

SUMMARY OF PAST SHARK TANK COMPETITION WINNERS

2019-2020 SHARK TANK WINNER – KAREN MOULTON, MD (CARDIOLOGY)

Title	HF RADAR: Reduced Admission and Decompensation and Augmented Recovery for Heart Failure Patients
Aim statement	The project aims will enroll HF patients in a Dashboard that will improve the rate of achieving EMT for HF patients, reduce the rate of HF admissions by 15%, and improve the rate of LV function recovery that may avoid the need for ICD placement. Furthermore, the project will provide feedback and self-evaluation of high value care for future general cardiologists.
Outcomes	Team has built a patient list for baseline data collection and developed a process map for enrollments. To date only a few patients have been enrolled in the protocol for optimal therapy. They developed dedicated opening for these new patients in their clinic schedules. COVID has played a roll in the delay of the project as well as a hospital process to automatically scheduled discharge patients in a RPV and missing the fellows clinic appointments. Additionally, the dedicated schedule openings are filled by patients w/out new heart failure making it difficult to schedule the target patients. Continuing to work on enrollment process and volume.
Update – Coming May 2021	

2018-2019 SHARK TANK WINNER – ARUN KANNAPPAN, MD (PULM & CRITICAL CARE)

Title	ICU Liberation with Epic Partnership
Aim statement	The goal of this project was to create standardized protocols (i.e., ABCDEF Bundle) to improve care for ICU patients. The outcomes of interest for the intervention included: reduction of ICU days, reduction of ventilator-associated complications and reduction in neurocognitive and psychiatric morbidity.
Outcomes	The project team created a novel Epic order set and collaborated with the DOM QPS team to develop a Power BI dashboard. The new order set and Power BI reporting tool went live in July 2019. This allowed unit/manager level documentation of metrics including delirium days, spontaneous breathing trials (SBT), spontaneous awakening trials (SAT), central line days, ventilator days, time to extubation and ICU length of stay. The project team continues to work on developing weekly and monthly reports and are continuing education efforts in the MICU. Roll-out to other ICUs occurring through 2021.
Update – October 2019	https://www.dropbox.com/scl/fi/y43c3g4lh973xzzlkme84/2018-2019-WINNING-PROJECT-SUMMARY.Kannappan.pptx?dl=0&rlkey=doym10ynso3fg384g992psp8v

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2017-2018 SHARK TANK WINNER – CARMEN LEWIS, MD (INTERNAL MEDICINE)

Title	Tobacco Cessation – Beyond the AVS
Aim statement	To deliver high value care in the Department of Medicine specialty ambulatory setting by implementing proven clinical architecture for tobacco cessation from Lowry General Internal Medicine Practice. This clinical architecture will help ensure tobacco use is reliably assessed and documented and quit rates are measured.
Outcomes	The team developed a workflow document in Epic for MA's and providers and developed training tools for education. Developed auditing and feedback reports along with care management tools. Rolled project out to Lowry, Stapleton, Lone Tree, AMC and the WISH clinic. The clinical architecture did not promote a specific tobacco intervention, rather provided timely data within the workflow so that any tobacco intervention could occur. Data showed an association between the intervention and tobacco use at visits after 90 days and/or after 180 days. The intervention was associated with a significant (p=0.006) reduction in tobacco cessation of approximately 10%. The follow-up visit (180+ days), the intervention was still associated with a reduction in tobacco cessation of approximately 6%, but results did not reach significance (p=0.121).
Update – October 2018	https://www.dropbox.com/scl/fi/bxe5lomxqinm6l7vyx4ga/2017-2018-WINNING-PROJECT-SUMMARY.Lewis.pptx?dl=0&rlkey=bgqwwrpvepifqo1bwgc20n7im

2016-2017 SHARK TANK WINNER – ERIN BRENDENBERG, MD (HOSPITAL MEDICINE)

Title	Line Placement Appropriateness Guide: Reducing Line Placement
Aim statement	The goal of the project is to ensure appropriate central line use within the University of Colorado Hospital, ultimately to reduce CLABSI rate and central line associated VTE relative to peer institutions. The team has focused on appropriate use of multi lumen PICC lines as higher risk for CLABSI and VTE compared to Midlines and single lumen PICC lines. The team has chosen to use education plus an EHR forcing function to help providers select the safer line when possible and only use the multi lumen PICCs when indicated. Their goal is to decrease inappropriate PICC lines placed by 25% by June 2017.
Outcomes	The team implemented an educational intervention for providers and nurses to assess competency and fill education gaps. The team also redesigned the Epic order set to provide more guidance on appropriate use and to promote midlines and single-lumen PICC. Additional interventions included a reorganization of PICC team to consolidate multiple IV access teams and to improve the PICC protocols. Team was able to reduce CLABSI from 2.2% to 1.6% and DVT went from 4% to 4.2%. Estimated cost savings were over \$200,000, decreased cost per line by \$190 with a return on investment of 4.3.
Update - October 2017	https://www.dropbox.com/s/ak7hw9286gmmqd6/2016-2017%20WINNING%20PROJECT%20SUMMARY.Brendenberg.pptm?dl=0