



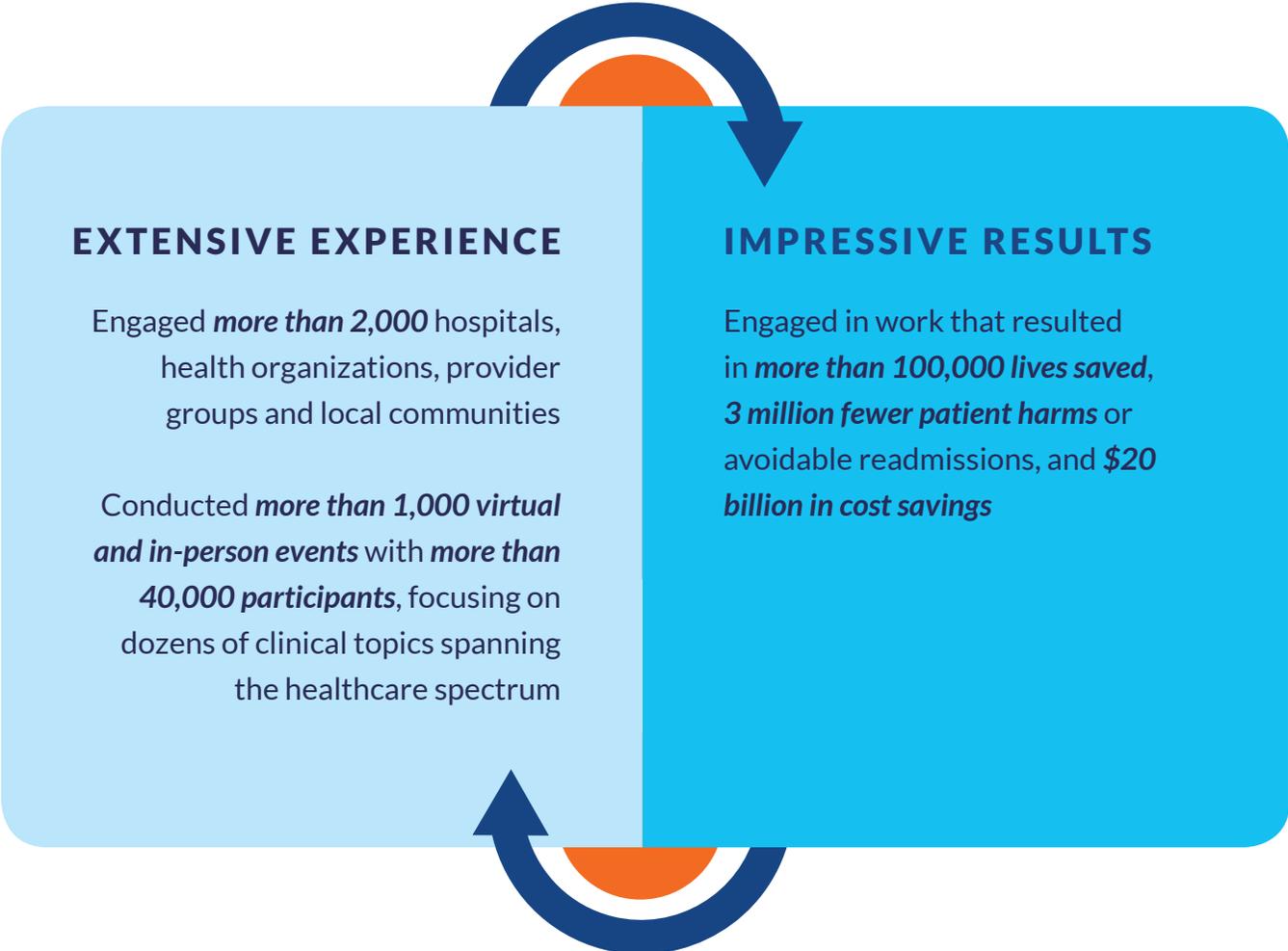
## 20 Years of Impact

In 2019, we celebrate 20 years of improving healthcare at the local, regional and national levels. After two decades of pioneering work to increase safety and improve outcomes in the healthcare market, we continue to drive sustained, high-impact change.

The healthcare landscape has changed dramatically since Cynosure Health began this work. Payment reform, technological innovations and changing demographics have shifted the drivers of performance and created new demands on the entire system.

Our work has spanned hospitals, federal and state agencies, foundations, state hospital associations, skilled nursing facilities, health plans, community-based and home-health organizations, medical and provider groups, and local communities.

Through consistent, meaningful engagement with individuals, institutions and other healthcare stakeholders, Cynosure Health is positioned to continue fostering innovative solutions that address healthcare's toughest challenges.



## EXTENSIVE EXPERIENCE

Engaged *more than 2,000* hospitals, health organizations, provider groups and local communities

Conducted *more than 1,000 virtual and in-person events* with *more than 40,000 participants*, focusing on dozens of clinical topics spanning the healthcare spectrum

## IMPRESSIVE RESULTS

Engaged in work that resulted in *more than 100,000 lives saved*, *3 million fewer patient harms* or avoidable readmissions, and *\$20 billion in cost savings*

We're proud of the work we've done to save lives and improve healthcare organizations. We've achieved far-reaching results over many years of all-scale experience, working with healthcare organizations ranging from hospitals to health systems, pediatrics to long-term care providers, and acute care to skilled nursing facilities. Our steady focus on driving harm reduction across multiple clinical areas has resulted in significant improvements, including:

**76%**

Reduction in CAUTI



**37%**

Reduction in Sepsis Mortality



**14.5%**

Reduction in Surgical Complications



**13%**

Reduction in Avoidable Readmissions



**22.2%**

Reduction in ICU Length of Stay

# About Cynosure

Founded by Dr. Bruce Spurlock, Convergence Health Consulting, Inc. (Convergence) began as a boutique consulting firm that worked with a broad range of healthcare stakeholders, including providers, health plans, purchasers and foundations, to drive improvements at the organization and system levels.

As the company gained experience accelerating change and implementation, it started operating large-scale regional and statewide learning collaboratives. In 2007, the Gordon and Betty Moore Foundation helped Dr. Spurlock create Cynosure Health, a non-profit entity devoted to collaborative learning and change. As a non-profit, Cynosure Health is governed by a Board of Directors comprised of seasoned professionals with long-term experience in varied facets of the healthcare industry. Dr. Spurlock continues to lead both Convergence and Cynosure, with dedicated team members serving both organizations.

The Cynosure team works with diverse stakeholders to accelerate spread, implementation and sustainable improvement. Although our work spans multiple sectors and topics, such as collaborative learning and care management, we specialize in working with individual hospitals, health systems and provider associations on federal and statewide initiatives, regional collaboratives and community-based partnerships.

Our multi-disciplinary team brings decades of experience on a wide range of clinical, operational and policy topics. We have an extensive track record of successful improvement efforts achieved through capacity building, collaborative education, measurement and reporting, as well as technical assistance.

As Cynosure Health commemorates its 20th anniversary, we celebrate this accomplishment in several key areas:

- 1 . Driving High-Impact Change in Clinical Improvement
- 2 . Advancing the Field in Data and Measurement
- 3 . Adapting Cutting-Edge Solutions Across Diverse Settings
- 4 . Accelerating Innovation in Patient and Workforce Engagement

# Cynosure + Convergence = Expertise

## 20 Years Driving Sustained, High-Impact Change

1999 →

**Convergence**  
was founded

Began first **Patient Experience** surveys publicly reported in California (PEP-C)

2000s →

Published **Legislating Medication Safety: The California Experience**

Established **BEACON**, a patient safety collaborative, running over 6 years with 120 hospitals resulting in 2,750 lives saved

Published **Measure for Measure: Analyzing California Hospital Characteristics and Performance**

Launched **Southern California Patient Safety Collaborative**

**Cynosure Health**  
was founded

Kicked off **Cal Hospital Compare**, a multi-stakeholder, statewide measurement/public reporting initiative

2010s →

Partnered with 200 hospitals on **Patient Safety First**, an initiative resulting in 3,500 lives saved and savings of \$63M

Commenced **Avoid Readmissions through Collaboration (ARC)**, resulting in 13,911 readmissions avoided and savings of \$133M

Partnered with **California Quality Collaborative** to grow Quality Improvement strategies for Ambulatory Settings

Spearheaded **ICU Liberation** with ABCDE protocol, resulting in 22.2% reduction in ICU LOS and 18% fewer ventilator days

Evaluated plan-product network performance for multiple populations in New York and California

Published the book, **All In: Using Healthcare Collaboratives to Save Lives and Improve Care**

Organized the **All In National Conference** in Baltimore

Played key role with the AHA **HRET Hospital Improvement Innovation Network (HIIN)**, which resulted in 100,000 fewer patient harms and savings of \$1B

Supported 5 states' **Medicare Beneficiary Quality Improvement Project (MBQIP)** efforts to improve quality of care in critical access hospitals (CAHs)

Helped 200,000 small group practices transition to **Merit-Based Incentive Payments System (MIPS)**

Led **Opioid-Safe Hospital Designation Program** in California

Awarded **CMS Network of Quality Improvement and Innovation (NQIIC) Prime Contractor**, to support data-driven health care quality improvement efforts across various settings and programs

2020s

**Are You Ready for the Next 20 Years? We Are.**

Cynosure@CynosureHealth.org | www.CynosureHealth.org

# 1 Driving High-Impact Change in Clinical Improvement

Our organization identifies and implements innovative patient safety and quality improvement practices. We specialize in catalyzing action to improve outcomes, and have guided organizations at the local, regional and national levels. Through the work of a team of improvement advisors, Cynosure Health has built a wealth of expertise that responds to and influences the changing healthcare landscape.

One area of deep expertise is quality improvement and change management. We help organizations make changes faster and more efficiently. This includes national large-scale improvement programs, regional affinity groups and individual organizations.

Over the years, we've developed standardized processes, resource guides, communication strategies and customizable tools to help healthcare providers and community organizations achieve breakthrough outcomes.

Below, we outline our experience leading successful change management campaigns. We offer direct coaching and training, leading hundreds of trainings per year on topics such as leadership engagement, organizational change, improvement science and measurement. In one year alone, our team of eight improvement advisors led 231 virtual and in-person trainings—nearly one event per business day to an estimated 25,000 participants.

## KEY CLINICAL PROJECTS

- Implementing Medication Safety
- Florida Surgical Care Improvement
- ICU Liberation
- HEN/HIIN hospital safety and quality work
- Patient Safety First
- Washington State Hospital Association Safe Tables

## KEY TOPICS

- Diverse hospital quality and safety issues
- Behavioral health
- Opioids
- Care transitions
- Long-term care
- Readmissions
- Hospital-acquired conditions

## EXAMPLES

### BEACON, THE BAY AREA PATIENT SAFETY COLLABORATIVE

This six-year collaborative of San Francisco Bay Area (SFBA) hospitals addressed more than 15 clinical interventions. We tested and refined various approaches to accelerating change at scale. Results included: Active participation by 100% of BEACON adult acute care hospitals, including CEO commitments; more than 80% of SFBA hospitals achieved improvement targets in multiple clinical areas; and strengthened local improvement capacity.

Due to its tremendous success, one large health plan decided to independently fund continued collaborative work across the entire state of California with our team.

## THE SOUTHERN CALIFORNIA PATIENT SAFETY COLLABORATIVE (SCPSC)

Modeled after the successful BEACON Collaborative, the SCPSC recruited more than 120 hospitals in the greater Los Angeles area addressing 14 different clinical topics. This program was a partnership with the Hospital Association of Southern California, The National Health Foundation and the Unihealth Foundation. As the program continued, the Health Services Advisory Group (HSAG) and the QIO for California also joined the program.

**BEACON**, a six-year collaborative of San Francisco Bay Area (SFBA) hospitals, addressed more than 15 clinical interventions. Participants reduced harms in several clinical areas, such as a 76% reduction in CAUTIs and a 37% reduction in sepsis mortality.

As a whole, the project saved an estimated 2,750 lives.

## WASHINGTON STATE HOSPITAL ASSOCIATION SAFE TABLE

We supported the initial safe table programs operated by the Washington State Hospital Association (WSHA), addressing the deployment of Rapid Response Teams (RRTs) and Hospital Acquired Infections (HAIs).

## NATIONAL HOSPITAL IMPROVEMENT AND INNOVATION NETWORK (HIIN)

We supported the Centers for Medicare & Medicaid Services (CMS) Partnership for Patients Initiative, a nationwide public-private collaboration involving 17 national, regional, or state hospital associations and health systems, initially referred to as Hospital Engagement Networks (HENs) and then as Hospital Improvement Innovation Networks (HIINs).

Cynosure Health has been a principal partner on this multiyear initiative, engaging in several rounds of work to improve care, prevent patient harms, and reduce healthcare costs. Our work on this initiative was multifaceted, providing subject-matter expertise, customized technical assistance, and educational support for the national network of nearly 4,000 hospitals.

One key role we played was providing ongoing quality-improvement coaching, training in clinical topics and improvement science, leadership and physician engagement strategies, technical assistance, data analysis and reporting assistance to the American Hospital Association (AHA)—Health Research and Educational Trust (HRET) HIIN. HRET is the nation's largest HIIN, involving more than 1,600 hospitals across 30 states. With our team playing a key role, The HRET HIIN has achieved tremendous outcomes, with an estimated 100,000 patient harms prevented and \$1 billion in cost savings. See more info on [HIIN](#).

## GREAT LAKES HEN AND HIIN

Over this six-year project, Cynosure Health supported the Great Lakes HEN/HIIN, providing technical assistance in various clinical topics including: Falls with Injury, Readmissions and Adverse Drug Events. We developed tools and resources such as hospital self-assessments, presentations at in-person meetings and virtual webinars, as well as coaching.

## FLORIDA SURGICAL CARE INITIATIVE (FSCI)

Working with the Florida Hospital Association, the American College of Surgeons, Blue Cross Blue Shield of Florida, the Florida nursing home association, the state Department of Health and other groups, we supported the effort to reduce Surgical Site Infections (SSI), surgical complications in patients 65 years and older, and to build a cadre of surgical physician champions. More than 80 hospitals participated in this initiative.

## AVOID READMISSIONS THROUGH COLLABORATION (ARC)

Funded by the Gordon and Betty Moore Foundation, this learning and action network received three successive grants beginning in 2010 and ending in 2015. The collaborative involved California hospitals and engaged skilled nursing facilities, community-based organizations, home health, delegated medical groups, retail pharmacists and others in a cross-continuum approach to reducing readmissions.

We partnered with the California Quality Collaborative (CQC), which brought strong relationships from organized medical groups in California and required participating hospitals to have a minimum of one non-hospital partner involved; most have several. Using a variety of techniques, including carefully communicating the benefits and expectations for participation, we successfully recruited more than half of the California Bay Area hospitals as well as a number of hospitals across the state to help reduce readmissions by 30%.

26 participating hospitals submitted monthly and or quarterly data on all-cause 30-day and 90-day readmissions, as well as HCAHPS scores from the three care transitions-related questions. Throughout the project, ARC hospitals prevented 13,911 readmissions resulting in \$133,545,600 in savings. ARCs efforts were widely recognized, including an invitation to participate in an AHRQ webinar highlighting successful readmissions reduction efforts and in a *Wall Street Journal* report.

## CLINICAL IMPACT INTEREST GROUPS (CIIGS)

This small-scale San Francisco Bay Area collaborative served as predecessor work to a larger-spread collaborative to understand technical and adaptive practices with appropriate blood utilization and the ABCDE protocol. This project examined the impact of implementing:

- ✓ The ABCDE protocol to reduce delirium and promote early ambulation which evolved into the **ICU Liberation initiative**. Along with a mixed-methods evaluation of implementation practices, published lessons from this work have supported the ICU Liberation program of the Society of Critical Care Medicine and other programs. Four hospitals were successfully recruited to participate, resulting in a 22.2% decrease in ICU LOS and 18.2% decrease in ventilator days.
- ✓ Appropriate blood utilization in surgery departments. This program addressed the complications and associated overutilization of blood products in most organizations and techniques to drive more restrictive transfusion practices beyond SCIP strategies to reduce SSI. Six hospitals were successfully recruited to participate, and 83% of participating organizations reached or exceeded their SSI reduction goals.

## PATIENT SAFETY FIRST

In a partnership with Anthem Blue Cross, three regional hospital associations in California and more than 200 participating hospitals prior to the HEN program, we worked to reduce mortality from septic shock and severe sepsis, early elective deliveries and Central Line Associated Blood Stream Infections (CLABSI). Patient Safety First received the Eisenberg Award in 2013.

### ACCELERATING CHANGE AT SCALE – LEARNING COLLABORATIVES

We joined with the world’s leading experts in collaborative learning, such as Dr. Donald Berwick of the Institute for Healthcare Improvement, to bring cutting-edge collaborative learning knowledge to the public in the book, *ALL IN: Using Healthcare Collaboratives to Save Lives and Improve Care*, for which Dr. Spurlock and Pat Teske were co-editors. We regularly use

our learning collaborative expertise to develop resources and strategies that facilitate group learning and action.

For example, we developed the UP Campaign in collaboration with AHA-HRET to simplify safe care through streamlined and cross-cutting interventions that reduce multiple forms of harm.

## CALIFORNIA PRISONS QUALITY IMPROVEMENT PROJECT

Due to an unexpected number of deaths at California state prisons, the CA prison system sought our help to build quality improvement (QI) capacity among its clinical providers. We held in-person and virtual learning sessions with hundreds of participants over a 12-month period. Using a train-the-trainer model, we gave quality leaders the education and tools needed to make improvements at their assigned prisons. Following this effort, the CA prison system was removed from its mandated receivership, which required additional oversight until certain goals were met.

### GET-UP CAMPAIGN

One part of our GET-UP Campaign focuses caregivers on mobilizing the patient to return him/her to function more quickly by asking key questions (e.g., “What was the patient UP to prior to admission?”) and providing must-do activities (e.g., “belt and bolt!”). Hospitals can leverage campaign messaging to generate momentum, garner leadership support,

engage frontline staff, and simplify quality and patient safety interventions. The mobilization that is part of the GET UP Campaign is important in reducing various harms (e.g., falls, pressure ulcers, delirium, CAUTI, VAE, VTE and readmissions). In addition to addressing harms, the efforts increase efficiency while simultaneously reducing clinician burden.

## FLORIDA READMISSIONS COLLABORATIVE

The Florida Agency for Health Care Administration (AHCA) published disease-specific rates for all-payer readmissions by Florida hospitals in 2008. The Florida Readmissions Collaborative began as a response to wide variation in performance, was the first program to address readmissions at scale, and involved more than 100 Florida hospitals. Our partners included the Florida Hospital Association, AHCA, the INTERACT program, the Florida Health Care Association (skilled nursing facilities), the Florida Orthopedics Society and local community-based organizations.

### CHANGE MANAGEMENT

At the core of our change-management approach is peer-to-peer sharing, which includes surfacing best practices and lessons learned to overcome implementation challenges. Over time, we've developed systematic practices and formative evaluations that allow our team to identify, surface and implement frequent project improvements.

Our peer-to-peer methods, based on establishing trust and promoting an all-teach-all-learn environment, help participants learn quality-

improvement methods and interventions from each other's lessons learned and successes. For example, we developed a "fishbowl method" that focuses on a small group of participants over a five-month period. Participants learn alongside the team members who is in the "fishbowl" as they set their AIMS, build their teams, and work through several PDSA cycles. In-between the full webinars, fishbowl participants receive individual coaching and technical assistance from our improvement advisors.

## 2 Advancing the Field in Data and Measurement

Our team has broad expertise in the critical issues of data and measurement. We regularly help organizations with data analytics and building organizational performance-improvement capability.

We specialize in finding the data, segmenting and analyzing it, and creating useful and meaningful reports that align results with key priority areas. Our research, case studies, and training courses emerge from a wealth of experience in health policy, healthcare financing and performance reporting requirements.

Our team offers expertise in data collection, monitoring, reporting, evaluation and analysis. We're adept at coupling our analytic expertise with improvement science to measure and evaluate outcomes from healthcare providers. Below are some examples of our data system experience, along with details on our successful past experience with evaluation contractors.

### EXAMPLES

#### NEW YORK STATE HEALTH FOUNDATION

Cynosure Health conducted a comprehensive analysis of New York provider network adequacy, specifically those networks' composition, performance and accessibility. Since implementation of the Affordable Care Act, concerns have surfaced about the adequacy of provider networks and that these networks restrict patient choice on physician and hospital providers. Although narrow networks could be a means to control costs and lower premiums, this phenomenon raises questions about adequate access and quality. In close collaboration with consumer health advocates to ensure consumer voices are heard, our team is producing issue briefs outlining specific recommendations for policymakers, health plans and other relevant stakeholders on how to improve New Yorkers' provider networks.

#### KEY PROJECTS

- Cal Hospital Compare
- Patient Experience Surveys (PEP-C)
- Implementing Medication Safety
- California Medicaid Waiver
- Covered California
- New York State Hospital Foundation
- QPP SURS
- Maternal Alternative Payment Program

#### KEY TOPICS

- Health policy
- Finance
- Public reporting
- Developing reporting tools and systems
- Data analytics
- Measurement
- Optimizing data flow
- Translating data
- Linking measures to organizational priorities

## CAL HOSPITAL COMPARE (FORMERLY CHART)

Our team leads Cal Hospital Compare, a statewide public reporting initiative that produces consumer-relevant and consensus-driven performance measures of California hospitals—including measures reflecting patient experience, performance and outcomes. We lead, manage and facilitate a multi-stakeholder Board of Directors and Technical Advisory Group, with representatives from consumer advocacy organizations, provider systems, hospital associations, health plans and employer groups. We recently convened an expert advisory group (which includes patient members) to improve consumer decision-making, and make plans for the collection and reporting of patient-centered metrics.

As part of this effort, our team led a claims data analysis to determine whether specific hospital characteristics were associated with higher or lower clinical performance. This included a comprehensive investigation of variables that may impact clinical performance, such as the hospital's gross revenue, operative margin, system size, regional location and net income, among other factors. The website ([www.calhospitalcompare.org](http://www.calhospitalcompare.org)) is designed for easy consumer access and use, but also provides information appropriate for hospitals undertaking improvement activities, health plans assessing their networks, and purchasers considering health benefits design.

### CAL HOSPITAL COMPARE

is a multi-stakeholder, statewide/public reporting initiative that produces consumer-relevant and consensus-driven performance measures of California hospitals—including measures reflecting patient experience, performance and outcomes.

## COLLABORATING WITH THE HIIN PROGRAM EVALUATION CONTRACTOR (PEC)

In addition to working collaboratively with the PEC to report results to state hospital associations and member hospitals, our team provided data analytic and reporting consulting support to the HRET HIIN, working directly with the HRET HIIN data team to supply hospitals with timely and actionable performance reports. This included leading Failure Mode and Effects Analysis (FMEA) and Root Cause Analyses (RCAs) to identify issues and communicate project progress to internal staff and state partners.

The HRET HIIN has achieved tremendous outcomes, with an estimated 100,000 patient harms prevented and \$1 billion in cost savings.

The **HRET HIIN** is the nation's largest HIIN, involving more than 1,600 hospitals across 30 states. With our team playing a key role, the HRET HIIN has achieved tremendous outcomes, with an estimated 100,000 patient harms prevented and \$1 billion in cost savings.

## AVOID READMISSIONS THROUGH COLLABORATION (ARC) DATA SYSTEM

For ARC, we developed a customized web-based data collection, monitoring and reporting system to reduce the data collection and reporting burden on providers, and to help providers interpret and leverage real-time data. This comprehensive system was used for hospital quality and safety data collection, monitoring and real-time reporting functions. ARC's learning collaborative participants, many of whom were frontline staff members, were able to submit data, view and retrieve comparative reports to monitor progress towards goals in real-time. The ability to customize the system and optimize functionality for hospital users led to high data submission rates among ARC participants.

Throughout the ARC program, our data and analytic team worked closely with hospitals to ensure that data was the key driver of improvement activities. For this and other projects, we strive to make measurement data approachable, practical and understandable.

The **AVOID READMISSIONS THROUGH COLLABORATION (ARC)** included hospitals, skilled nursing facilities, community-based organizations, home health, medical groups, retail pharmacists and others in a cross-continuum approach to reducing readmissions. A total of 26 San Francisco Bay Area Hospitals and their partners prevented 13,911 avoidable readmissions, resulting in \$133 million in cost savings during this five-year project.

### 3 Adapting Cutting-Edge Solutions Across Diverse Settings: Urban, Rural, Hospital, Ambulatory

As payment reform, technological advances and changing demographics have shifted the healthcare landscape, we've been at the forefront of change. Our team has identified emerging innovations to guide organizational change in established practices, and redesigned care delivery to find ways to sustain existing services. We've developed tools, templates and processes for a variety of settings to assist quality-improvement efforts.

#### KEY PROJECTS

- MBQIP
- QPP SURS
- California Safety Net
- California Public Hospital Core Measures
- HIIN

#### KEY TOPICS

- Rural health
- Community access hospital (CAHs)
- Supporting rural providers and communities
- Reducing disparities

#### SAFETY NET HOSPITALS

Our team has developed a successful approach driving improvements for vulnerable populations, drawing on our deep and diverse experience. Following are two examples:

- ✓ **California Safety Net/CMS Core Measures:** We partnered with QI leaders and teams from California's Safety Net hospitals to develop and use QI tools and implement near real-time data collection. This work resulted in the Safety Net hospitals improving their core measure performance to such a degree that they were able to achieve similar outcomes to other hospitals in the state.
- ✓ **California Public Hospital Core Measures/DSRIP Collaboratives:** We worked closely with public hospitals in California on a number of topics. The first all-state program addressed core measure performance in 14 county hospitals to rapidly improve performance among challenging populations. Another effort involved the Medicaid waiver program for California (DSRIP) and centered on performance with CLABSI and septic shock/severe sepsis mortality reduction. Employing methods developed in other collaboratives, along with direct technical assistance, participants in both programs showed marked improvements. This effort resulted in improved central line bundle compliance and improved sepsis bundle compliance. Sepsis mortality achieved relative reduction of approximately 12.5%.

## RURAL HEALTH

Recognizing the unique needs and challenges of rural communities, our team has tailored solutions for Community Access Hospitals (CAHs) and other rural healthcare providers. Having engaged more than 700 Community Access and rural hospitals, our team has extensive experience supporting the specific needs of rural providers, whether adapting solutions to match the available resources of a quality-improvement project or developing tools and resources to improve outcomes in a rural setting. Following are two examples:

- ✔ **Using Data to Drive Rural Health Improvements/ MBQIP:** We provide specialized technical assistance in data collection, increasing reporting and using data to drive quality-improvement efforts by supporting states with their Medicare Beneficiary Quality Improvement Projects (MBQIP). See more info on [MBQIP](#).
- ✔ **CMS Payment Systems for Small and Rural Practices/ QPP SURS:** Our team supports the Quality Payment Program (QPP) Small Underserved and Rural Practices (SURS) to help more than 200,000 small group practices transition to the Merit-based Incentive Payments System (MIPS)—a process that includes strengthening clinical care, quality improvement and partner engagement. With our help, QPP SURS generated a customer service score of more than 95 percent from clinical practices and received stellar reviews on its national webinars.

Through **QUALITY PAYMENT PROGRAM (QPP) SMALL UNDERSERVED AND RURAL PRACTICES (SURS)**, our team has helped more than 200,000 small group practices transition to the Merit-based Incentive Payments System (MIPS). QPP SURS generated a customer-service score of more than 95% from clinical practices and received stellar reviews on its national webinars.

## 4 Accelerating Innovation in Workforce and Patient Engagement

Cynosure Health has an extensive track record of successful improvement efforts achieved through consistent, meaningful engagement. Our team has taken an integrated approach to engaging patients, families, and the healthcare workforce in increasing safety and improving outcomes. Cynosure Health has worked with more than 2,000 hospitals and healthcare organizations across the country and conducted more than 1,000 events with more than 40,000 participants—focusing on dozens of clinical topics.

### KEY PROJECTS

- Florida Hospital Association
- Specialized curricula and training/education
- ARC
- HIIN

### KEY TOPICS

- Patient and family engagement
- Physician engagement
- Frontline staff engagement
- Joy in work
- Burnout
- Workforce burden reduction

### EXAMPLES

#### COMMUNITY ENGAGEMENT

We believe in the importance of community engagement and finding innovative ways to partner with all potential stakeholders and build support for achieving bold quality improvement aims. For example, our team supported the Florida Hospital Association's work to reduce readmissions and led the partnerships with skilled nursing facilities, home health agencies, health plans, physician organizations and other partners to create a local community-wide solution.

Project partners included the Florida Hospital Association, the INTERACT program, the Florida Health Care Association (skilled nursing facilities), the Florida Orthopedics Society and local community-based organizations. The team also supported learning communities in two San Francisco Bay Area Counties for the ARC program. These communities addressed the unique roles and relationships of local agencies, providers and community-based organizations, resulting in a Community Collaboration Guide developed as part of the ARC program.

## FRONTLINE STAFF AND PHYSICIAN ENGAGEMENT

We've developed specialized training curricula to train both new and experienced leaders—helping hospitals to build their internal capability and capacity. Examples include our Infection Practitioner Bootcamp, Quality Leader Curriculum and Patient Safety Curriculum. We developed these programs to help hospitals address the challenge of increasing demands for quality and patient safety, as well as the short supply of experts and frequent turnover in these roles.

Cynosure team members have created and delivered the “Quality Academy,” a 2.5-day workshop designed for physician leaders in partnership with the American Association of Physician Leaders (AAPL).

The “**QUALITY ACADEMY**”, a 2.5-day workshop, is designed for physician leaders in partnership with the American Association of Physician Leaders (AAPL) on topics such as building clinician and organizational resilience, identifying and nurturing physician champions, and using innovative communication tools and methods to engage and connect throughout organizations from the frontline to the C-suite.

## PATIENT AND FAMILY ENGAGEMENT (PFE)

We are a leader in developing Patient and Family Engagement (PFE) best practices. Through our involvement on the Center for Medicare and Medicaid Services (CMS) and Partnership for Patients (PfP) Initiative, our team has worked diligently to increase the use and spread of evidence-based PFE best practices. This includes partnering with national support contractors (e.g., American Institutes for Research) on educational events and reports. Our improvement advisors regularly coach state hospital associations and individual hospitals on PFE best practice implementation, including patient-centered measurement techniques. For the PfP and similar programs, a growing body of research demonstrates that initiatives that include patients and families generate greater and more sustained impact.

# Summary

We continue to pursue our mission to dramatically accelerate healthcare improvement, and we believe we're most effective when we partner, coordinate and synergize with like-minded organizations to reach scales previously thought impossible. We've made significant progress and believe there are many more opportunities to improve care to support patients, families and the communities we serve. We're excited to continue to help strengthen care, lower costs and improve outcomes on a national scale.

***Are You Ready for the Next 20 Years? We Are.***



What is your toughest healthcare challenge? We are ready to help you discover innovative solutions to help you address it.

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