



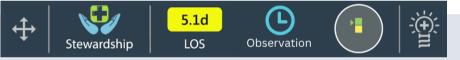
The Stewardship app is a "cure" for removing wasteful orders and clinical variation, and it suggests lower cost alternatives without disrupting provider workflow.

😲 Stewardship			
Q Med / Test Costs & Alternatives			Expand
Your Current Cost Opportunities	All Cost Opportunities This Admission		
MEDS	🔀 Med Switches	Days	Cos
Daptomycin IVPB (\$425.63/day) -> Linezolid IV (\$182.33/day) Daptomycin should be reserved for tx of non-pneumonia Staph or enterococcus when vancomycin MIC is >1.5 or for life-threatening infections with strong suspicion of MRSA or VR. Linezolid or Vanco may be less costly viable alternatives.	Daptomycin IVPB → Linezolid 600mg IVPB	x 1	\$243.30
UMHsuth Discomycin Galdelines 2013	Ketorolac Inject Solution $\rightarrow$ Ibuprofen Oral Tablet	x 1	\$25.28
LABS			
Phosphorus (Suggested min interval: normal 7d; abnormal 1d) Phosphorus testing generally should be performed no more frequently than every 7 days unless abnormal	Lab Interval Opportunity	Tests	Cos
	Phosphorus	x 2	\$12.90
AmusseerDo Vol44, Nor4 Sered 1 Oct. 2005	Hemoglobin A1C	x 2	\$26.42
	Total Cost Opportunity		\$307.90
	Total Med/Lab Spend This Admission		\$923.50

Create the culture that emphasizes stewardship

Unearth opportunities per provider using our proprietary Clinical Financial Decision Support engine Reduce wasteful care and its associated costs which affect our patients

Engage clinicians with alignment models



## **Smart Ribbon**

The app displays iatrogenic risk data alongside the wholesale costs of scheduled medications, lab, and radiology tests, giving providers the information they need to give value based care. On a DRG-adjusted basis, the app has produced a \$94-per-admission decrease, on average, in the cost of inpatient medications, labs, and radiology tests. No negative effects on mortality, readmissions, or length of stay have been observed.

- Provides real-time insight into potential waste "in play" or a qualitative decision to be made
- Uses Machine Learning to sense impact and likelihood of response to a nudge
- Routes a nudge to the provider

## Nudges

Stewardship Tolvaptan PO (\$351.63/day) -> Urea PO (\$7.20/day) For treatment of inpatient euvolemic or hypervolemic hyponatremia, consider use of oral urea instead of conivaptan or tolvaptan. Urea is effective, safe, welltolerated, associated with less risk of overcorrection of hyponatremia.

- Clinical, gualitative, and financial information
- Context-specific, tailored to patient and provider
- Non-disruptive, disappearing after ~7 seconds
- Clinical synopsis + actual financial info for the order
- No need to click

## 😍 Quality

Heparin Protocol Confirmation

*k* 

Patients recently on DOAC and now on heparin drips should be dosed based on aPTT and NOT anti Factor (a levels, as this can result in underdosing otherwise.

## Playbook

- · Highly granular analytics in wasteful ordering
- Outlier analysis at provider, service line, hospital and health system levels
- Trending per month and emphasis on methods to drive change
- Nudge-induced cancels (NICs<sup>™</sup>)

