordance with Public Law 36-107, Chapter XIII, Part II, Section 17 regarding Reporting Requirements for Travel, the Guam Memorial Hospital Authority is submitting herewith the FY2026 fourth (4th) quarter report of all off-island government travels. Also attached are the trip report of the travelers regarding the conferences and trainings attended.

Please feel free to contact me or Ms. Yukari Hechanova, Chief Financial Officer at (671) 648-6746, if any further information is required.

Si Yu'us Ma'ase'.

Senseramente,

For JOLEEN M. AGUON, MD
Interim Hospital Administrator/CEO

JMA/YBH:cc
Attachments
Admin Repository #A2027-151

cc: GMHA Board of Trustees

38GL-26-3166
Messages and Communications
RECEIVED
COMMITTEE ON RULES
November 6, 2026
2:16 p.m.
Kamarin Nelson

HEALTHCAREASIA AWARDS 2021
COVID Management Initiative of the Year - Guam
GMHA COVID-19 RESPONSE INITIATIVES
GUAM MEMORIAL HOSPITAL AUTHORITY

HEALTHCAREASIA AWARDS 2021
Hospital of the Year - Guam
GMHA COVID-19 RESPONSE INITIATIVES
GUAM MEMORIAL HOSPITAL AUTHORITY

FY 2026 GMHA 4TH QUARTER OFF-ISLAND TRAVEL REPORT

Traveler's name & Title	Purpose and Location of Travel	Source of Funding	Travel Amount
Therese Paula Pelayo, Hospital Chief Planner	Attended the Eastern Grants Forum 2026 in Baltimore, Maryland.	Hospital Operating Fund	$ 3,947.51
Joleen M. Aguon, MD, Interim Hospital Administrator/CEO	Accompanied the Governor of Guam to represent GMHA as part of Guam delegation at the Regional Convening in San Francisco, CA *(TA from the Governor's Office)*	All travel expenses were funded by the Governor's Office.	$ -
Theo Pangelinan, Special Project Coordinator	Accompanied Dr. Aguon to represent GMHA as part of Guam delegation at the Regional Convening in San Francisco, CA	Hospital Operating Fund	$ 5,424.55
Liezl Concepcion, Deputy Assistant Administrator, Nursing Services	Attended the 2026 Vizient Connections Summit in Las Vegas, Nevada.	Hospital Operating Fund (to be reimbursed by the DOA Special Fund)	$ 2,578.27
Rodalyn Gerardo, Assistant Administrator, Operations	Attended the 2026 Vizient Connections Summit in Las Vegas, Nevada.	Hospital Operating Fund (to be reimbursed by the DOA Special Fund)	$ 2,787.09
			$14,737.42

(a) a schedule of personnel count indicating the number of filled positions by department, fund source, and amount expended as of September 30, 2022; and

(b) a combined schedule of expenditures, encumbrances, and continuing appropriations by department, fund source, and object classification as of September 30, 2022.

Section 17. Reporting Requirements for Travel. All governmental entities (including line and autonomous agencies), instrumentalities, and public corporations shall submit a quarterly report of all off-island government travel that is publicly funded during Fiscal Year 2023. This report shall be submitted to the Speaker of *I Liheslaturan Guåhan* and shall include:

the name of the traveler;

the source of funds;

the purpose of the travel;

the cost of the travel; and

individual or group reports from the travelers highlighting the impact the information gathered at the conference or meeting has on the agency, and how the information acquired will be beneficial to the agency's function.

A presentation of the information obtained from the meetings and conferences may be required at the discretion of the agency's director.

Section 18. Guam Police Department (GPD), Guam Fire Department (GFD), Customs and Quarantine Agency (CQA), and Department of Corrections (DOC) Overtime Reporting Requirements. The GPD, GFD, CQA and DOC shall submit a written report to the Speaker of *I Liheslaturan Guåhan* no later than twenty (20) days after the end of each quarter in Fiscal Year 2023 which shall include the amount of overtime owed to each employee at each respective agency, by fiscal year in which such overtime was incurred, by division, and by

I MINA'TRENTAI SAIS NA LIHESLATURAN GUÅHAN
2022 (SECOND) Regular Session

CERTIFICATION OF PASSAGE OF AN ACT TO *I MAGA'HÅGAN GUÅHAN*

This is to certify that **Substitute Bill No. 276-36 (COR), "AN ACT MAKING APPROPRIATIONS FOR THE OPERATIONS OF THE EXECUTIVE, LEGISLATIVE, AND JUDICIAL BRANCHES OF THE GOVERNMENT OF GUAM FOR FISCAL YEAR ENDING SEPTEMBER 30, 2023, MAKING OTHER APPROPRIATIONS, AND ESTABLISHING MISCELLANEOUS AND ADMINISTRATIVE PROVISIONS,"** was on the 31st day of August 2022, duly and regularly passed.

Therese M. Terlaje

Therese M. Terlaje
Speaker

Attested:

Amanda L. Shelton

Amanda L. Shelton
Legislative Secretary

This Act was received by *I Maga'hågan Guåhan* this 31 day of Aug, 2022, at 10:34 o'clock P.M.

P03 MA Staffy-Lizama

Assistant Staff Officer
Maga'håga's Office

APPROVED:

Lourdes A. Leon Guerrero

Lourdes A. Leon Guerrero
I Maga'hågan Guåhan

Date: 9/12/2022

Public Law No. 36-107

RCVD AT CENTRAL FILE
SEP 1 '22 AM9:20
Elaine Tajalle

GUAM MEMORIAL HOSPITAL AUTHORITY
ATURIDÅT ESPETÅT MIMURIÅT GUÅHÅN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508

TO: Joleen M. Aguon, MD, Interim Hospital Administrator/CEO

VIA: Jesse Quenga, Associate Hospital Administrator, Operations (Acting)
Rodalyn Gerardo, Assistant Administrator, Operations
Jannica Taimanglo, Deputy Assistant Administrator, Operations (Acting)

FROM: Hospital Chief Planner

received 8/24/26 Candy

DATE: 8/19/2026

SUBJECT: Trip Report – Eastern Grants Forum 2026

Executive Summary

The 2026 Eastern Grants Forum was a two-day professional development conference covering federal grants management, Uniform Guidance compliance, grant writing, procurement, subawards, indirect cost recovery, risk management, governing body effectiveness, and internal controls.

The training is directly relevant to GMHA's extensive portfolio of federally funded programs and infrastructure projects. The central takeaway: effective grants management is not just about obtaining funding — it requires an organization-wide system of accountability connecting grant writing, budgeting, procurement, implementation, documentation, internal controls, monitoring, and closeout.

Conference Highlights

Day 1 – Uniform Guidance Fundamentals

Sessions covered federal award requirements, cost allowability/allocability/reasonableness, documentation standards, and grant writing strategy in an increasingly uncertain funding environment, indirect cost recovery, and subaward management. Key theme: compliance obligations begin at the application stage and extend through closeout, and subaward management requires active, ongoing monitoring rather than simply executing an agreement and waiting for reports.

Day 2 – Procurement, Risk, and Governance

Sessions covered federal procurement standards and documentation, proactive risk identification and mitigation, effective governing-body practices, and internal controls (separation of duties, approvals, monitoring, and reconciliation). Key theme: procurement compliance should be confirmed before a grant-funded purchase begins, and internal controls work best when built into normal operations rather than treated as a separate grants-management activity.

Key Takeaways

- Grants management is an organization-wide responsibility involving Planning, Finance, Procurement, Legal, and Program departments.
- Documentation proves compliance; an appropriate transaction lacking records remains indefensible.
- Compliance planning should start during opportunity identification and application development, not after the award.
- Grant-funded procurement must align with federal requirements before procurement begins.
- Internal controls should be built into existing workflows rather than layered on top.

- Grant writing and grant administration are interdependent — what's promised in an application must later be measured, documented, and reported.

Opportunities for GMHA

- **Grant Compliance Framework** – Standardize the grant lifecycle end-to-end, with owners and deadlines at each phase.
- **Compliance Checklist** – Standard per-award checklist for requirements, deadlines, and closeout.
- **Pre-Award Review** – Structured check of eligibility, capacity, and budget before major applications go out.
- **Procurement Coordination** – Earlier hand-off between Planning, Procurement, and Finance on grant-funded purchases.
- **Grant Risk Register** – Centralized tracking of procurement, staffing, and funding risks.
- **Internal Monitoring** – Periodic reviews of spend, budget, and reporting status.
- **Closeout Procedures** – Standardized process across financial, property, and reporting requirements.
- **Cross-Department Training** – Extend these concepts to Finance, Procurement, and project managers.

Planned GMHA Grant Management Workshop

A GMHA Grant Management Workshop is planned to translate these concepts into practical, GMHA-specific processes. Proposed topics: Federal Grants 101; Uniform Guidance Fundamentals; Grant Procurement; Internal Controls; Grant Documentation; Grant Reporting; and Grant Closeout.

Conclusion

The 2026 Eastern Grants Forum reinforced current best practices in federal grants management and identified a clear path forward: moving GMHA from grant-by-grant administration toward a standardized, organization-wide framework. Implementing these practices will strengthen GMHA's compliance posture, improve coordination among departments, reduce the risk of questioned costs and findings, and support GMHA's ability to compete for and administer future federal awards.

Si Yu'os Ma'ase,

Therese Paula Pelayo, MBA, MSML, GPC
Hospital Chief Planner

8/29/2026
DATE

GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÅT ESPETÅT MIMURIÅT GUÅHÅN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508

MEMORANDUM

received 10/19/26 Candy

TO: Sharon J. Davis
Chair, Board of Trustees

FROM: Joleen M. Aguon, M.D.
Interim Hospital Administrator/CEO

Theo M. Pangelinan
Special Projects Coordinator

DATE: October 12, 2026

SUBJECT: Trip Report: Federal Roundtable on Military Growth – September 21-25, 2026

The purpose of this official travel was to represent the Guam Memorial Hospital Authority (GMHA) and highlight the hospital's critical role in supporting U.S. military readiness in the Indo-Pacific. GMHA's primary focus was to demonstrate its existing healthcare services and capabilities in supporting military personnel, civilian employees, contractors, and their families, while reinforcing the importance of sustainable healthcare infrastructure amid Guam's continued military buildup.

Dr. Aguon participated in the official engagement on behalf of GMHA, highlighting the hospital's existing emergency, acute inpatient, surgical, intensive care, diagnostic, and specialty services that directly support the military community. The presentation emphasized GMHA's essential role in providing healthcare beyond military treatment facilities, including emergency stabilization, advanced medical care, and continuity of care.

In collaboration with the Guam Economic Development Authority (GEDA), the broader delegation also presented the proposed New Guam Memorial Hospital and Associated Infrastructure Project, encompassing a new 186-bed hospital, co-located Veterans Affairs clinic, and interoperable electronic health record system.

I participated in the preparatory meeting with the delegation and assisted with coordination activities in support of GMHA's participation and presentation. Due to security restrictions and limited venue capacity, I was unable to attend the official event itself as intended. Nevertheless, my participation in the preparatory discussions and related coordination supported GMHA's representation and alignment with the delegation's objectives.

The engagement provided an opportunity to reinforce GMHA's existing contributions to military readiness and emphasize the importance of civilian healthcare infrastructure in supporting national defense priorities.

Doc. No. 38GL-26-3166.*

Participation also supported interagency collaboration, advocacy for federal investment in Guam's healthcare infrastructure, and continued efforts toward inclusion in the Military-Civilian Medical Surge Program.

This official travel supported GMHA's mission and strategic priorities through direct representation, preparatory engagement, and coordination with the broader delegation. The activities reinforced GMHA's vital role in serving Guam's military and civilian populations and the importance of continued federal collaboration to sustain and strengthen the island's healthcare capabilities.

Theo M. Pangelinan
Special Projects Coordinator

Doc. No. 38GL-26-3166.*

GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÅT ESPETÅT MIMURIÅT GUÅHÅN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508

received
10/21/26 Candy

Date: October 21, 2026

To: Joleen M. Aguon, MD
Acting Hospital Administration/CEO

From: Liezl Concepcion
Deputy Assistant Administrator, Nursing Services/Oversight Interim,
Professional Support

Subject: **2026 Vizient Connections Summit, September 22–24, 2026**

The 2026 Vizient Connections Summit provided valuable insights into strategies for improving hospital operations, nursing leadership, pharmacy and infusion services, financial sustainability, patient safety, quality outcomes, and operational efficiency. The educational sessions emphasized the importance of aligning clinical and operational priorities, using data to guide decision-making, strengthening interdisciplinary collaboration, and implementing scalable care delivery models to meet evolving patient needs.

Day 1 September 22, 2026, 1200-1700 PM

Pharmacy Executives Peer to Peer Education Meeting
As infusion services and pharmacy operations increasingly influence health system growth and financial performance, leading organizations are elevating pharmacy as a strategic enterprise driver. I gained insight into how infusion strategy, centralized service models and operating model redesign are being leveraged to expand access, align system priorities and optimize capacity at scale. The discussion highlighted how addressing challenges such as revenue leakage, data fragmentation and misaligned workflows can unlock significant financial and operational value.

Centralization as strategy: Scaling Pharmacy Through Consolidated Services and Automation

I learned how health systems were advancing pharmacy operations through centralized services, automation, and innovative care delivery models. Presenters shared strategies to improve efficiency, optimize operations, and support long-term growth while enhancing patient care. I gained practical insights and consideration for evaluating and evolving centralized pharmacy service within their organizations.

Protecting Growth and Value: Redesigning and Optimizing Pharmacy Models

I learned how health systems were redesigning pharmacy operations to strengthen financial sustainability, improve patient access, and reduce administrative burden. The session highlights practical strategies for optimizing 340B performance and pharmacy workflow through data driven innovation, staffing models and operational excellence.

Infusion Strategy as a Growth Engine: Capacity, Access, and Systems Alignment

I learned how health systems were reimaging infusion services to meet rising demand while improving operational efficiency and organizational performance. Presenters shared strategies to enhance capacity, strengthen, governance, reduce revenue leakage, and create sustainable models for long term infusion growth.

The Pharmacy Executives Peer-to-Peer Education Meeting highlighted the strategic role of pharmacy and infusion services in driving health system growth, financial sustainability, operational efficiency, and patient access. Discussions emphasized the value of centralized services, automation, data-driven decision-making, and operating model redesign to optimize capacity, streamline workflows, and align pharmacy operations with enterprise priorities.

Key insights focused on strengthening financial performance through improved 340B optimization and reduced revenue leakage, leveraging technology and innovative staffing models to enhance operational efficiency, and redesigning infusion services to expand capacity and meet growing patient demand. Overall, the meeting reinforced the importance of integrated pharmacy strategies, effective governance, and scalable service models to improve patient care, maximize organizational value, and support sustainable long-term growth.

Supply Chain Executive Peer to Peer Education Meeting

I learned how to lean in with supply chain and spend management executives who shared their insights and expertise on advancing clinical integration, value analysis strategies, and supplier-provider relationships, as well as the growing role of artificial intelligence enablement across supply chain operations.

Day 2 September 23, 2026, 0800AM-1200PM, 1315PM – 1630PM

Architecting Excellence: Triad-nursing Structure to Driven High-value care

Faced with high patient acuity and a shifting workforce, Emory University Hospital transformed its leadership structure to achieve a dramatic 59-spot climb in Vizient Q&A ranking. The session provided optimize care delivery by clarifying dedicated roles for operations, performance, and education.

A Nursing Leadership Strategy

The session was interactive with nurse leaders to move beyond the traditional redesign and actively shape the future of nursing leadership. More active dialogue and peer exchange, and explored practical strategies to strengthen leadership structures, cultivate the next generation of nursing leaders, and build a more stable, high performing workforce.

Optimizing Heart Failure Treatment and Arrhythmia Detection

The session described how standardized arrhythmia assessment workflows can improve access to specialty cardiology care and identified strategies to optimize heart failure treatment through GDMT enrollment and pharmacist-supported comprehensive medication management.

The project aimed to improve cardiology access and streamline care by standardizing the evaluation of arrhythmias and optimizing heart failure (HF) treatment within primary care. Interventions included improving the heart monitor patch ordering workflow, educating providers and patients, and enrolling HF patients in guideline-directed medical therapy (GDMT) through comprehensive medication management. The initiative resulted in a significant reduction in unnecessary cardiology referrals and increased GDMT enrollment, improving patient outcomes and access to specialty care.

Rethinking Pharmacy Operations for Efficiency and Savings

The goal was to improve operational efficiency and reduce waste. Focused areas were medication inventory and distribution process, both within the pharmacy and the ADCs on the units. The expected outcomes were more time for pharmacy and nursing staff, reduction in missing doses and reduction in medication waste.

The objectives of the session were to explain how product management principles can improve medication distribution efficiency and operational performance and describe the workflow changes that reduce pharmaceutical waste and improve inventory management.

UCSF Health addressed these product challenges by applying product management principles to sterile compounding and medication distribution, improving availability, reducing missed doses and generating significant savings through new performance metrics.

Lesson learned on the session: ADC inventory by using eMAR data was the most useful tool to predict unit-specific utilization rates. Different manufacturers have different size packages, thus need to consider when determining pocket size.

Improve Safety, Quality and Experience with a Hospital-At-Home Program

At UMass Memorial Health, they started a hospital-at-home program to help keep less-acute medical patients out of the hospital thus making room for sicker patients who needed tertiary care. They improved mortality, safety outcomes, readmissions and patient experience. They reduced hospital-acquired infections and other safety events. They helped the patient at home reconcile their medication and food at home. They brought the devices/equipment to the patients' home.

Rounding Together: Improving Flow through Team-Based Care

The hospital introduced interdisciplinary bedside rounding pilot including physicians to round with IDT to discuss the case and promote discharge planning. The key takeaways were involving all stakeholders in the planning process for patient flow projects, everything should be on the table-no bad ideas, establish buy-in from stakeholders by repeatedly reinforcing the purpose of the daily bedside rounding, better care and outcomes for the patients. There was ongoing communication across the team members/stakeholders. It reduced the length of stay.

Strengthening Care Transitions to Reduce Readmissions

The session was to reduce readmissions for complex conditions and requires coordinated, multidisciplinary approaches that extend beyond discharge. Lessons learned includes early identification

and timely follow up help prevent readmissions, education reinforcement throughout the patient journey, and continuous process improvement is essential to sustain readmission reduction.

Day 3 September 24, 2026, 0800AM – 1200PM, 1315PM- 1630PM

Smart Growth: Using Demand and Quality Insights to Shape Healthcare Strategy

The session shared to the leaders to anticipate growth, identify emerging risks, and prioritize investments that support long-term sustainability. A lesson learns that an integrated approach drives better decisions.

Level Up the Nursing Workforce: Building Confidence, Competence and Leaders

Health systems often struggle to sustain their nursing workforce beyond initial licensure and into leadership. They shared how intentional transition programs, leadership development and shared accountability to improve retention, engagement and readiness for nurse leader roles.

Leveraging Clinical Nurse Specialists to Drive Organizational Performance and Financial Stability

The session discussed how to leverage a CNS workforce can maximize an organization's clinical, quality, and financial performance. They explained effective methodologies for demonstrating return on investment and building a successful business case for organizational investment in a CNS workforce.

Pharmacy and Supply Chain Optimization

The pharmacy and supply chain sessions highlighted the importance of centralized services, automation, inventory management, data-driven decision-making, and strategic resource utilization.

Key lessons learned included:

- Centralization and automation: Consolidating selected pharmacy services and automating repetitive processes can improve efficiency, standardize workflows, and support organizational growth.
- Financial sustainability: Strengthening 340B program performance, reducing revenue leakage, and improving medication utilization can maximize financial value.
- Inventory and medication distribution: Using electronic medication administration record (eMAR) data to guide automated dispensing cabinet (ADC) inventory can improve stock availability, reduce missing doses, and minimize medication waste.
- Supply chain integration: Stronger collaboration among pharmacy, nursing, supply chains, finance, and clinical leaders can improve purchasing decisions, value analysis, and resource allocation.
- Infusion service optimization: Aligning infusion capacity, staffing, scheduling, and financial oversight can improve patient access and support sustainable growth.

Recently GMHA does not have infusion clinic. We can apply to our hospital: Evaluate pharmacy inventory and distribution processes, ADC utilization, medication waste, and missing-dose reports. Explore opportunities for standardization, appropriate automation, and improved coordination among

pharmacy, nursing, and supply chain teams. Review infusion scheduling, capacity, and billing processes to identify barriers to patient access and potential revenue leakage.

Nursing Leadership and Workforce Development

The nursing leadership sessions emphasized redesigning leadership structures, clarifying accountability, and investing in workforce development to improve performance and sustainability.

Key lessons learned included:

- Establishing clear leadership responsibilities for daily operations, quality improvement, and staff education.
- Developing structured transition-to-practice and leadership development programs.
- Strengthening nurse engagement, retention, competency, and succession planning.
- Using shared accountability and interdisciplinary collaboration to support high-value care.
- Leveraging clinical nurse specialists (CNSs) to improve clinical outcomes, quality, and financial performance while demonstrating the return on investment of specialized nursing roles.

We need to assess the current nursing leadership structure, span of control, role clarity, and accountability for performance outcomes. Develop targeted nurse leadership and mentorship programs, strengthen orientation and competency validation, and identify opportunities to use clinical nurse specialists to support high-priority clinical initiatives. I highly recommended the Emory research that incorporate academic-practice partnerships as a mechanism for connecting education with clinical practice. Their work emphasizes shared knowledge, mutual goals, leadership support, and collaboration between academic and clinical partners.

Interestingly, Emory's faculty guide describes its Lean approach as using daily management-system huddles to rapidly escalate and address clinical and quality issues encountered by frontline staff similar with Value Capture.

Instead of adding another education meeting, we could connect education directly to:

- Daily huddles
- Shift handoffs
- Safety events
- Quality dashboards
- Bedside rounds
- Staff meetings
- Existing competency activities

Heart Failure Management and Arrhythmia Detection

The cardiology session demonstrated how standardized assessment workflows and pharmacist-supported comprehensive medication management can improve access to specialty care and optimize heart failure treatment.

Key lessons learned included:

- Standardizing the process for evaluating arrhythmias and ordering ambulatory heart monitoring.
- Educating providers and patients on appropriate monitoring and follow-up.
- Increasing enrollment in guideline-directed medical therapy (GDMT) for eligible heart failure patients.
- Integrating pharmacists into medication management to support treatment optimization.
- Reducing unnecessary cardiology referrals through appropriate assessment and care coordination.

This session is physician driven with nursing and pharmacy support. Establish a multidisciplinary heart failure improvement initiative involving physicians, nursing, pharmacy, case management, and outpatient care teams. Review current heart failure treatment practices, GDMT eligibility and utilization, cardiac monitoring workflows, and referral patterns. Track readmissions, medication optimization, follow-up compliance, and access to cardiology services.

Pharmacy Operations, Medication Safety, and Cost Savings

The pharmacy operations session highlighted the application of product management principles to medication distribution, sterile compounding, and inventory optimization.

Key lessons learned included:

- Using eMAR utilization data to determine appropriate ADC inventory by clinical unit.
- Reviewing medication pocket sizes and packaging differences among manufacturers.
- Standardizing medication distribution processes to reduce missing doses and improve availability.
- Reducing pharmaceutical waste while improving staff productivity.
- Developing performance metrics to demonstrate operational improvements and cost savings.

The pharmacy sessions were very informative that can apply to our hospital. Conduct a baseline assessment of ADC inventory, medication expiration, waste, stockouts, and missing doses. Partner with pharmacy and nursing leaders to adjust inventory levels according to actual utilization patterns. Evaluate medication packaging and storage requirements before making changes, and monitor the effect on medication availability, staff workload, and cost. I shared the information to our Director of Pharmacy and P&T Committee Director. I would propose removing the larger dosage (less usage medication) of same medication to the formulary.

Hospital-at-Home and Patient Flow Improvement

The hospital-at-home and interdisciplinary rounding sessions emphasized improving patient flow while maintaining safe, high-quality care.

Key lessons learned included:

- Providing hospital-level care at home for appropriately selected patients when the required clinical services and monitoring can be safely delivered.

- Using interdisciplinary bedside rounds to coordinate treatment plans and discharge readiness.
- Engaging physicians, nursing, case management, pharmacy, and other stakeholders in daily patient flow decisions.
- Communicating discharge goals and barriers consistently across the care team.
- Measuring length of stay, readmissions, patient experience, and safety outcomes.

We can implement or strengthen structured interdisciplinary bedside rounds with clear daily goals, anticipated discharge dates, and assigned actions for resolving barriers. Our hospital is not ready for hospital-at-home or enhanced home-based care model is feasible for our patient population, staffing capacity, technology, and available community resources.

Care Transitions and Readmission Reduction

The care transitions session reinforced that preventing readmissions requires coordinated interventions throughout the patient journey, not simply at discharge.

Key lessons learned included:

- Identifying high-risk patients early in the hospitalization.
- Providing consistent medication reconciliation and patient education.
- Coordinating timely post-discharge appointments and follow-up calls.
- Engaging patients, caregivers, and community providers in discharge planning.
- Continuously monitoring outcomes and refining interventions.
- The goal is to obtain physician buy-in and strengthen the discharge planning process for patients with heart failure and other high-risk or complex conditions by implementing a standardized, multidisciplinary approach to care transitions. Physician engagement will be essential to ensure that discharge planning is viewed as a shared responsibility focused on improving patient outcomes, reducing preventable readmissions, and promoting continuity of care.
- To support this initiative, physician champions and key stakeholders, including nursing, pharmacy, case management, and care coordination, will be engaged in reviewing current discharge practices and identifying opportunities for improvement. The team will work collaboratively to standardize medication reconciliation, discharge education, follow-up appointment scheduling, and post-discharge outreach. Emphasis will be placed on ensuring medication accuracy, improving patient and caregiver understanding of discharge instructions, arranging timely follow-up appointments, and identifying potential barriers to successful recovery at home.
- Readmission trends will be reviewed regularly to identify common contributing factors, recurring care gaps, and opportunities for targeted interventions. This review will help guide improvements in discharge workflows, patient education, medication management, and post-discharge support. Performance measures, including medication reconciliation completion, follow-up appointment scheduling, successful post-discharge contact, and 30-day readmission rates, will be monitored to evaluate progress and identify areas requiring additional attention.

- Through physician collaboration, standardized workflows, ongoing performance monitoring, and continuous feedback, the initiative aims to strengthen accountability across the care team, improve transitions from hospital to home, and reduce avoidable readmissions among patients with heart failure and other high-risk or complex conditions.

Strategic Growth, Quality, and Clinical Performance

The strategic growth and clinical nurse specialist sessions highlighted the value of integrating demand, quality, operational, and financial data when planning future services.

Key lessons learned included:

- Using demand forecasts and quality performance indicators to prioritize investments.
- Aligning organizational growth with patient needs, workforce capacity, and financial sustainability.
- Developing clear business cases for new programs and specialized clinical roles.
- Linking clinical improvement initiatives to measurable operational and financial outcomes.
- Using continuous improvement to sustain results over time.

We don't have Clinical Specialist Nurse. This will not apply to our hospital. Our NP will be able to review that combines patient volumes, staffing, quality indicators, financial performance, length of stay, readmissions, and service demand.

Recommended Hospital-Wide Implementation Priorities

Based on the summit's major themes, the following initiatives are recommended for consideration at our hospital.

Priority 1: Reduce Heart Failure Readmissions

Focus on evidence-based treatment, medication optimization, patient education, early follow-up, and coordinated discharge planning.

Suggested measures: 30-day heart failure readmission rate, eligible-patient GDMT utilization, and follow-up completion.

Priority 2: Strengthen Nursing Leadership and Retention

Clarify leadership roles, strengthen mentorship and transition-to-practice programs, and develop succession plans for critical nursing positions.

Suggested measures: nurse turnover, vacancy rate, retention, competency completion, and leadership development participation.

Priority 3: Improve Medication Distribution and Pharmacy Efficiency

Optimize ADC inventory, reduce medication waste and missing doses, and improve pharmacy–nursing coordination.

Suggested measures: medication waste cost, missing-dose rate, ADC stockouts, expired medications, and staff time spent resolving medication issues.

Priority 4: Improve Patient Flow and Discharge Efficiency

Standardize interdisciplinary bedside rounds, identify discharge barriers early, and coordinate post-acute care needs.

Suggested measures: average length of stay, discharge order-to-departure time, avoidable delays, and readmission rate.

Priority 5: Strengthen Strategic and Financial Performance

Integrate clinical, operational, workforce, and financial data to identify performance gaps, prioritize investments, and measure outcomes.

Suggested measures: cost per case, resource utilization, service capacity, budget variance, and documented savings or return on investment.

I would like to extend my sincere gratitude for the opportunity to attend the 2026 Vizient Connections Summit, held September 22–24, 2026. I am grateful for the opportunity to participate in the nurse leadership education sessions, medical management discussions, and pharmacy and supply chain sessions. The summit provided valuable insights into evidence-based practices, innovative care delivery models, operational efficiency, financial sustainability, and strategies to improve patient outcomes.

The conference also provided an excellent opportunity to network with healthcare leaders, industry experts, and Vizient vendors who shared innovative solutions and resources that may benefit the Guam Memorial Hospital Authority (GMHA). I had the opportunity to connect with vendors who may be able to assist our hospital in strengthening supply chain operations, improving inventory management, optimizing purchasing and resource utilization, and identifying opportunities for cost savings. These connections will provide a foundation for further discussions with Vizient and its vendor partners to explore solutions that align with our hospital's needs, operational priorities, and financial goals.

The nurse leadership sessions offered practical strategies for strengthening nursing leadership structures, workforce development, staff retention, and clinical performance. I was particularly interested in the academic-practice partnership and Lean daily management approaches, which emphasize connecting education directly to frontline operations, daily huddles, safety events, quality dashboards, and continuous improvement. I have also reached out to one of the presenters to request additional research materials that I can share with our nursing team.

The medical management sessions highlighted opportunities to improve heart failure treatment, strengthen care transitions, reduce readmissions, and enhance interdisciplinary collaboration. These

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insights reinforced the importance of physician engagement, nursing and pharmacy partnership, standardized clinical workflows, medication reconciliation, patient education, and timely post-discharge follow-up. I believe these strategies can help GMHA improve patient outcomes and care coordination while reducing avoidable hospital utilization.

The pharmacy and supply chain sessions were equally valuable. Discussions focused on medication inventory optimization, automated dispensing cabinet utilization, reduction of medication waste, centralized pharmacy services, supply chain integration, and data-driven purchasing decisions. I have shared relevant information with our Director of Pharmacy and the Pharmacy and Therapeutics Committee leadership. We will explore opportunities to improve medication distribution, review formulary utilization, reduce waste, and strengthen collaboration among pharmacy, nursing, and supply chain teams. Although GMHA does not currently have an infusion clinic, the summit provided useful insights into potential future service development and the importance of aligning capacity, resources, and financial sustainability.

Moving forward, I hope to translate these educational insights and professional connections into practical improvements at GMHA. Initial areas of focus include strengthening nursing leadership development, improving medication inventory management, enhancing interdisciplinary bedside rounds and discharge planning, reducing heart failure readmissions, and identifying supply chain opportunities that can improve efficiency and maximize available resources. We will also pursue further engagement with Vizient to explore relevant resources, vendor solutions, educational opportunities, and potential partnerships that support our hospital's strategic priorities.

Overall, the 2026 Vizient Connections Summit was a meaningful and valuable professional development experience. I am sincerely grateful for the opportunity to learn from nurse leaders, physicians, pharmacy executives, supply chain professionals, and other healthcare organizations. The knowledge gained, relationships established, and ideas exchanged will help inform our ongoing efforts to strengthen clinical excellence, operational effectiveness, financial stewardship, and organizational resilience at GMHA.

Thank you again for investing in my professional development and providing this opportunity to represent our hospital. I look forward to sharing these lessons with our teams and continuing our engagement with Vizient to identify opportunities that will benefit our patients, staff, and organization.

Liezl Concepcion

Date: October 15, 2026

To: Dr. Joleen Aguon

Fr: Rodalyn Gerardo

received
10/19/26 Candy

Re: Trip Report- Vizient Connections Summit 2026

Attendance dates: September 22–24, 2026
Location: The Venetian, Las Vegas, Nevada
Primary focus: Healthcare operations, supply chain, artificial intelligence, quality, financial performance, and organizational integration

Report Purpose

This report summarizes the most relevant insights from the Vizient Connections Summit 2026 and translates them into practical opportunities for executive consideration. The official Summit brought together more than 5,000 healthcare leaders, suppliers, and Vizient staff and offered more than 95 sessions spanning supply chain, pharmacy, clinical performance, digital strategy, and leadership.

The central message across the sessions attended was consistent: healthcare organizations will not realize sustainable value from artificial intelligence, data, sourcing, or process improvement unless technology is paired with disciplined governance, trusted data, clinical participation, clear accountability, and redesigned workflows.

Executive Summary

The Summit emphasized that healthcare transformation should reduce—not add to—the burden on clinicians and staff. Technology can expand analytical capacity, but people remain responsible for judgment, action, accountability, and the human connection with patients. Executive leaders should therefore ask of every proposed technology: **What problem does it solve, what burden does it remove, and how will success be monitored throughout its lifecycle?**

Five findings have immediate strategic relevance:

- **AI requires enterprise governance.** The FDA reported more than 1,600 AI-enabled medical devices authorized for U.S. marketing as of September 2026, underscoring the need for a structured

intake, assessment, decision, implementation, monitoring, and retirement process. A fragmented approach can create duplicative middleware, inconsistent controls, higher costs, and clinical risk.

- **Physician engagement must begin before decisions are made.** The strongest supply-chain examples involved physicians in opportunity identification, data validation, sourcing, product selection, and utilization review rather than seeking approval after the solution had already been developed.
- **Trusted data is an operating requirement.** Standardized dashboards and one validated source of truth are necessary for cost-per-case analysis, peer comparisons, denial prevention, vendor-account cleanup, supply utilization, and executive decision-making.
- **Prevention is more valuable than recovery alone.** AI and business-intelligence tools can identify duplicate invoices, vendor credits, unapplied cash, obsolete enterprise resource planning rules, and behavioral patterns before they create recurring losses.
- **Quality, operations, and financial performance should be managed as one system.** High performance depends on aligned leadership, shared language, standardized evidence-based practices, multidisciplinary improvement, and a culture that treats quality and safety as the north star.

Strategic Themes

Human-Centered Transformation

Opening-session speakers challenged leaders to avoid solving capacity constraints by simply asking employees to do more. Transformation should include decisions about what to stop, simplify, eliminate, or redesign—not just what new technology or process to add.

The leadership implications are clear:

- Assess workload removal as part of every business case.
- Involve the people closest to the work in solution design.
- Avoid automating unnecessary or defective workflows.
- Protect trust, clinical judgment, and patient interaction.
- Define the tradeoff between activities being started and activities being stopped.

Ambient AI was presented as an example of technology that may return attention to the patient by reducing administrative burden. The broader principle is that innovation should strengthen human connection and make the next action clearer.

AI Lifecycle Governance

The Supply Chain Peer-to-Peer discussion outlined a practical governance pathway:

Market awareness → intake → triage → assessment → decision → lifecycle management

The FDA describes its AI-enabled device list as a periodically updated resource for devices authorized for U.S. marketing. Because authorization does not replace local evaluation, healthcare organizations still need to assess clinical fit, cybersecurity, privacy, integration, evidence, workflow impact, financial value, model performance, and ongoing monitoring.

The MRI AI case study reinforced several design principles:

- Establish a single organizational pathway for AI review.
- Prevent departments from independently purchasing overlapping tools or middleware.
- Use a multidisciplinary governance framework with clinical, operational, financial, information-technology, compliance, privacy, cybersecurity, and supply-chain participation.
- Define ownership from intake through decommissioning.
- Monitor actual performance, adoption, unintended consequences, and total cost after implementation.

Vizient described its enterprise approach as connecting clinical, operational, financial, and supply-chain intelligence through a shared platform, reflecting the Summit's broader emphasis on integrated decision-making.

Physician-Led Supply Value

The UCHealth and Hartford HealthCare discussions demonstrated that sustainable supply-chain improvement depends on credible clinical data and physician-to-physician engagement. Rather than forcing product changes, organizations should give physicians transparent information, preserve appropriate clinical autonomy, and use physician champions to lead peer discussions.

The operating sequence presented for operating-room supply optimization was:

1. Launch the initiative and clean baseline data.

2. Optimize procedure cards.
3. Analyze cost per case.
4. Address utilization variation.

Recommended practices included starting with one procedure, calculating median cost from validated electronic health record data, reviewing opened-but-unused supplies, and maintaining a regular communication cadence with surgeons. Peer comparison can create constructive pressure to reduce unexplained variation, but cost transparency must be handled carefully and tied to quality and patient outcomes.

In the Hartford spine case study, the sequence of data review, surgeon engagement, competitive sourcing, and renewed surgeon engagement reportedly produced more than $1.6 million in savings while maintaining clinical autonomy and increasing standardization. The more transferable lesson is not the dollar amount; it is the engagement model that made change sustainable.

Preventive Financial Controls

The RWJBarnabas Health root-cause analysis case study illustrated a shift from retrospective recovery to continuous prevention. Business-intelligence and AI tools were used to review transactions across entities, identify behavior patterns, question obsolete or ineffective ERP rules, and surface duplicate vendors, duplicate invoices, unapplied cash, and supplier credits.

The presenters reported $7.38 million in total identified value during the initial pilot, two-year lookback, and daily prevention work. They also emphasized that the technology did not replace the existing function: it changed how teams examined data and asked questions. Process redesign, vendor-account ownership, and daily follow-through mattered as much as the analytical tool.

Transferable controls include:

- Daily exception review instead of periodic retrospective sampling.
- Clear ownership for vendor master data and account reconciliation.
- Defined workflows for supplier credits and unapplied cash.
- Periodic testing of ERP rules and tolerances.
- Documentation of prevented, recovered, validated, and rejected findings.
- Phased implementation that redirects existing effort before adding headcount.

Integrated Operating System

The Operations Peer-to-Peer session examined why many organizations remain fragmented despite decades of focus on quality and safety. Common barriers included isolated goals, siloed solutions, fragmented leadership, disconnected management systems, and data that are abundant but not consistently understood.

An integrated operating model requires four mutually reinforcing elements:

Element	Executive expectation
Alignment	Leaders make coordinated decisions and move in one direction.
Culture	Leadership behaviors and organizational norms support learning, transparency, and improvement.
Structure	Management systems, accountability, escalation, and data reviews support reliable execution.
Best practice	Care is consistent, evidence-based, and standardized where standardization improves outcomes.

The session cautioned against standardizing merely for the sake of uniformity. Effective standardization must solve a defined problem, fit the clinical context, and gain cultural acceptance across the organization.

Length-of-stay improvement was used as an example of multidisciplinary integration. Useful practices included real-time barrier escalation, huddle boards, shared definitions, transparent data, and monitoring the percentage of discharges completed before noon. Safety should remain the starting point, while financial benefits should follow from better patient flow and care delivery.

Data Literacy and Dashboards

Several sessions emphasized that data volume does not equal insight. Teams need a shared understanding of definitions, limitations, timing, and the operational story behind each measure.

A standardized executive dashboard should therefore:

- Use governed definitions and validated source systems.
- Distinguish financial opportunity from validated savings.
- Connect cost, quality, utilization, operations, and patient outcomes.
- Allow service-line and physician-level drill-down with appropriate access controls.
- Support regular operating reviews and root-cause discussions.
- Identify the owner and expected action for each exception.

Power BI was cited as a practical platform for standardizing views and maintaining a recurring review cadence. The tool itself is secondary to agreement on definitions, data stewardship, review routines, and action ownership.

Spend and Resilience

The indirect-spend session described the "long tail" problem: thousands of low-value transactions can collectively conceal a material sourcing opportunity. Agentic sourcing may accelerate opportunity identification, solicitation development, supplier comparison, evaluation, and award, but subject-matter expertise remains necessary because healthcare categories and operational changes are nuanced.

The sustainability and resilience sessions connected cost management with waste reduction, vendor performance, inventory practices, and continuity of patient care. Examples included evaluating reusable or launderable gowns, reviewing supplier-level performance, strengthening upstream visibility, and using reserve programs for critical products and pediatric medications.

The principal lesson is that supply chain is not only a purchasing function. It is an enterprise spend-management discipline and a team sport involving clinical operations, finance, quality, compliance, information technology, and suppliers. Strategic supplier relationships should be built on resilience, innovation, transparency, trust, shared accountability, and value flowing in both directions.

Denials as Signals

The proactive denials discussion reframed every denial as a signal of a process, documentation, coding, authorization, compliance, or billing problem. Drug denials and bill holds should be analyzed with compliance and clinical teams so that the organization addresses root causes rather than repeatedly correcting individual accounts.

A mature model should connect denial data to documentation education, order sets, charge capture, authorization workflows, payer rules, and departmental accountability. Measures should track both financial recovery and recurrence reduction.

Quality and Financial Strength

The quality and finance session argued that top quality performers can also achieve stronger financial results when both outcomes come from one operating system. The proposed mechanism was not cost cutting in isolation; it was lower variation, reliable processes, engaged physicians, aligned leadership, and continuous improvement.

The applicable management principles are:

- Keep quality and safety as the north star.
- Integrate culture and structure rather than treating them as separate initiatives.
- Give physicians protected participation time where possible.
- Standardize high-value processes while preserving necessary clinical judgment.
- Monitor sustainment because early gains can erode.
- Maintain honest and ethical disclosure when performance or compliance issues arise.

Daily Highlights

Date	Sessions attended	Most relevant takeaways
September 22	Supply Chain Peer-to-Peer; MRI AI case study; physician alignment and supply-chain value; preventive financial controls; supplier-provider alignment; Opening Session; Intelligent Orchestration	Create one AI governance pathway; engage physicians early; build one trusted data source; move from recovery to prevention; reduce workforce burden; integrate clinical, operational, financial, and supply-chain decisions.
September 23	Operations Peer-to-Peer; build-versus-buy in the AI era; indirect spend; sustainability; supply resilience; proactive denials; quality and financial performance	Integrate leadership, culture, structure, and evidence-based practice; include finance in technology decisions; retain subject-matter expertise; use denials as process signals; manage quality and finance through one operating system.
September 24	Spend Management Forum	Treat all non-labor spend as an enterprise responsibility; pair AI analysis with accountable human action; measure supply cost per case; maintain readiness for changing disruption scenarios; operate supply chain as a cross-functional team.

Organizational Implications

The Summit findings suggest six immediate implications for organizational strategy:

1. **Technology governance must become an enterprise capability.** AI, software-as-a-service, medical devices, and middleware should follow a common intake and lifecycle process.
2. **Clinical integration is essential to spend management.** Supply-chain decisions affecting care should be co-designed with clinicians and supported by validated cost and utilization data.

3. **Financial controls should become more preventive.** Continuous analytics can complement, but should not replace, internal controls, audit, and accountable review.
4. **A single operating cadence should connect quality, operations, and finance.** Separate dashboards and committees can perpetuate fragmentation if they do not share goals, definitions, and escalation pathways.
5. **Resilience deserves explicit measurement.** In geographically constrained or disruption-prone environments, price alone is insufficient; availability, lead time, alternate sources, critical-item coverage, and supplier performance must inform decisions.
6. **Transformation capacity depends on workload removal.** New initiatives should identify redundant tasks or reports that will be eliminated so staff are not expected to absorb unlimited additional work.

Recommended Action Plan

Priority	Recommended action	First steps	Proposed measures	Ideal Time horizon
1	Establish an enterprise AI and technology governance pathway.	Name an executive sponsor; charter a multidisciplinary committee; inventory current AI tools; define intake, triage, assessment, approval, monitoring, and retirement requirements.	Percentage of AI tools inventoried; percentage with accountable owner and monitoring plan; review cycle time; duplicate capabilities avoided.	0–90 days
2	Launch one physician-led cost-per-case pilot.	Select one high-spend, high-variation procedure; validate EHR and supply data; identify a physician champion; clean procedure cards; establish baseline cost and utilization.	Cost per case; variation by case or physician; opened-but-unused items; procedure-card accuracy; quality and outcome balancing measures.	30–120 days
3	Pilot preventive accounts-payable and vendor analytics.	Review duplicate vendors and invoices, credits, unapplied cash, and ERP rules; assign owners; create a daily or weekly exception workflow; validate findings before recording value.	Prevented payments; recovered credits; duplicate vendor records resolved; exception closure time; validated return on investment.	30–120 days

4	Create an integrated performance huddle for one operational priority.	Select a patient-flow or length-of-stay opportunity; define shared measures; establish a huddle board; implement real-time barrier escalation; ensure safety measures are included.	Length of stay; discharge before noon; avoidable days; escalation resolution time; readmissions and safety indicators.	30–90 days
5	Develop a trusted-data and dashboard governance standard.	Assign data owners; document measure definitions; reconcile source systems; establish validation and change-control procedures; standardize executive views.	Measures with approved definitions; data-quality exceptions; reconciliation completion; dashboard use; action items closed.	0–120 days
6	Assess long-tail spend and critical-supply resilience.	Segment non-labor spend; identify unmanaged categories; review critical-item lead times and alternatives; score supplier performance; evaluate reserve and reusable-product opportunities.	Spend under management; sourcing cycle time; realized savings; critical-item coverage; fill rate; shortage days; waste reduction.	60–180 days
7	Build a denial root-cause feedback loop.	Categorize denials; identify high-value recurring causes; involve compliance, revenue cycle, and clinical departments; translate findings into documentation and workflow changes.	Initial and final denial rates; recurring denials; preventable denial value; appeal success; corrective actions sustained.	30–120 days

Executive Decisions Requested

Executive leadership consideration is recommended for the following decisions:

- Designate an executive sponsor for enterprise AI and technology governance.
- Authorize two focused pilots: physician-led cost-per-case optimization and preventive accounts-payable/vendor analytics.
- Require finance, quality, operations, information technology, compliance, supply chain, and clinical leaders to participate in applicable business cases and governance reviews.
- Approve a single-source-of-truth standard for executive dashboards, including named data owners and measure definitions.
- Provide protected participation time for physician champions and operational subject-matter experts.

- Require each transformation proposal to identify what work will be stopped, simplified, or automated and what burden will be removed.

Decision Principles

The following questions can serve as an executive screen for future initiatives:

- What patient-care or operational problem is being solved?
- What burden or redundant work will be removed?
- Are the underlying data accurate, complete, and trusted?
- Were clinicians and frontline staff engaged before the decision point?
- Does the solution reduce fragmentation or add another disconnected layer?
- Who owns implementation, monitoring, corrective action, and retirement?
- How will quality, safety, cost, workforce impact, and sustainability be measured together?
- What work will the organization stop in order to create capacity for this work?

Conclusion

The Summit provided a coherent direction for healthcare transformation: start with the problem, engage the people closest to the work, create trustworthy and transparent data, redesign the process, apply technology deliberately, and maintain accountability throughout the lifecycle. The most practical near-term opportunity is to select a small number of high-value pilots, demonstrate measurable operational benefit, and then scale through common governance and a repeatable operating model.

I am very grateful for the opportunity to attend the Vizient Summit for the very first time. The sessions were very enlightening and align with all the things that we are currently trying to do at GMHA.