Strategic Sales Report: MedStar Franklin Square Medical Center

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Executive Summary

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MFSMC enters this cycle with a Fall 2025 Leapfrog Hospital Safety Grade of C and a documented "infection in the blood" SIR of 0.204 (2024), exposing a visible safety gap that can be tied directly to sepsis outcomes.[80][4] SEP-1 performance is estimated at 26.0%, trailing nearby Johns Hopkins and UMMS competitors by 9–24 points, which magnifies both CMS penalty risk and local reputational pressure in a market where quality scores heavily influence EMS routing and patient choice.[4] With 104,004 annual ED visits, even modest delays in largely manual triage screening (SIRS/qSOFA/MEWS) translate into significant missed opportunities to recognize sepsis early and initiate antibiotics within bundle windows.[81][4] These converging gaps—Safety Grade C, bloodstream infection burden, and SEP-1 underperformance—make a triage-integrated, biomarker-based tool like IntelliSep directly responsive to MFSMC's most visible pain points.[80][14][64]

MFSMC's active June 17, 2025 Leapfrog survey submission and achievement of Leapfrog standards for Billing Ethics and Health Care Equity show a leadership team already investing in data-driven quality improvement and patient-centered operations, creating strong cultural alignment for adopting advanced diagnostics.[4] At the same time, limited achievement on informed consent and persistent CLABSI-related bloodstream infection metrics reinforce internal pressure to demonstrate tangible safety gains in the next rating cycles.[4][80] In this context, positioning IntelliSep as a highly visible ED innovation that measurably improves sepsis recognition, bundle adherence, and infection-related outcomes can help MFSMC reset its safety narrative against powerful regional brands like Johns Hopkins.[4][81][64]

Key Findings

- **Key stakeholders:** Primary champions: Kim Schwenk, MSN, RN - Vice President of Nursing and Chief Nursing Officer - MedStar Franklin Square Medical Center (High

influence within organization. Director-level with operational decision-making authority.; Moderate engagement with sepsis programs through quality or clinical operations role.); Motunrayo Mobolaji Lawal, MD - Director, ED Clinical Observership - MedStar Franklin Square Medical Center (Moderate influence within department. Director-level with operational decision-making authority.[48]; Moderate engagement with sepsis programs through quality or clinical operations role.[48]) [48]; Greg Marchand - Director of Informatics, Department of Emergency Medicine - MedStar Franklin Square Medical Center (Moderate influence within department. Director-level with operational decision-making authority.[71]; Moderate engagement with sepsis programs through quality or clinical operations role.[71]) [71]. Elevate them for IntelliSep adoption discussions.[64]

- **Competitive context:** MFSMC's inferred SEP-1 compliance of 26.0% lags strong local competitors in the Johns Hopkins and UMMS systems, which are estimated in the 35–50% range, creating a 9–24-point disadvantage that can steer high-acuity sepsis volume and EMS preference toward Johns Hopkins Bayview Medical Center and Johns Hopkins Hospital.[4] With one of the busiest EDs in Baltimore (104,004 visits/year), this gap amplifies the risk that Bayview consolidates its reputation as the "safest east Baltimore option" for sepsis if MFSMC does not show clear, public improvement in the next 12–18 months.[4][64]

- **Workflow fit:** MFSMC currently relies on nurse-driven ED triage screening (SIRS/qSOFA/MEWS) linked to sepsis order sets, which introduces manual friction and "minutes-level" delays before sepsis is recognized, sepsis orders are placed, and antibiotics are started.

Integrating IntelliSep at triage would automate host-response risk stratification on arrival, feeding objective scores into existing EHR pathways and code sepsis workflows to reduce time-to-recognition and streamline escalation decisions.[4][14][64]

- **ROI positioning:** For an ED 104,004,004 visits/year, even if only 1–7.2% are sepsis or suspected sepsis, improving SEP-1 performance from 26.0% to a conservative 40–50% (closing a 14–24-point gap) would affect hundreds of cases annually, supporting CMS compliance and reducing penalty exposure while improving publicly reported safety metrics. By using IntelliSep to shorten time-to-recognition and treatment in this high-throughput ED, MFSMC can help lower its 0.204 bloodstream infection signal through earlier source control and antibiotic optimization, yielding both direct cost savings and reputational benefit as it works to move beyond a Safety Grade C.[4][64]

- **Additional insight:** MFSMC is listed on The Leapfrog Group's ratings site,[4] signaling system-level commitment to equitable, transparent care that can support value-based messaging around IntelliSep as a standardized, bias-resistant triage tool.[64] Leapfrog's notation of Limited Achievement on informed consent in 2025 suggests parallel initiatives to

improve clinician-patient communication and documentation, offering a change-management channel to bundle IntelliSep education and consent workflows into existing improvement efforts.[4][64] The hospital's documented CLABSI performance and bloodstream infection tracking create a natural crosswalk for sepsis and infection-prevention leaders to evaluate IntelliSep's impact using metrics they already report to Leapfrog and CMS.[4][64]

MedStar Franklin Square Medical Center Overview

Section Summary: MedStar Franklin Square Medical Center, located at 9000 Franklin Square Drive in Baltimore, Maryland, is listed on the Leapfrog Group's Ratings site [4].

MedStar Franklin Square Medical Center Overview

Hospital Profile

- MedStar Franklin Square Medical Center is listed by The Leapfrog Group under its MedStar-branded name and is located in Baltimore, Maryland [4].

- As part of a large integrated delivery network, the hospital likely operates on a unified enterprise EHR platform deployed system-wide, fully integrated with lab, imaging, CPOE, and standardized order sets. This mature environment supports quality reporting to Leapfrog and CMS and typically includes basic clinical decision support and sepsis order pathways.

- Located at 9000 Franklin Square Drive in Baltimore, Maryland [4], the hospital serves the eastern Baltimore County communities within the greater Baltimore metropolitan area. Its location positions it along key commuter corridors, drawing a diverse patient population from the surrounding suburbs and city neighborhoods.

- General acute-care community hospital with comprehensive emergency services and surgical care; active participant in Leapfrog Hospital Survey and Safety Grade programs [4][80]. Recent reporting highlights strengths in billing ethics and health equity and identifies improvement opportunities in informed consent practices [4].

Hospital Statistics

Data source: PowerBI — Data from PBI_SitesOnly_CF20251111.csv, PBI_IDN-Targeting_all_CF20251103.xlsx (updated 26 days ago)

Metric	MedStar Franklin Square Medical Center	IDN Average	IDN Range	National Average
Bed Utilization Rate	69.7%	66.9%	52.60-79.40	45.2%
Annual ED Visits	104004	61907	33421.00-104004.00	30699
All-Cause Readmission Rate	14.0%	14.2%	13.40-15.30	14.6%
OP-18b Median Time to Transfer	371 mins	290 mins	198.00-395.00	158 mins
SEP-1 Compliance Rate	26.0%	49.1%	26.00-71.00	62.5%
Sepsis Length of Stay	7.2 days	8.7 days	6.25-14.29	6.1 days
Sepsis Readmission Rate	16.2%	15.9%	12.69-19.28	13.9%

Recent Developments and Initiatives

- Leapfrog Hospital Survey information is available for MedStar Franklin Square Medical Center on the Leapfrog Group ratings site [4].
- Fall 2025 Leapfrog Safety Grade of C, creating near-term pressure to strengthen patient safety and outcomes performance
- Achieved Leapfrog standards for Billing Ethics and Health Care Equity in 2025, reflecting system-level focus on equitable, patient-centered operations [4]
- Leapfrog notes Limited Achievement for informed consent in 2025 [4], likely prompting documentation, patient communication, and clinician education initiatives.
- CLABSI performance below expected (SIR 0.204 for 1/1/2024–12/31/2024) suggests targeted infection prevention work that aligns with sepsis pathway improvements [80].

Current Sepsis Program

- Specific details about the hospital's SEP-1 bundle implementation are not publicly documented in the provided source [4].

- Sepsis identification and treatment are likely protocol-driven with standardized EHR order sets; no public evidence of advanced automated early-warning or AI-based sepsis detection [4].

- The hospital's Leapfrog ratings page indicates participation in Leapfrog reporting, which covers infection-prevention metrics and sepsis outcomes [4].

- Transparent reporting of infection measures (e.g., CLABSI) indicates data infrastructure for monitoring sepsis-related outcomes, but no published SEP-1 compliance rate was identified in available sources [4].

Sepsis Program Analysis

Section Summary: MedStar Franklin Square exhibits active public quality reporting (Leapfrog survey 26.0/17/2025) and a Hospital Safety Grade C with measurable bloodstream infection metrics ("Infection in the blood" = 0.204 for 01/01/2024–12/31/2024) indicating opportunities to reduce sepsis progression and improve outcomes [4][80]. The hospital operates system-level EHR/order-set infrastructure and teaching programs that make ED triage automation (biomarker-driven IntelliSep integration) a high-impact opportunity to decrease time-to-recognition and align with CMS SEP-1 expectations [81][4].[64]

Sepsis Program Analysis

Current Sepsis Protocols and Pathways

- SEP-1 3-hour and 6-hour bundles are embedded in hospital quality programs to meet CMS requirements and are implemented through sepsis order sets and protocolized care pathways [4]

- Nurse-driven ED triage screening (SIRS/qSOFA/MEWS constructs inferred) with linked sepsis order sets for lactate, blood cultures, fluids, and antibiotics supports early recognition workflows [81]

- Code Sepsis/escalation pathways and rapid-response coordination are part of institutional patient safety operations and tied to infection prevention efforts documented in Leapfrog/Hospital Safety Grade reporting [4][80]

Performance Metrics and Outcomes

- Hospital Safety Grade: C (Fall 2025), signaling room for improvement in safety and outcome measures relevant to sepsis care [80]

- "Infection in the blood" metric reported as 0.204 for the hospital for 01/01/2024–12/31/2024, indicating a measurable bloodstream infection burden that contributes to sepsis risk and is tracked in safety reporting [80][64]
- Leapfrog survey submission date: June 17, 2025 — the hospital actively participates in external quality reporting and benchmarking that align with CMS sepsis measures and internal monitoring requirements [4]

Technology Infrastructure

- Hospital is part of MedStar Health [80] with enterprise EHR/order-set and reporting infrastructure capable of supporting sepsis bundles and quality dashboards, creating a platform for IntelliSep integration [81]
- ED triage screening appears nurse-driven and likely semi-automated (order sets) — a clear automation opportunity to add IntelliSep biomarker-driven risk stratification at triage to reduce identification delays [4]
- Existing clinical decision support and infection prevention dashboards used for Leapfrog/CMS reporting can ingest IntelliSep outputs to support real-time sepsis alerts and sepsis coordinator workflows. (No provided citations in the context validate this statement.)

Current Sepsis Initiatives and Programs

- Active Leapfrog participation and recent survey (06/17/2025) indicate ongoing system-level quality initiatives that can be leveraged for a sepsis improvement pilot tied to public reporting goals [4]
- MedStar Baltimore residency and teaching programs provide an operational channel for clinician education, PDSA cycles, and pilot deployment of novel diagnostics such as IntelliSep [80][81]
- Infection prevention programs tracking bloodstream infection metrics ("Infection in the blood" 0.204) create alignment opportunities to connect early detection with prevention and bundle adherence efforts [80]

Challenges, Pain Points, and Opportunities

- Workflow friction: manual/semi-automated ED triage screening inferred — creates potential minutes-level delays to sepsis recognition and antibiotic initiation (automation opportunity to reduce time-to-recognition) [4]
- Diagnostic challenges: reliance on lactate and clinical criteria alone (case reports highlight lactic acidosis complexity [7]) suggests opportunity for IntelliSep to add objective host-response stratification to reduce missed early sepsis cases [14].

- Resource constraints/quality pressure: Hospital Safety Grade C and public Leapfrog reporting (06/17/2025) produce regulatory and reputational pressure to improve sepsis outcomes — IntelliSep can be positioned to deliver measurable process improvements tied to reporting [80][4]
- Technology gaps/opportunities: EHR/order-sets in place but triage automation and biomarker integration represent a high-value opportunity to close time-to-antibiotics and bundle adherence gaps via IntelliSep [81]
- Infection prevention linkage: measurable bloodstream infection metric (0.204) signals downstream sepsis burden; integrating early detection with infection prevention workflows is a prioritized opportunity [80]

Recent Publications and Presentations

- **Unknown: Unknown Year: Impact of Metabolically Healthy and Unhealthy Obesity on Outcomes of Sepsis Complicated by Septic Shock in Elderly Patients**

  - *Journal of intensive care medicine (Article)*
  - Chilingarashvili Giorgi; Pasnoor Diksha Sanjana; Bajjuri Shreya; Parekh Ritika; Manjappachar Nirmala; et al.
  - Relevance: MEDIUM — Examines comorbidity-modified sepsis outcomes and supports the value of combining biomarker-based risk stratification (IntelliSep) with clinical risk profiles to improve triage decisions [33]; no clear MedStar Franklin Square author identified [80].

- **Unknown: Unknown Year: Type A versus type B Lactic Acidosis in the context of undiagnosed B-cell lymphoma**

  - *BMJ case reports (Article)*
  - Kundu Rupayan; Chatterjee Arjun; Nathani Avantika; Shrivastava Gautam; Bhavsar Shweta; et al.
  - Relevance: MEDIUM — Highlights diagnostic limitations of lactate alone (lactate can be normal early in sepsis and may be elevated for non-sepsis causes, limiting sensitivity and specificity), reinforcing IntelliSep's complementary role to lactate for early sepsis assessment (IntelliSep provides rapid immune-dysregulation–based risk stratification that can augment lactate-based evaluation).[8][15][26][32]

Competitor Analysis

Section Summary: MFSMC runs one of the busiest EDs in the Baltimore region (104,004 visits/year) but is likely underperforming key competitors on SEP-1 compliance (16.2%), with estimated 9–24-point disadvantages vs nearby Hopkins and UMMS hospitals. Despite moderate disadvantages in sepsis LOS and readmission compared with strong community peers, MFSMC's scale and front-door position create a strong platform to lead the local market in ED sepsis innovation if it rapidly adopts and publicizes advanced sepsis diagnostics and automation over the next 6–12 months, countering the reputational drag of a Leapfrog safety grade reported by the Leapfrog Group.[4][64]

Competitor Analysis

Competitor	Johns Hopkins Bayview Medical Center
Location	Baltimore, MD
Affiliation	Johns Hopkins Medicine
Profile & Background	HIGH THREAT - ~400–450 beds, academic adult hospital, est. 60k–70k ED visits, Johns Hopkins Medicine system, strong ICU and pulmonary programs
Size & Scope	HIGH THREAT - ~400–450 beds, academic adult hospital, est. 60k–70k ED visits, Johns Hopkins Medicine system, strong ICU and pulmonary programs
Performance Comparison	PowerBI: SEP-1 compliance: 26.0% (36.0% higher than target)
Innovation & Technology	Sepsis LOS: 7.2 days (3.6 days higher than target)
Comparison to MedStar Franklin Square Medical Center	Sepsis readmission: 16.2% (2.4% lower than target)

MFSMC must close SEP-7.2 gap and deploy visible ED sepsis innovations within 12–18 months to prevent Bayview from consolidating perception as the safest option for sepsis in east Baltimore[64] |
| Johns Hopkins Hospital | Baltimore, MD | Johns Hopkins Medicine | HIGH THREAT - >1,000 beds, quaternary academic center, est. >80k ED visits, Johns Hopkins Medicine flagship | HIGH

THREAT - >1,000 beds, quaternary academic center, est. >80k ED visits, Johns Hopkins Medicine flagship | PowerBI: SEP-1 compliance: 26.0% (48.0% higher than target) | Sepsis LOS: 7.2 days (6.5 days higher than target) | LLM: SEP-1: ~26.0% (≈24 points above target), Sepsis LOS: ~7.2 days (0.2 days below target despite higher acuity), Sepsis readmission: ~16.2% (1.3 points above target, giving MFSMC slight advantage)[64] | Epic EMR with high-end sepsis analytics, clinical decision support, and research-grade AI/ML tools; extensive ICU and specialty-sepsis protocols | MEDIUM–HIGH leakage risk: draws the sickest sepsis patients and direct referrals from across the region, including cases that might otherwise stay at MFSMC [4]. MFSMC can't out-academic Hopkins but can position as the most advanced community ED for early sepsis detection and timely treatment, retaining moderate-risk patients locally.[64] |
| University of Maryland Medical Center | Baltimore, MD | University of Maryland Medical System | HIGH THREAT - ~800+ beds, Level I Trauma Center, est. 70k–80k ED visits, UMMS flagship | HIGH THREAT - ~800+ beds, Level I Trauma Center, est. 70k–80k ED visits, UMMS flagship | PowerBI: SEP-1 compliance: 26.0% (36.0% higher than target) | Sepsis LOS: 7.2 days (5.4 days higher than target) | ED 104,004,751 visits (28% smaller than target) | LLM: SEP-1: ~26.0% (≈22 points above target), Sepsis LOS: ~7.2 days (0.2 days above target), Sepsis readmission: ~16.2% (0.8 points above target)[64] | Advanced EHR (Epic or similar) with trauma and ICU-focused sepsis pathways, early-warning systems, and robust quality-analytics infrastructure | HIGH leakage risk: EMS trauma routing and perception of superior critical care drive complex and trauma-associated sepsis away from MFSMC MFSMC should emphasize rapid ED sepsis recognition and time-to-antibiotics, leveraging its non-trauma community focus and high ED capacity while adopting novel sepsis diagnostics to differentiate from UMMC's tertiary-trauma profile[64] |
| Ascension Saint Agnes Hospital | Baltimore, MD | Ascension Health | MEDIUM THREAT - ~250–300 beds, community teaching hospital, est. 60k ED visits, Ascension system | MEDIUM THREAT - ~250–300 beds, community teaching hospital, est. 60k ED visits, Ascension system | PowerBI: SEP-1 compliance: 26.0% (39.0% higher than target) | Sepsis LOS: 7.2 days (1.0 days higher than target) | LLM: SEP-1: ~26.0% (≈9 points above target), Sepsis LOS: ~7.2 days (0.4 days below target), Sepsis readmission: ~16.2% (0.4 points below target)[64] | Modern EHR with standard sepsis best-practice alerts and bundles; less likely to have cutting-edge AI/ML sepsis tools | MEDIUM leakage risk: overlaps on community adult medicine; draws commercially insured patients from parts of Baltimore. MFSMC (MedStar Franklin Square Medical Center)[4]'s much higher ED 104,004,004 vs ~60k) can be turned into a strength if paired with superior ED-based sepsis automation, allowing MFSMC to outpace Saint Agnes on early detection and treatment.[64] |
| UM St. Joseph Medical Center | Towson, MD | CommonSpirit Health | MEDIUM THREAT - ~220–250 beds, suburban community hospital with strong cardiac/orthopedic services, est. 55k ED visits, UMMS affiliate | MEDIUM THREAT - ~220–250 beds, suburban community hospital with strong cardiac/orthopedic services, est. 55k ED visits, UMMS affiliate | PowerBI: SEP-1

compliance: 26.0% (27.0% higher than target) | Sepsis LOS: 7.2 days (3.0 days higher than target) | Sepsis readmission: 16.2% (1.8% lower than target) | ED 104,004,427 visits (47% smaller than target) | LLM: SEP-1: ~26.0% (≈16 points above target), Sepsis LOS: ~7.2 days (0.7 days below target), Sepsis readmission: ~16.2% (1.2 points below target)[64] | Likely Epic EMR with community-level sepsis alerts and order sets; not clearly leading in ED-focused sepsis innovation | MEDIUM leakage risk: competes for Baltimore County patients, especially well-insured and cardio-sepsis cases, but not as geographically proximate as Bayview. MedStar Franklin Square Medical Center (MFSMC) is a hospital located at 9000 Franklin Square Drive, Baltimore, Maryland 21237.[4] MFSMC can leverage its nearly 2x ED volume and any adoption of advanced ED sepsis diagnostics to reassert dominance in the county's emergency-care market and stem leakage to this suburban competitor.[64] |

Key Stakeholders (GPT)

Output of stakeholder identification workflow similar to the "Sepsis Stakeholder Scout" custom GPT

Note: It is very difficult to guarantee that current job titles and employers are 100% accurate and up-to-date, regardless of the data source or research method. Please manually confirm this information before reaching out, and consider asking or confirming current role/employer.

I researched public leadership, clinical, quality, IT and infection-prevention contacts at MedStar Franklin Square Medical Center (Baltimore/White Marsh, MD) and assembled the most relevant sepsis-aligned stakeholders I could verify online. Where a role or person could not be verified I marked it "Not found / Unverified." Sources are cited after each profile and in the Executive Summary.

Executive Summary

- Quick snapshot: MedStar Franklin Square is a large MedStar Health community teaching hospital (≈330–378 beds) with a busy ED and an active MedStar regional leadership structure; sepsis work is typically led through ED/quality/PI, infection prevention, nursing leadership and hospital operations — many of these functions are explicitly represented in hospital leadership and MedStar's system quality faculty. (medstarhealth.org)

- Roles & people found (CNO, ED Nurse Dir, ED Medical Dir, Sepsis Coordinator, Chief of Quality, COO, CEO, CFO, Lab Med Dir, Lab Admin Dir, CIO): below I list each role

with a named contact if publicly verifiable; if I could not verify a named person for a role I mark as Not found / Unverified.

1) CEO / President

- Stuart M. Levine, MD, FACP — President, MedStar Franklin Square Medical Center; Senior Vice President, MedStar Health.
- Tenure & background highlights: System-level leader and former MedStar hospital president; responsibilities include strategic/operational oversight for the site. (medstarhealth.org)
- Sepsis priorities/pain points: operational capacity (ED volumes & throughput), quality/safety metrics, alignment with system quality priorities (SEP-1/throughput will be part of his remit). (medstarhealth.org)
- Influence level: Very high — ultimate site executive sponsor for hospital-wide sepsis program investment and sustainability. (medstarhealth.org)

2) COO / SVP Operations

- Nathan Barbo, FACHE — Senior Vice President of Operations (site-level operations executive).
- Tenure/background: Operations leader overseeing throughput, bed management and operational initiatives. (medstarhealth.org)
- Sepsis priorities/pain points: ED boarding, bed turnover, capacity constraints that delay sepsis recognition/treatment and impact metrics. High influence on operational solutions (command center, transfers, throughput). (medstarhealth.org)

3) CMO / VP Medical Affairs

- Stephanie A. Detterline, MD, FACP — Vice President, Medical Affairs (site CMO).
- Tenure/background: Long MedStar tenure; prior chair of Dept. Medicine; involved in quality, safety, GME and clinical operations. (medstarhealth.org)
- Sepsis priorities/pain points: clinical quality improvement, SEP-1 compliance, clinical education for residents and EM/hospitalist alignment. Strong clinical champion role. (medstarhealth.org)
- Influence level: Very high — clinical sponsor for sepsis protocols and physician engagement. (medstarhealth.org)

4) CNO / VP Nursing

- Kim (Kimberly) Schwenk, MSN, RN — Vice President, Chief Nursing Officer, MedStar Franklin Square.

- Tenure/background: Nursing leader responsible for >1,000 nursing staff; led Magnet re-designation work. (medstarhealth.org)

- Sepsis priorities/pain points: triage/nursing sepsis screening, nursing training and compliance on early identification / bundle delivery, staffing and retention impacts on response times. (medstarhealth.org)

- Influence level: Very high — controls nursing protocols, screening workflows and bedside bundle execution. (medstarhealth.org)

5) ED Medical/Quality Leadership (sepsis-adjacent)

- Diana M. Pancu, MD — Chief MedStar Triage Officer & "Director of Quality Assurance and Education, Emergency Medicine, MedStar Franklin Square" (listed as site medical board member and system triage lead).

- Tenure/background: Physician leader in ED quality/triage and system transfer/capacity work. (intellispect.co)

- Sepsis priorities/pain points: ED triage accuracy, early sepsis recognition, transfer/treatment pathways, performance metrics (door-to-antibiotic, time-to-lactate). (brinetwork.com)

- Influence level: High — operational/clinical control of triage pathways and ED education. (brinetwork.com)

6) Site Quality & Safety / Sepsis program clinical lead

- Emilie C. Murray, MD, JD, MPH — identified in MedStar faculty/quality announcements as attending physician and patient-safety/quality operations coordinator / Medical Director of Quality & Safety (MedStar Franklin Square) in public materials. (role phrasing varies across sources; she is listed as Medical Director of Q&S on MedStar EM faculty lists and as core faculty for the MedStar Institute for Quality & Safety). (georgetownemergencymedicine.org)

- Tenure/background: Physician with quality/safety focus; affiliated with MedStar Institute for Quality & Safety. (medstarhealth.org)

- Sepsis priorities/pain points: measurement/SEP-1, data-driven performance improvement, integrating EHR/alerts with quality metric reporting. (medstarhealth.org)

- Influence level: High — leads quality metrics, PI projects and cross-discipline interventions for sepsis. (medstarhealth.org)

7) CFO / VP Finance

- Garo Ghazarian — Vice President of Finance & Chief Financial Officer (site CFO).

- Tenure/background: Site finance lead listed on the hospital leadership page. (medstarhealth.org)

- Sepsis priorities/pain points: ROI for sepsis interventions, readmission/penalty exposure, resource allocation for staffing/biomarkers/diagnostics. (medstarhealth.org)

- Influence level: High for procurement decisions and capital/IT investments. (medstarhealth.org)

8) IT / Informatics (CIO proxy for site)

- Cindy Tanenbaum, MHA — Assistant Vice President, Information Services, Baltimore Region (regional IT leader covering Franklin Square + other Baltimore sites).

- Tenure/background: Regional IT executive for hospital cluster (MedStar Franklin Square, Good Samaritan, Harbor, Union Memorial). (medstarhealth.org)

- Sepsis priorities/pain points: EHR alerts, order sets, data extraction for SEP-1, integration of point-of-care diagnostics, analytics capacity. (medstarhealth.org)

- Influence level: High — controls IS/IT deployment and ability to operationalize sepsis alerts and analytics. (medstarhealth.org)

9) Infection Prevention / Sepsis-adjacent coordinator

- Infection prevention staff identified as attendees/representatives for MedStar Franklin Square at national conferences (APIC lists): Lindsay Greeley (Infection Prevention RN, MedStar Franklin Square) and Catherine Novak (Infection Preventionist, MedStar Franklin Square Hospital Center) — these names appeared on conference attendee/proceedings lists. They are important operational partners for sepsis metrics, antimicrobial stewardship and infection surveillance. (eventscribe.net)

- Tenure/background: IP practitioners listed as representing Franklin Square at APIC events (conference attendee lists). (eventscribe.net)

- Sepsis priorities/pain points: antimicrobial stewardship alignment with sepsis protocols, accurate sepsis diagnosis vs. infection surveillance, bloodstream infection and culture workflows. (eventscribe.net)

- Influence level: Medium-high — strong partners on antibiotic timing, stewardship and lab workflow alignment.

10) Lab Medical Director & Lab Administrative Director

- Not found / Unverified in public site leadership pages: I could not find a clearly publishable name listed as Laboratory Medical Director or Site Laboratory

Administrator on the Franklin Square public leadership pages or pathology pages during this search. (There are system-level pathology/ lab leaders and recruitment postings that indicate the role exists, but a verifiable current name for Franklin Square's Lab Medical Director / Lab Admin Director was not in public leadership lists I located.) Marked Not found / Unverified. (letmeshutmydoor.com)

Strategic Leverage Points (how Cytovale can engage)

- Best entry points: VP Medical Affairs (Dr. Detterline) and Medical Director of Quality & Safety (Emilie Murray) — they own clinical quality, SEP-1 performance and physician engagement. Use clinical outcomes data to start a dialogue. (medstarhealth.org)
- Operational levers: CNO Kim Schwenk + ED triage/quality leader Diana Pancu can validate workflows and nursing triage integration — nursing buy-in will be required for ED implementation and early sepsis screening. (medstarhealth.org)
- IT/data path: Cindy Tanenbaum (regional IS) is essential for EHR-integrations and data feeds; include clear implementation scope and analytics burden in first outreach. (medstarhealth.org)
- CFO + Operations (Garo Ghazarian, Nathan Barbo) — frame ROI (reduced LOS, readmissions, SEP-1 penalties, throughput gains) and provide brief economic model tailored to Franklin Square volumes (~100k ED visits historically). (medstarhealth.org)

Stakeholder Profiles
(Profiles below include verified role/title and public-source citations. If I could not verify aspects (public headshot, publications or prior employer links), I mark them Not found / Unverified.)

Stakeholder Profiles

1. Stuart M. Levine, MD, FACP

Current Role: President, MedStar Franklin Square Medical Center; Senior Vice President, MedStar Health. (medstarhealth.org)

Conversation Starter & Strategic Alignment

- "Dr. Levine — Franklin Square's ED is among the busiest in Maryland and sepsis recognition/treatment is a major driver of mortality, throughput and penalty exposure. Given your site operational priorities and workforce pressures, how would you prioritize a diagnostic/triage tool that can reduce time-to-appropriate-treatment, lower avoidable ICU transfers, and measurably improve SEP-1 performance without

adding nursing burden?" (Challenger question designed to surface tradeoffs between capital / staffing and measurable clinical/operational outcomes.) (medstarhealth.org)

Background & Accomplishments

- Education/Training: MD; board/clinical credentials (public profile lists MD and FACP). (medstarhealth.org)
- Professional background: Hospital presidency and senior MedStar leadership roles; prior MedStar Harbor leadership. (nottinghammd.com)
- Leadership & initiatives: Responsible for executive oversight of site strategy, quality and operations. (medstarhealth.org)

Alignment Points

- Drivers: ED throughput, adverse outcomes prevention, aligning site metrics with MedStar system quality priorities.
- How influences adoption: Approves larger-scale investments and sets executive priorities; will expect ROI and alignment with MedStar central commitments. (medstarhealth.org)

Cross-Hospital Connections

- System ties: Senior VP at MedStar Health — system-level relationships across MedStar hospitals. No direct public ties to Our Lady of the Lake (OLOL), Memorial (unnamed) or Froedtert found in his public bio. Marked Not found / Unverified for cross-system links outside MedStar. (medstarhealth.org)

Suggested Discovery Questions

- What site-level metrics (SEP-1, mortality, time-to-antibiotic, ED LOS for sepsis patients) are you most focused on this fiscal year?
- Which clinical or operational leaders would you want engaged in a pilot to ensure rapid adoption and measurable outcomes?
- What level of ROI/time-to-value would you require to consider a device/diagnostic deployed across the ED?

Sources: MedStar site leadership page. (medstarhealth.org)

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2. Kim (Kimberly) Schwenk, MSN, RN — Vice President, Chief Nursing Officer

Current Role: VP Nursing & Chief Nursing Officer, MedStar Franklin Square Medical Center — nursing leader responsible for >1,000 nurses and Magnet designation programs. (medstarhealth.org)

Conversation Starter & Strategic Alignment

- "Kim — Franklin Square's nursing force is large and Magnet-recognized; sepsis identification at triage and rapid bedside reassessment depend on consistent nursing workflows. How do you balance faster sepsis detection with nursing workload and how would a low-workflow diagnostic that reduces uncertainty at triage fit into your staffing and competency plans?" (Open-ended, challenges current assumptions about workload vs outcomes.) (medstarhealth.org)

Background & Accomplishments

- Education/certifications: MSN, RN (public bio). Led Magnet re-designation. (medstarhealth.org)
- Professional background: Oversight of nursing operations, onboarding new-to-practice nurses, and nursing education/certification initiatives. (medstarhealth.org)
- Initiatives: Magnet 4th designation at Franklin Square; nurse education and clinical competence programs. (medstarhealth.org)

Alignment Points

- Sepsis drivers: nursing screening & bundle initiation; triage-to-antibiotic timelines; nursing education and competency.
- Influence: Direct control over nursing protocols and permissioning for bedside device use.

Cross-Hospital Connections

- Not found / Unverified for published cross-hospital ties to OLOL, Memorial or Froedtert.

Suggested Discovery Questions

- Where do you currently see the biggest gaps in sepsis screening and bundle initiation across shifts?
- How do you measure nursing compliance to sepsis screening and what are acceptance rates for new bedside tools?

- What operational barriers (training time, supplies, documentation) have blocked prior sepsis technology pilots?

Sources: MedStar Franklin Square nursing pages and CNO bio. (medstarhealth.org)

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3. Stephanie A. Detterline, MD, FACP — Vice President, Medical Affairs (site CMO)

Current Role: VP Medical Affairs, MedStar Franklin Square Medical Center; Associate Dean for Medical Education (Georgetown). (medstarhealth.org)

Conversation Starter & Strategic Alignment

- "Dr. Detterline — as VP Medical Affairs you lead SEP-1 / quality and GME at the site. How would you evaluate a sepsis diagnostic that reduces time-to-diagnosis and provides objective data for residents while improving SEP-1 documentation accuracy?" (Positions solution as both educational and quality tool.) (medstarhealth.org)

Background & Accomplishments

- Education: MD (Indiana University School of Medicine); board-certified in Internal Medicine. (medstarhealth.org)
- Professional background: Former Dept. Chair, heavy involvement in graduate medical education and quality improvement; published on wellbeing/resident education. (medstarhealth.org)
- Leadership & initiatives: Oversees clinical quality, safety and GME programs; co-chairs community initiatives (e.g., AHA women's heart health). (newsroom.heart.org)

Alignment Points

- Sepsis drivers: SEP-1 compliance, clinician education, balancing resident workflows with quality metrics.
- Influence: Primary clinical approver and physician champion for sepsis practice changes, education and metrics. (medstarhealth.org)

Cross-Hospital Connections

- Not found / Unverified for ties to OLOL, Memorial, Froedtert in public profiles.

Suggested Discovery Questions

- What SEP-1 documentation or timing gaps do you see from residents vs. attending physicians?

- What data would make you comfortable recommending a pilot to site leadership (clinical endpoints, workload impact, education benefits)?

Sources: MedStar physician & leadership pages, publications list. (medstarhealth.org)

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4. Garo Ghazarian — Vice President of Finance & Chief Financial Officer (site)

Current Role: VP Finance & CFO, MedStar Franklin Square Medical Center. (medstarhealth.org)

Conversation Starter & Strategic Alignment

- "Mr. Ghazarian — to build a business case for an ED sepsis tool at Franklin Square we can model reductions in ICU transfers, average LOS and readmissions tied to earlier diagnosis. What financial outcomes would you require to greenlight a multi-month pilot?" (Frames ask as CFO problem — ROI/total cost of ownership.) (medstarhealth.org)

Background & Accomplishments

- Role listed on site leadership page; responsible for finance oversight at the hospital. (medstarhealth.org)

Alignment Points

- Sepsis drivers: cost of delayed diagnosis, reimbursement risk (quality-based payment), ED throughput and capacity.
- Influence: Final sign-off on capital/operational budget and pilot funding.

Cross-Hospital Connections

- Not found / Unverified for ties to OLOL, Memorial or Froedtert.

Suggested Discovery Questions

- What financial KPIs matter most for sepsis pilots at Franklin Square (reduced LOS, decreased ICU admissions, SEP-1 penalty avoidance)?
- What is the procurement pathway and approval timeline for clinical devices or diagnostics?

Sources: hospital leadership page. (medstarhealth.org)

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5. Nathan Barbo, FACHE — Senior Vice President of Operations

Current Role: SVP, Operations (site). (medstarhealth.org)

Conversation Starter & Strategic Alignment

- "Nathan — ED crowding and boarders are continuous drivers of quality and safety risk. A point-of-care diagnostic that shortens time to diagnosis and speeds disposition could directly improve throughput metrics. Where would you want to see impact in the first 90 days to consider a broader operational rollout?" (Operational, time-boxed ask.) (medstarhealth.org)

Background & Accomplishments

- Operations executive listed on the leadership page; oversees bed flow, throughput and operations improvement. (medstarhealth.org)

Alignment Points

- Sepsis drivers: ED boarding, disposition decisions, transfer/acceptance coordination.
- Influence: Operational buy-in and pilot logistics.

Cross-Hospital Connections

- Not found / Unverified for direct Froedtert/OLOL/Memorial ties in public materials.

Suggested Discovery Questions

- Which throughput KPIs (ED LOS, time-to-provider, boarding hours) would you want targeted in a sepsis pilot?
- What operational barriers (staffing, lab turnaround, imaging) most commonly delay sepsis disposition?

Sources: hospital leadership page. (medstarhealth.org)

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6. Cindy Tanenbaum, MHA — Assistant Vice President, Information Services, Baltimore Region

Current Role: AVP of Information Services (covers Franklin Square and several Baltimore-region hospitals). (medstarhealth.org)

Conversation Starter & Strategic Alignment

- "Cindy — integrating a new sepsis diagnostic into Epic/order-sets and creating reliable clinical alerts depends on tightly scoped interfaces. Would embedding a device feed

into the existing sepsis alert workflow be preferable to building a parallel app, and what data governance steps will your team require?" (Technical integration challenge + governance ask.) (medstarhealth.org)

Background & Accomplishments

- Regional IT leader (MedStar Baltimore cluster). (medstarhealth.org)

Alignment Points

- Sepsis drivers: EHR alert fatigue, data feed reliability, analytics & reporting for SEP-1.
- Influence: Controls design/approval for EHR integrations, data access and analytics resources.

Cross-Hospital Connections

- Regional role; likely has system relationships across MedStar hospitals. No public ties to OLOL/Memorial/Froedtert found. (medstarhealth.org)

Suggested Discovery Questions

- What is the standard process/timeline for credentialing a new device feed into Epic in your region?
- What reporting dashboards do you use for sepsis metrics and what data schema would you need to support a pilot?

Sources: hospital leadership page. (medstarhealth.org)

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7. Diana M. Pancu, MD — Chief MedStar Triage Officer; Director, Quality Assurance & Education, Emergency Medicine (Franklin Square)

Current Role: Physician leader focused on triage, ED QA and education; system triage officer and local ED quality leader. (brinetwork.com)

Conversation Starter & Strategic Alignment

- "Dr. Pancu — triage is the inflection point for sepsis. If a diagnostic could rule-in / rule-out sepsis risk more accurately at triage and reduce unnecessary broad-spectrum antibiotic use while speeding true sepsis care, would you want a 30-day feasibility assessment that measures triage accuracy, time-to-antibiotic and antibiotic stewardship outcomes?" (Frames pilot for triage-led ROI.) (brinetwork.com)

Background & Accomplishments

- Listed publicly as system triage officer and ED quality/education director for Franklin Square; involved in system command center/transfer work. (brinetwork.com)

Alignment Points

- Sepsis drivers: early identification at triage, ED education for sepsis screening, transfers and the ED-to-ward handoff.
- Influence: High for ED workflow changes, clinician education and triage protocol adoption.

Cross-Hospital Connections

- Involved with system transfer/capacity initiatives; may interact with other MedStar sites. No public ties to OLOL/Memorial/Froedtert found. (brinetwork.com)

Suggested Discovery Questions

- How consistent are sepsis screening practices at triage across shifts and provider types?
- Would you consider a triage-based diagnostic pilot that provides objective, rapid risk stratification?

Sources: conference agenda and hospital board listing referencing her roles. (brinetwork.com)

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8. Emilie C. Murray, MD, JD, MPH — Medical Director of Quality & Safety / Patient Safety Operations Coordinator (site)

Current Role: Identified as Medical Director of Quality & Safety / attending physician and patient safety operations coordinator at MedStar Franklin Square; core faculty at MedStar Institute for Quality & Safety. (georgetownemergencymedicine.org)

Conversation Starter & Strategic Alignment

- "Dr. Murray — quality teams must balance measurement burden with meaningful clinical impact. What specific SEP-1 and sepsis process metrics are currently prioritized at Franklin Square, and how would you measure success for a diagnostic intervention that claims to reduce time-to-treatment and improve SEP-1 numerator/denominator accuracy?" (Targets data/measurement concerns.) (medstarhealth.org)

Background & Accomplishments

- Listed in MedStar's Institute for Quality & Safety core faculty announcement as an attending physician and patient safety operations coordinator affiliated with Franklin

Square. (medstarhealth.org)

- Focus: quality, patient safety operations and faculty-level quality work. (medstarhealth.org)

Alignment Points

- Sepsis drivers: SEP-1 measure fidelity, performance improvement design, cross-discipline PI projects.
- Influence: High — will set measurement framework and sign-off for quality outcomes.

Cross-Hospital Connections

- MedStar Institute faculty role implies system-wide collaboration; no public ties to OLOL/Memorial/Froedtert identified in public bios. (medstarhealth.org)

Suggested Discovery Questions

- Which SEP-1 components are most frequently failing in your audits (timing, lactate repeat, antibiotics, culture timing)?
- What reporting cadence and outcome thresholds would you need to see in a 3-month pilot to support scale?

Sources: MedStar Institute for Quality & Safety announcement and MedStar EM faculty lists. (medstarhealth.org)

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9. Infection Prevention Representatives — Lindsay Greeley (IP RN) & Catherine Novak (IP)

Current Role: Infection Prevention RN / Infection Preventionist listed in APIC conference attendee lists representing MedStar Franklin Square. (Conference attendee lists show these names associated with MedStar Franklin Square.) (eventscribe.net)

Conversation Starter & Strategic Alignment

- "Infection prevention teams balance antibiotic stewardship and culture stewardship against the need for rapid antibiotics in suspected sepsis. How do you currently collaborate with ED and pharmacy to measure appropriate antibiotic use in suspected sepsis, and where would a diagnostic that reduces diagnostic uncertainty add the most value?" (Focuses on antibiotic stewardship tension.) (eventscribe.net)

Background & Accomplishments

- Shown as IP attendees from Franklin Square on APIC meeting attendee lists — practical IP practitioners who work on infection surveillance & stewardship. (eventscribe.net)

Alignment Points

- Sepsis drivers: antibiotic stewardship, culture timing and correctness, infection surveillance.
- Influence: Medium-high — can block or enable stewardship- and lab-related components of a sepsis program.

Cross-Hospital Connections

- Conference presence implies networking with IP peers across systems; no specific ties to OLOL / Memorial / Froedtert found in attendee records. (eventscribe.net)

Suggested Discovery Questions

- How are suspected sepsis orders currently impacting antibiotic stewardship and culture contamination rates?
- What reporting would you need from a pilot to support stewardship-aligned adoption?

Sources: APIC attendee lists showing Franklin Square IP representatives. (eventscribe.net)

Unverified / Not Found Roles (must validate with hospital contact)

- ED Nursing Director: No specific public listing of an "ED Nurse Director" by name on the main leadership pages. The Nursing leadership page lists several AVP and Senior Director roles (Cindy Roles, Rebecca Landreth, Frances Strauss, etc.), but not an explicit ED Nurse Director by name in published site leadership pages I found. Marked Not found / Unverified. (medstarhealth.org)
- ED Medical Director (explicit "ED Medical Director" title): While multiple EM attendings and program faculty are listed in MedStar residency/faculty pages, I did not find a single public line-item titled "Emergency Department Medical Director, Franklin Square" with a currently published name on the hospital leadership landing page. Diana Pancu is the site triage officer and EM quality lead; that role often overlaps with medical director functions. Marked Not found / Unverified. (georgetownemergencymedicine.org)
- Sepsis Coordinator (explicit): No single, publishable "Sepsis Coordinator" name was found in the Franklin Square public leadership listings. Quality, ED and infection

prevention staff typically fulfill that function (e.g., Emilie Murray, Diana Pancu, and IP staff). Marked Not found / Unverified. (medstarhealth.org)

- Lab Medical Director / Lab Administrative Director (site): Could not find a verifiable published name for Franklin Square's Lab Medical Director or Lab Admin Director on public leadership pages during this search. Recruitment postings indicate the hospital has these roles but no current public name was located. Marked Not found / Unverified. (letmeshutmydoor.com)

Next recommended actions (practical engagement plan)

1. Outreach sequence (phone/email + 1-pager + ROI snapshot):

- 1) Dr. Stephanie Detterline (VP Medical Affairs) — clinical champion and quickest path to clinical pilot approval. Use case: SEP-1 improvement + resident education.

- 2) Emilie Murray & Diana Pancu — quality and ED triage leads; ask for existing baseline SEP-1 data and readout cadence.

- 3) Kim Schwenk (CNO) — nursing integration and training plan; confirm nurse staffing/triage workflows.

- 4) Cindy Tanenbaum (IT) — technical feasibility for EHR integration and data extracts.

- 5) Garo Ghazarian & Nathan Barbo — financial & operational sign-off for pilot scale.

- Attachments to request in initial outreach:

- Short ROI model tied to Franklin Square ED volumes (MedStar Franklin Square historically high ED volumes; cite ED visit volumes from hospital nursing page). (medstarhealth.org)

- Brief pilot protocol (30–90 day), required IT/data feed list, nurse time/touch estimate, outcomes measured (time-to-antibiotic, lactate turnaround, SEP-1 numerator/denominator, ICU transfer rate, LOS).

- Ask for baseline data in discovery:

- Current SEP-1 pass rate, median time-to-antibiotic for ED sepsis patients, ED LOS for sepsis cases, 30-day readmission rate for sepsis, and lab TAT for critical tests.

What I searched (examples of sources)

- MedStar Franklin Square hospital leadership and nursing pages (site leadership list, CNO bio, nursing stats). (medstarhealth.org)
- VP Medical Affairs / CMO profile (Dr. Stephanie Detterline). (medstarhealth.org)

- MedStar Institute for Quality & Safety core faculty announcement (Emilie Murray listing). (medstarhealth.org)
- Conference and residency faculty pages listing ED/EM site faculty and EM quality leaders (Diana Pancu listing). (georgetownemergencymedicine.org)
- APIC conference attendee lists showing infection prevention representatives from Franklin Square (L. Greeley, C. Novak). (eventscribe.net)

Limitations and verification needs

- ED Medical Director (explicit title), Sepsis Coordinator, Lab Medical Director and Lab Admin Director names were not reliably visible on public leadership pages during my search. Those roles often exist but may be published in internal directories or medical staff rosters not publicly indexed. I recommend the sales rep use an introductory outreach to the hospital operator (switchboard) or site leadership office (443-777-xxxx via the hospital contact numbers on the MedStar site) to request:
- The ED Medical Director name and contact
- The current sepsis program manager/coordinator or the PI/QI contact who runs SEP-1 audits
- The Lab Medical Director and Lab Manager names for feasibility discussions on sample workflows and TAT

Would you like:

- A one-page email draft and ROI slide tailored for Dr. Detterline + Emilie Murray to request a 20–30 minute discovery meeting? (I can include the specific metrics to request and a 90-day pilot outline.)
- Or shall I look up additional public data (SEP-1 scores, CMS Hospital Compare data, state sepsis reporting if available) to strengthen the ROI ask? (This will require another web.run pass to retrieve public quality measures and the latest SEP-1 performance if they are published.)

If you want the email/slide I'll prepare it next (and I can expand verification to search state/cms quality datasets for Franklin Square's most recent SEP-1/30-day metrics).

Key Decision Makers & Influencers

Section Summary: Identified 4 stakeholders: 1 C-suite (CNO Kim Schwenk) and 3 ED/IT leaders (Dr. Motunrayo Lawal [48], Greg Marchand, Dr. Floyd Howell) with departmental-to-enterprise influence; three have documented ED/informatics

leadership references [48], [71], [55]. All four show medium sepsis engagement; Tier 2 priorities are CNO Schwenk, Greg Marchand, and Dr. Lawal for executive sponsorship, ED workflow, and education, respectively. Tier 3 includes Dr. Howell for EM peer advocacy.

Key Decision Makers & Influencers

Note: It is very difficult to guarantee that current job titles and employers are 100% accurate and up-to-date, regardless of the data source or research method. Please manually confirm this information before reaching out, and consider asking or confirming current role/employer.

Kim Schwenk, MSN, RN - Vice President of Nursing and Chief Nursing Officer - MedStar Franklin Square Medical Center ▼

- **Role & Influence:** High influence within organization. Director-level with operational decision-making authority.

- **Background & Expertise:** Expertise in Executive Leadership. Recognized leader with innovation track record.

- **Recent Activities & Notes:** Recent activities not available.

- **Sepsis Involvement:** Moderate engagement with sepsis programs through quality or clinical operations role.

- **LinkedIn:** Not available

Motunrayo Mobolaji Lawal, MD - Director, ED Clinical Observership[48] - MedStar Franklin Square Medical Center ▼

- **Role & Influence:** Moderate influence within department. Director-level with operational decision-making authority.[48]

- **Background & Expertise:** Expertise in ED Leadership. Active in professional development and leadership.[48]

- **Recent Activities & Notes:** Recent activities not available.

- **Sepsis Involvement:** Moderate engagement with sepsis programs through quality or clinical operations role.[48]

- **LinkedIn:** [1]

Greg Marchand - Director of Informatics, Department of Emergency Medicine[71] - MedStar Franklin Square Medical Center ▼

- **Role & Influence:** Moderate influence within department. Director-level with operational decision-making authority.[71]
- **Background & Expertise:** Expertise in Emergency Department Leadership. Active in professional development and leadership.[71]
- **Recent Activities & Notes:** Greg Marchand serves as Director of Informatics for MedStar Emergency Physicians in Washington, DC.
- **Sepsis Involvement:** Moderate engagement with sepsis programs through quality or clinical operations role.[71]
- **LinkedIn:** [2]

Floyd Howell, MD, MBA - Assistant Chair, Department of Emergency Medicine[55] - MedStar Franklin Square Medical Center ▼

- **Role & Influence:** Emerging influence in organization. Contributor role.[55]
- **Background & Expertise:** Expertise in Emergency Department Leadership.[55]
- **Recent Activities & Notes:** Recent activities not available.
- **Sepsis Involvement:** Moderate engagement with sepsis programs through quality or clinical operations role.[55]
- **LinkedIn:** [3]

Challenge Questions

Section Summary: Challenge questions for MedStar Franklin Square Medical Center will center on closing its 26.0% SEP-1 compliance gap versus MedStar and regional leaders, reducing sepsis LOS (7.2 days) and readmissions (16.2%) through automated triage and host-response diagnostics, and leveraging a 6–12-month innovation window to improve its Leapfrog C safety grade and compete more effectively with Johns Hopkins and UMMS.[64]

Challenge Questions

Overall Challenge Questions

- With SEP-1 compliance at 26.0%—23.1 points below your MedStar IDN average of roughly 49.1%—and a reported "infection in the blood" rate of 0.204 contributing to a Leapfrog Safety Grade of C, what specific barriers in your nurse-driven ED triage screening and sepsis order-set workflows are most responsible for missed or delayed bundle elements in sepsis patients? [80][4][64]

- Given your sepsis LOS of 7.2 days and a 16.2% sepsis readmission rate, how are you currently quantifying the financial impact of these excess days and returns, and what would a 0.8-day LOS reduction and a 3–5-point absolute drop in readmissions—worth an estimated $2–3M annually—mean for your sepsis investment priorities? [80][28][18][64]

- With MedStar Franklin Square's 26.0% SEP-1 performance likely 9–24 points below nearby Johns Hopkins Bayview Medical Center and University of Maryland Medical Center, how concerned are you about sepsis-related patient and referral leakage to these competitors, and what differentiation strategy are you considering to counter that perception gap? [80][4][64]

- In a 104,004-visit ED that relies on nurse-driven SIRS/qSOFA-style screening and lactate-based pathways without automated host-response stratification, what integration requirements—EHR, lab workflow, and order sets—would you need to support a triage-level diagnostic that can objectively classify sepsis risk within minutes and reduce diagnostic uncertainty? [81][7][4][64]

- Having already achieved Leapfrog standards for Billing Ethics and Health Care Equity but still carrying a Safety Grade of C, how are you sequencing sepsis-focused technology and workflow changes over the next 16.2–12 months so that improvements in SEP-1, LOS, and readmissions are visible in your next Leapfrog and CMS reporting cycles and help reposition MedStar Franklin Square against Johns Hopkins and UMMS? [4][80][64]

Stakeholder-Specific Conversation Starters

Kim Schwenk, MSN, RN - Vice President of Nursing and Chief Nursing Officer - MedStar Franklin Square Medical Center   ▼

- **Engagement Recommendations:** Schedule a 45-minute executive nursing and quality huddle in the next 3–4 weeks to align on sepsis-related safety and workflow priorities ahead of the next Leapfrog reporting cycle.

- **Conversation Starters:**
  - Kim, with SEP-1 compliance at 26.0% and your "infection in the blood" metric at 0.204 contributing to a Leapfrog Safety Grade of C, how are you currently

prioritizing nursing-driven sepsis initiatives to reduce preventable harm and close this quality gap? [80][4]

- Given a sepsis LOS of 7.2 days and a 16.2% readmission rate, what is your estimate of the nursing and care-coordination effort tied to these extended stays and returns, and how would a modeled 0.8-day LOS reduction and 3–5-point readmission drop—worth roughly $2–3M annually—shape your case for sepsis workflow investment? [80][28][18]

- In your nurse-driven ED triage environment for 104,004 annual visits, how would you envision integrating an automated host-response sepsis test into existing screening and order sets so that it reduces cognitive burden and alert fatigue rather than adding to nursing workload? [81][4]

Motunrayo Mobolaji Lawal, MD - Director, ED Clinical Observership - MedStar Franklin Square Medical Center ▼

- **Engagement Recommendations:** Engage Motunrayo Mobolaji Lawal, MD in a focused discussion about sepsis program improvements and technology solutions.

- **Conversation Starters:**

  - What are your current priorities for improving sepsis care outcomes at MedStar Franklin Square Medical Center?

  - How are you measuring success in your sepsis program, and what metrics matter most?

  - What challenges are you facing in early sepsis identification and treatment?

Greg Marchand - Director of Informatics, Department of Emergency Medicine - MedStar Franklin Square Medical Center ▼

- **Engagement Recommendations:** Engage Greg Marchand in a focused discussion about sepsis program improvements and technology solutions.

- **Conversation Starters:**

  - What are your current time-to-treatment metrics for sepsis, and where are the main workflow bottlenecks?

  - How does sepsis patient volume impact your ED throughput and boarding times?

- What capabilities would an automated triage screening tool need to fit your ED workflow?

Floyd Howell, MD, MBA - Assistant Chair, Department of Emergency Medicine - MedStar Franklin Square Medical Center ▼

- **Engagement Recommendations:** Engage Floyd Howell, MD, MBA in a focused discussion about sepsis program improvements and technology solutions.
- **Conversation Starters:**
  - What are your current time-to-treatment metrics for sepsis, and where are the main workflow bottlenecks?
  - How does sepsis patient volume impact your ED throughput and boarding times?
  - What capabilities would an automated triage screening tool need to fit your ED workflow?

Verification and Sources

Verification and Sources

Reference List

Citation ID	Source	Description
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2	https://www.linkedin.com/in/greg-marchand-a11845b	LinkedIn profile: Greg Marchand
3	https://www.linkedin.com/in/floyd-howell-md-mba-6a049815	LinkedIn profile: Floyd Howell, MD, MBA
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