



CAROL EMMOTT FELLOWSHIP

Impact Project Summaries: Class of 2017



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Promoting a Diverse Physician Workforce in Academic Medicine



Cynthia E. Boyd, MD, MBA
Vice President, Corporate Compliance

Chief Compliance Officer
Rush University Medical Center;
Assistant Dean, Admissions and Recruitment
Rush University Medical College

Sponsor: Rush University Medical Center

Executive Sponsor & Champion: Larry Goodman, CEO, Rush

Mentors: Deborah Prothrow-Stith, Dean, College of Medicine,
Charles R. Drew University of Medicine & Science and Bob Riney,
President, Healthcare Operations & COO, Henry Ford Health System

“I know, accept and am true to myself and I believe in my ability to improve the health and lives of others with the work that I do.”

Biography

Dr. Cynthia Boyd is vice president for corporate compliance and chief compliance officer at Rush University Medical Center. She is responsible for the oversight of the Compliance Program and in providing awareness, education, direction and support to the Board of Trustees, the Audit Committee of the Board, senior management and Rush staff regarding the resolution and prevention of compliance issues. In addition, she is responsible for compliance oversight of the medical center’s other subsidiaries. In addition to many speaking engagements, Dr. Boyd has published in peer-reviewed journals on compliance related topics. She is distinguished nationally on various issues in medical education including the admissions process, diversity and inclusion, and professional development. She is a longstanding member of the faculty at Rush Medical College of Rush University and currently also serves as the dean for admissions and recruitment for Rush Medical College.

Dr. Boyd received her undergraduate degree from the University of Colorado, Boulder and her medical degree from the George Washington University School of Medicine and Health Sciences. She holds an MBA from the University of Chicago Graduate School of Business with certification in health administration and policy. She is an associate professor in the department of medicine and a fellow of the American College of Physicians and has served as a commissioned officer in the National Health Service Corps.



IMPACT PROJECT DESCRIPTION

To establish an improved admissions process that will provide greater opportunities for applicants who are underrepresented in medicine (URM) to be considered for interview, acceptance and matriculation to the medical school. These changes will include an upgrade to our current holistic admissions review practices of screening, interviewing and selection of applicants, as well as implementing policies and procedures to support the diversity and inclusion goals of the institution. Success will be measured in part by an increased cohort of the URMs who enroll at the medical college and graduate as future physicians.

WHY YOU CHOSE YOUR PROJECT FOCUS

With the nation's population growing and becoming increasingly diverse, it is crucial that the physician workforce respond to changing demographics. A more diverse physician workforce is critical in health care and medical education in order to further promote excellence in medical education and accessible, quality health care, particularly to those populations that are underserved and bear the burden of health disparities and inequities.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
• A sustainable and incremental increase in the matriculation of URMs entering medical school classes on an annual basis • A sustainable and incremental increase in the graduation of URMs completing medical school on an annual basis • Increased awareness of unconscious bias in the admissions process • Improved cultural competency and awareness of all students • Enhanced educational experiences for all students and faculty • More diverse GME and faculty workforce • Improved access and health outcomes in underserved populations • Improved patient satisfaction for underserved populations	• Conduct surveys and focus groups of incoming class for feedback and input • Work with key stakeholders to improve recruitment and retention of URMs and other dimensions of diversity across the spectrum of medical education with residents, fellows, faculty, staff and administrators. • Work with Dean, Vice Dean & others in developing a Diversity & Inclusion strategic plan for the medical college to assure practices, policies and procedures are ongoing towards improving workforce diversity.

Transforming the Enterprise: Partnering with patients for health



Gina Calder, MPH, FACHE

Vice President of Ambulatory Services at Bridgeport Hospital, Yale New Haven Health System

Sponsor: Yale New Haven Health System

Executive Sponsor & Champion: Marna Borgstrom, CEO

Mentors: Wright L. Lassiter III, President & CEO, Henry Ford Health System; Stephanie McCutcheon, CEO, Health Employers Exchange and Principal, McCutcheon and Co.

"I engage, empower and elevate others to drive transformation."

Biography

Gina Calder, Vice President of Ambulatory Services, has service line, operational, strategic planning, and business development responsibility for 13 inpatient, outpatient, and ambulatory areas totaling over \$76M in annual revenues. She also successfully planned, implemented and has executive oversight of Park Avenue Medical Center, a \$100M construction effort which opened in spring 2016. She is passionate about ensuring access to high quality, safe care.

An MPH graduate from the Yale School of Public Health, Gina earned her undergraduate degree from Yale University in psychology. She is an inaugural Fellow of the Carol Emmott Fellowship and is a Fellow with the American College of Healthcare Executives.

Gina was recognized in 2015 as one of the Connecticut NAACP's 100 Most Influential Blacks in CT and in 2016 received Delta Sigma Theta Sorority, Inc. Fairfield County Alumnae Chapter's Dorothy I. Height Community Service Award and the Connecticut Association of Healthcare Executives Leadership Award. She serves on the boards of several community organizations including Optimus Health Care and FitHaven and is the Immediate Past President and a founding member of the National Association of Health Services Executives - Connecticut Chapter.



IMPACT PROJECT DESCRIPTION

Value-based population health requires us to partner and collaborate differently with patients and communities and engage them in enhancing their health outcomes. Public health literature and practice has demonstrated the effectiveness of utilizing community health workers (CHWs) to connect people with needed resources. As trusted members of the communities they serve, CHWs are able to do outreach successfully and at lower costs than clinicians.

Yale New Haven Health (YNHHS) is embarking on building an Enterprise Wide Care Coordination division that ensures our employees and patients across the continuum of care are connected to the resources they need to improve transitions and outcomes. As with most other health initiatives, staffing is a challenge especially given the financial pressures we face.

Some of the tasks involved with care coordination do not require extensive clinical expertise and training, allowing us to incorporate CHWs into our efforts. This serves to diversify skill set and lower the cost of staffing resources. We will partner with community colleges & other organizations to develop and recruit CHWs creating pipelines for employment with YNHHS and solidifying the connection of our care coordination team with the communities we serve.

WHY YOU CHOSE YOUR PROJECT FOCUS

Our most vulnerable patients are often challenged by a host of issues including their health. This impact project would ask us to seek to understand our patients, their families and communities more holistically and allow us to partner with them in improving their health and empowering them to live the life they want to live.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
• Reduced unnecessary hospitalizations • Reduced average length of stay • Reduced emergency room visits • Reduced 30 day readmissions • Increased primary care utilization • Increased patient satisfaction • Reduced no show rates • Increased revenues • Increased community hires and employee diversity • Increased opportunities for employee growth and development • New and expanded community partnerships • Enhanced community perception of our system	• Monitor Yale-New Haven Hospital pilot • Launch Bridgeport Hospital pilot • Identify other pilot sites • Identify community partners to provide services in residential property • Finalize philanthropy white paper and identify potential donors • Finalize dashboard and frequency of monitoring and reporting • Determine system financial investment needed to support organization wide launch

Caring for Each Other: Reducing Caregiver Burnout at Duke University Hospital



Carolyn C. Carpenter, MHA, FACHE
Chief Operating Officer, Duke University Hospital

Sponsor: Duke University Health System

Executive Sponsor: Kevin W. Sowers, President, Duke University Hospital

Champion: Rhonda Brandon, Chief Human Resources Officer, DUHS

Mentors: Susan Ehrlich, CEO, Zuckerberg San Francisco General Hospital and Trauma Center and Stephanie McCutcheon, CEO, Health Employers Exchange; Principal, McCutcheon and Co.

“I am a woman committed to helping others believe that they matter – that their hearts can inspire others, their voices can raise individual and collective consciousness, and their talents can advance health and improve the world.”

Biography

Carolyn C. Carpenter has served as Chief Operating Officer of Duke University Hospital for the past three years. During her twenty years at Duke, she held roles of progressive responsibility including administrative fellow, Assistant and Associate Chief Operating Officer, Health System Associate Vice President, Duke Cancer Institute Administrator and Associate Dean of Duke University School of Medicine. Prior to her tenure at Duke, Ms. Carpenter held administrative positions at the Hospital of the University of Pennsylvania and the Medical College of Virginia Hospitals. She earned her undergraduate degree at the University of Pennsylvania and her Master of Health Administration at Medical College of Virginia/Virginia Commonwealth University. She is an Adjunct Assistant Professor at the University of North Carolina at Chapel Hill. She is a Fellow of the American College of Healthcare Executives.

Ms. Carpenter is pleased to share that she has accepted the position of Vice President and Chief Operating Officer of Sentara Norfolk General Hospital and will transition to that role in mid-September.



IMPACT PROJECT DESCRIPTION

At Duke University Hospital (DUH), the 2016 Culture of Safety Survey (taken by 74% of the 9,000-person workforce) showed trended increases in burnout with 46% of all staff reporting they felt burned out by their work. In addition, across all professions, individuals reported that they perceived that 56% of their colleagues were burned out. (Burnout is defined as a syndrome characterized by loss of enthusiasm for work, cynicism or depersonalization, and a low sense of personal accomplishment.) These burnout scores called for a specific, targeted plan for mitigation. This project called for: 1) providing an evidence-based, actionable list of initiatives supporting resilience and mitigating burnout; 2) surveying DUH caregivers to learn which initiatives were preferred; and 3) creating a set of high priority mitigation strategies to reduce burnout.

WHY YOU CHOSE YOUR PROJECT FOCUS

Burnout is important because of its personal consequences, organizational impacts, and patient effects. Individuals experiencing burnout are not only more likely to be managing job dissatisfaction¹ but also facing increased odds of alcohol abuse/dependence² and suicidal ideation³. Organizations functioning with burned out caregivers have higher costs and reduced productivity⁴. Those institutions also suffer from increased turnover among clinicians⁵, higher costs of care associated with above average referrals⁶, and higher testing rates by physicians who are experiencing burnout⁷. Critically, patients also suffer when caregivers are burned out through greater rates of health-care related infections⁸, lower patient satisfaction⁹, increased patient mortality ratios¹⁰, and higher likelihood of major medical errors¹¹.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
Through a coordinated awareness campaign: 1) Improve caregivers' ability to recognize stress in themselves and each other; 2) Increase awareness of resources available to support team members during times of stress; & 3) Create a positive, proactive culture of support for all members of the DUH community. By developing a team of multidisciplinary trained responders (clinicians) available 24/7 for staff who have experienced a stressful event or are experiencing the cumulative nature of stress: 1) Provide timely support through structured assessments, listening, offering perspective, encouraging self-care, and providing resources; 2) Ensure the need for further clinical intervention is identified and deployed optimally; and 3) Tangibly advance DUH's core value of "Caring for Each Other" as evidenced by improved Culture of Safety burnout scores.	Implement recommendations of multidisciplinary subcommittees including: 1) Engage a communications expert to develop an institutional awareness campaign; 2) Include information regarding recognizing stress and resources to reduce the impact of stress in new employee orientation and performance evaluations; 3) Develop Leadership Training for Managers regarding Stress Management and Burnout; 4) Develop a team of multidisciplinary, trained responders (clinicians) who are made available to staff who have experienced a stressful event or are experiencing the cumulative nature of stress; and 5) Recruit an individual to have focused responsibilities for developing a response team structure, processes, and pilot.

¹ Shanafelt TD, Balch CM, Bechamps GJ, et al. Burnout and career satisfaction among American surgeons. *Ann Surg* 2009;250:463-71.

² Oreskovich M, Kaups K, Blach C, et al. The prevalence of alcohol use disorders among American surgeons. *Arch Surg* 2011; 147:168-74.

³ Shanafelt TD, Balch CM, Dyrbye LN, et al. Suicidal ideation among American surgeons. *Arch Surg* 2011;146:54-62.

⁴ Shanafelt TD, Dyrbye LN, West CP, Sinsky C. Potential impact of burnout on the US physician workforce. *Mayo Clin Proc* 2016;91:1667-8.

⁵ Shanafelt TD, Raymond M, Kosty M, et al. Satisfaction with work-life balance and the career and retirement plans of US oncologists. *J Clin Oncol* 2014;32:1127-35.

⁶ Kushnir T, Greenberg D, Madjar N, Hadari I, Yermiah Y, Bachner TG. Is burnout associated with referral rates among primary care physicians in community clinics? *Fam Pract* 2014;31:44-50.

⁷ Bachman KH, Freeborn DK. HMO physicians' use of referrals. *Soc Sci Med* 1999;48:547-57.

⁸ Cimiotti JP, Aiken LH, Sloane DM, Wu ES. Nurse staffing, burnout, and health care-associated infection. *Am J Infect Control*. 2012 Sep;40(7):680.

⁹ Halbesleben JRB, Rathert C. Linking physician burnout and patient outcomes: Exploring the dyadic relationship between physicians and patients. *Health Care Manage Rev* 2008;33:29-39.

¹⁰ Welp A, Meier LL, Manser T. Emotional exhaustion and workload predict clinician-rated and objective patient safety. *Front Psychol* 2015;5:1-13.

¹¹ Shanafelt TD, Blach CM, Bechamps G, et al. Burnout and medical errors among American surgeons. *Ann Surg* 2010;251:995-1000.

Integration of Behavioral Healthcare into Primary Care- Understanding Perceptions, Skills, and Patient Benefit



Tracey W. Criss, MD

Faculty Psychiatrist, Carilion Clinic

Vice President Medical Staff Affairs, Carilion Medical Center

Associate Dean for Clinical Science Years 3 and 4, Virginia Tech

Carilion School of Medicine

Sponsor: Carilion Clinic

Executive Sponsor: Nancy Agee, President & CEO, Carilion Clinic

Champion: Patrice Weiss, Chief Medical Officer, Carilion Clinic

Mentors: Jennifer Daley, Market Medical Executive New England, Cigna HealthCare; and Rich Slavin, CEO Emeritus, Palo Alto Medical Foundation

"I am a kind and compassionate person who will treat my patients with kindness and compassion. I will utilize my energy, enthusiasm, and listening skills to model this for students, residents, and attending physicians with the goal of making better the lives of those who seek comfort and care."

Biography

Dr. Tracey Criss has been practicing Psychiatry at Carilion Clinic for 22 years. She recently completed her role as Interim Co-Chair of the Department of Psychiatry and Behavioral Medicine at Carilion Clinic and now serves as Vice President of Medical Staff Affairs and Credentialing at Carilion Medical Center. She is the Associate Dean for Clinical Science Years 3 and 4 at the Virginia Tech Carilion School of Medicine, and an Assistant Professor in the Department of Psychiatry.

Dr. Criss has significant interest in severe major depression and the prevention of suicide. Throughout her time at Carilion Clinic, Dr Criss has been engaged in teaching residents, medical students, and PA students and practices inpatient, outpatient, and consultation psychiatry.

She is a graduate of the West Virginia University School of Medicine, completed residency at Akron General Medical Center, and completed a mini-fellowship in electroconvulsive therapy at Long Island Jewish Medical Center-Zucker Hillside Hospital. Research interests include curricular development and stress in medical students. She and her husband, Glenn are members of the Family Council at Bridgewater College, where their daughter Jordan is a senior.



IMPACT PROJECT DESCRIPTION

The impact project's goal is to facilitate the integration of behavioral healthcare into primary care. Patients seen in primary care offices are pre-screened for substance use disorders utilizing the evidence based tool Screening Brief Intervention and Referral to Treatment (SBIRT). Patients then receive a full screening if indicated, followed by a brief intervention and referral to treatment if indicated.

WHY YOU CHOSE YOUR PROJECT FOCUS

My area of passion in healthcare is in the practice of Psychiatry, and more specifically in the treatment of the severely depressed patient and the prevention of suicide. Throughout my 22 year career as a psychiatrist treating unfortunate patients with mental illness, I have participated in care that has been successful and care that has abruptly ended in suicide. The tears, emotional pain, grief, and bewilderment that I have witnessed on the phone and/or at the funeral with the patients' family members are etched into my memory. By integrating behavioral health into a primary care setting, physicians are involved in a new level of collaboration uncommon in healthcare. This approach of coordinating care would enhance patient outcomes for those suffering from substance use disorders and presumably has an effect on preventing the progression of diseases and the occurrence of suicides, unintended overdoses, and other physical or mental health consequences. This dark path is then interrupted.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
1) Increase capacity in the community for treatment of patients with substance use disorders. 2) Primary care physicians recognize the value of integrating behavioral healthcare into the primary care treatment plan. 3) Primary care physicians develop comfort and proficiency in discussing substance use issues with patients. 4) Primary care physicians understand how the physician's perception of patients with substance use disorders can impact the ability to treat patients.	1) Consideration by Carilion Clinic of continued integration of behavioral healthcare into primary care settings. 2) If integration occurs, all support, nursing and medical staff would participate in SBIRT training. 3) Continued education of students, residents, and attending physicians on substance abuse topics.

Hardwiring Highly Reliable Leadership Behaviors



Girlynda Gonzales, MSN, RN, CCRN, NEA-BC

**Executive Director of Adult Inpatient Services
John Muir Health in Walnut Creek**

Sponsor: John Muir Health

Executive Sponsor: Jane Willemsen EVP and President, Hospital Operations, John Muir Medical Center in Walnut Creek

Champion: Michelle Lopes SVP Patient Care Services/ CNO John Muir Health, Walnut Creek Campus

Mentors: PK Scheerle, CEO & Chairman, Gifted Healthcare and Maureen Swick, CEO, AONE, SVP & CNO, American Hospital Association

"I am an empowered, insightful and influential woman. I am committed to share my light to light a spark, fuel a fire and thaw out fear and doubt in leaders who feel the pull and who will answer the call to make a difference in their own professional and personal lives."

Biography

Girlynda Gonzales started her journey at John Muir Health in Walnut Creek over twenty-two years ago as a Unit Secretary/Cardiac Monitor Technician. She continued to work full time while pursuing her nursing degrees. She has had the opportunity to serve in multiple, progressive leadership roles. This past year as the Executive Director of Adult Inpatient Services, she has come to realize that despite differences across the specialties in patient care and nursing practice, nursing leadership is the foundation for success. She is proud and blessed to be part of an organization whose core values and mission statement are aligned with her own philosophies and guiding principles.

Girlynda is committed to continue her pursuit of continuity of care and a seamless and exceptional patient experience. She has been blessed to be a Carol Emmott fellow to enhance her skills as a nurse leader and become a part of a dynamic and innovative group of female executives.



IMPACT PROJECT DESCRIPTION

My project was to implement structured Leader Rounding using our Error Prevention Techniques. Rounding to influence is about building leader competency for rounding and coaching employees toward desired behaviors. As of August 2017, we have had 18 events and over 230 leaders have participated in at least 1 RTI event.

WHY YOU CHOSE YOUR PROJECT FOCUS

I am a firm believer in the Error Prevention Techniques that are employed and enculturated in Highly Reliable Organizations. Leader visibility and presence is key to hardwiring behaviors among our staff and essential to the identification of barriers to compliance and quality care.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
Rounding to Influence has a direct and positive impact on improving patient safety, quality of care and patient experience	Leader board to create visibility and awareness to compliance Management Financial Incentive Ask stakeholders for topics for rounding Refine follow up process and closing the loop

Harnessing the Power of the EMR to Improve Medical Communications: *The power of direct engagement*



Thomasine Gorry, MD, M.G.A.

Vice Chair for Quality, Scheie Eye Institute,
Medical Chair of Quality, Clinical Operations
Clinical Practices

Perelman School of Medicine
University of Pennsylvania Health System

Sponsor: University of Pennsylvania Health System

Executive Sponsor: Ralph Mueller, CEO of UPHS

Champion: Elizabeth Johnston, Executive Director, CPUP

Mentors: David Blumenthal, President, Commonwealth Fund; Tejal Gandhi, Chief Clinical & Safety Officer, Institute for Healthcare Improvement

“A physician driver of change, positioned to fuel new and practical methods of medical delivery, inspired by the fundamentals of medicine, but driven by innovation. I will compose a ‘solutions story’ (NYT) in healthcare by engaging, cultivating and amplifying all voices of change, moving healthcare into its future.”

Biography

Thomasine Gorry, MD, MGA, is the Vice Chair for Quality at Penn’s Scheie Eye Institute and an Associate Professor of Ophthalmology and Cataract surgery at the Perelman School of Medicine. As Medical Chair for Quality in CPUP Clinical Operations, Dr. Gorry leads quality initiatives across the ambulatory practices at the University of Pennsylvania. Dr. Gorry demonstrates over fifteen years of experience in healthcare, leading efforts to meet quality metrics through innovation, while also providing mentorship to residents and medical students. She maintains a busy clinical ophthalmology surgical practice, ensuring that her quality initiatives intersect meaningfully with operational feasibility.

Dr. Gorry is the recipient of numerous awards, including the Innovation Accelerator Award for her implementation of teleretinal imaging in diabetic retinopathy screenings. She was elected to the Penn Medicine Leadership Academy, and was the recipient of the PPMC 2014 Quality and Safety Award for study of risk for wrong site surgery. Additionally, she serves on several committees, including the Medical Executive Committee, and the System Wide Risk Reduction committee, evidencing her strong commitment to improving quality, medical communication, and patient satisfaction.

Dr. Gorry earned her degree from MCP/Hahnemann School of Medicine in 2001, subsequently serving as Chief Resident in Ophthalmology at Temple University School of Medicine. She earned a Master’s Degree in Government Administration, and has worked in Government programs of Independence Blue Cross. She has two Bachelor’s Degrees in Russian Language and International Studies.



IMPACT PROJECT DESCRIPTION

Effective communication is the most powerful and least expensive tool in healthcare delivery, yet does not meet its full potential. The initial steps in our impact project were to unveil and analyze the factors impeding effective communications, while also seeking insight into our own use of the EMR.

We organized nine standardized polling sessions to identify attitudes and patterns of communication among 109 participants between and within UPHS sites. The study directly engaged and enlisted the input of physicians, nurses, allied Providers, and patients, facilitating informative dialogues, and demonstrating leadership's commitment to change. We analyzed the results, working side by side with IT to ensure change feasibility from IT professionals. We then compared our data to direct analysis of the EMR from the central analytics department at UPHS.

Despite all available technologies, we discovered that providers most frequently choose inbox letters and discharge documents to communicate information, and patients also strongly prefer written summaries of their visits. These preferences evidence widespread desire for an enduring, concise, and guiding document. The EMR is a powerful and robust tool with noteworthy potential, but its information needs to be synthesized to be applied meaningfully. Additionally, by clarifying and standardizing communication, we can create high quality change for relatively low cost. Thus, our project demonstrates a business model for quality through rapid, meaningful cycles of improvement.

WHY YOU CHOSE YOUR PROJECT FOCUS

- Improving written communication in healthcare is an unmet opportunity in healthcare
- It is an achievable goal that has not yet been accomplished
- Why not? The healthcare system is complex. Seemingly simple outputs result only from comprehensive integration of heterogeneous inputs.
- Improving the written products of the EMR serves as the essential case study for change in a complex system, if done well. It will produce meaningful, concise, readable outputs that inform patient and providers.
- As such these decrease medical error, improve patient satisfaction, impact quality measures such as readmission and serve the goals of comprehensive primary care program.
- Improving these communications through direct engagement creates lasting change in our medical community, makes participants out of observers. It ultimately allows our excellent medical work to persist beyond an admission or office visit.

IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
• The creation of high quality change for relatively low cost = Value • Impact on quality and financial indicators: patient adherence, patient satisfaction, readmission rates, Comprehensive Primary Care + programs • This work served as MACRA PI measure • Polling sessions created direct engagement across the health system	• Create a signature Penn letter and summary: efficient, concise written products of the EMR. Decrease info extraction and document creation time. • Join with EPIC AVS redesign. • Partner with Patient Safety Organization (ECRI) to redesign discharge document • Collaborate with IT to create communication dashboard

Lean Management System Implementation



Richa D. Gupta

Vice President, Performance Improvement and Operational Effectiveness, Rush University Medical Center

Sponsor: Rush University Medical Center

Executive Sponsor: Michael Dandorph, President, Rush System for Health and Rush University Medical Center

Champion: Mary Ellen Schopp, Senior Vice President and Chief Human Resources Officer

Mentors: Sharon O'Keefe, President, University of Chicago Medical Center and Jaewon Ryu, EVP & CMO, Geisinger Health System in Pennsylvania

"I will establish a model for value-driven care by removing waste from the healthcare delivery system."

Biography

Richa Gupta started her healthcare experience in medical school in India. After deciding to switch from the clinical track to administration, she got her masters in health systems administration at University of Michigan. She completed an administrative fellowship and UNC Chapel Hill and moved to Chicago to be part of the newly created internal consulting team at Northwestern Memorial Hospital. After four years in performance improvement, she spent another four years in surgical services as Director.

She started at Rush in 2011, to start the Performance Improvement program. Since this time, she has moved into the CQO role and has been excited to lead the improvement arm of the organization, including PI, Safety, Infection Prevention, Patient Experience, and Clinical Resource Management. Over the last year, she has focused her attention on advancing their High Reliability journey through adoption of a lean management system.

IMPACT PROJECT DESCRIPTION

My project is the implementation of a lean management system at Rush University Medical Center. This will include three components

- 1) Strategy deployment- how do we connect the front line staff to goals of the organization, so that everyone is rowing in the same direction, and every staff member understands how they contribute to achieving the organizations goals
- 2) Cross functional management- eliminating departmental silos to focus on value from a patient perspective
- 3) Daily Management System- a mechanism at the front line where each part of the organization can identify barriers to achieving their (and hence the organizations) goals daily.

WHY YOU CHOSE YOUR PROJECT FOCUS

A management system which creates an environment of empowerment, trust and respect and 10,000 problem solvers was a clear next step for our improvement journey at Rush. I am passionate about taking the improvement capability, which currently resides in a small proportion of the organization, and build the capability throughout RUMC to not only sustain and hold improvements made but also practice breakthrough improvement.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
• Building an environment of empowerment: measured by improvement in employee engagement score • Transitioning from Traditional to Lean leadership: measured by specific engagement questions and effectiveness of staff huddles • Connecting top line organizational goals to the work of every department/ unit and frontline staff within the area: measured by improvement in business metrics e.g. financial and/ or quality metrics	• Spread of daily management system from the initial learning lines to 50 areas within RUMC in year 1 and all areas in year 2 • Leadership development strategy focused on hiring the right leaders and training and promoting the right leadership competencies than enable this transition • Leader standard work to visibly engage staff in the importance of this work and create a reinforcing chain of accountability for this transition

Tackling Opiate Dependency at Lahey Health



Tonya Hongsermeier, MD, MBA
VP and Chief Medical Information Officer,
Lahey Health

Sponsor: Lahey Health

Executive Sponsor: Joanne Conroy, MD, Former CEO at Lahey Hospital and Medical Center

Champions: Mike Jellinek, MD, Former CEO of Community Medicine and David Longworth, MD, CMO, Lahey Hospital and Medical Center and Lahey Health Community Practices, Chair, Dept. of Primary Care

Mentors: Tim Goldfarb, President, Foundation for Medical Excellence and Cheryl Scott, Principal, McClintock Scott Group

“I unleash the full potential of others to make healthcare better every day.”

Biography

Tonya grew up in a variety of locations as the daughter of a Navy pilot and Italian immigrant. She studied medicine at Boston University and trained in Internal Medicine at the New England Deaconess Hospital. In the course of medical practice, she realized the risks of the “managed care” movement to patient safety. She obtained an MBA from Boston University’s School of Management to better understand how to bridge the caregivers and the accountants in healthcare.

After graduating, she served in a range of positions in the industry, ultimately finding her way into technology as a backbone for quality improvement and the learning, patient-centered, digital healthcare system. Her prior positions in informatics included senior roles at InterQual, Cerner Corporation and Partners Healthcare. There she led the development of a renowned Clinical Decision Support and Knowledge Management team within the Clinical Informatics Research and Development Group and implemented a variety of leading-edge tools and governance structures to improve the embedding of clinical knowledge in electronic health records and, thereby, the utilization of evidence-based practices by Partners caregivers. Her team implemented a collaboration and content management platform before there was Facebook. She was also a Team Lead on the government-funded Clinical Decision Support Consortium, Advancing Clinical Decision Support project and Health eDecisions Initiative. She also served as the inaugural co-chair for the Semantic Web Healthcare-Life sciences Special Interest Group for the World Wide Web Consortium under Tim Berners-Lee which is a foundation for deep-learning architectures in medicine. Her focus remains on ensuring that our caregivers have access to the best tools and wisdom to take care of their patients.



IMPACT PROJECT DESCRIPTION

In March 2016, the Governor of Massachusetts signed a bill into law that outlined an array of regulatory requirements designed to tackle the opiate addiction crises that is destroying our communities. Our CEO of the Lahey Health Community Network at the time, Dr. Mike Jellinek, assembled an opiate task force.

My impact project focused on working closely with Dr. Jellinek to solicit sponsorship and multi-disciplinary participation in a workgroup to develop educational tools, electronic medical record tools, reporting capabilities and registries to assist caregivers and quality managers in improving opiate prescribing practices as well as pro-active identification and management of patients who were opiate dependent. During the past year, our workgroup developed and deployed a variety of tools, educational interventions, and reporting systems that enabled our caregivers to achieve more effective management of their patients with respect to opiate prescribing and management of dependency.

WHY YOU CHOSE YOUR PROJECT FOCUS

Opiate dependency is a well-recognized state and national emergency. I wanted to help Lahey Health make a tangible difference in the communities we serve by tackling this crisis with leadership, outreach, and optimizing our practices.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
• Tools for caregivers deployed included a hotlinks to the state registries, standard opiate consent, agreement and education leaflets, and reports tools • All clinical departments were educated and developed standard practices for opiate prescribing and refills as well as ensuring pro-active outreach for ongoing management • Results so far: comparing same 6 month periods ending June 30, 2016 to June 30, 2017, we achieved a 20% reduction in the number of opiate dependent patients, 19% reduction overall outpatient prescriptions	• Work with surgical leadership to establish protocols for opiate initiation in patients discharged from inpatient procedures • Establish a Lahey Health registry for opiate dependent patients to track their progression with regard to weaning and referral to addiction treatment • Establish opiate management as a quality metric that drives incentive compensation for leaders and caregivers alike

Pediatric Specialty Care Strategic Planning



Chantel Johnson, RN, PhD, NE-BC

**Service Line Director, Pediatric Primary Care
Palo Alto Medical Foundation**

Sponsor: Palo Alto Medical Foundation - Sutter Health

Executive Sponsor: Lizz Vilardo, CEO, Palo Alto Medical Foundation

Champion: Marjorie Mangers, Vice President of Operations, Palo Alto Medical Foundation

Mentors: Lisa Brandenburg, Former President, Seattle Children's Hospital and Todd Suntrapak, President & CEO, Valley Children's Hospital, California Children's Hospital Association

"I stand for improving the health and wellness of women and children, empowering them and the community in which they live in."

Biography

Chantel Johnson is the Pediatric Service Line Director at the Palo Alto Medical Foundation (PAMF) in the San Francisco Bay Area. She oversees operations at all pediatric primary care across 21 clinics. Chantel also works closely with pediatric urgent care and specialty services. She is known for her ability to foster collaboration, lead complex projects, and provide clinical insight into healthcare operations. Experienced in both ambulatory and acute care, Chantel served in several leadership positions in neonatal intensive care units in the Seattle area prior to joining PAMF. She holds her RN degree and PhD in nursing from the University of Washington. Chantel is the committee chair for Nursing Leadership Development for the Association of California Nurse Leaders (ACNL). She is passionate about improving the health of children in her community.

IMPACT PROJECT DESCRIPTION

Develop a strategic plan for PAMF pediatric specialty neurology and developmental services to position our teams to carry out a careful operational plan to provide a consistent and cohesive patient experience in pediatric specialty care.

WHY YOU CHOSE YOUR PROJECT FOCUS

The Palo Alto Medical Foundation (PAMF) pediatrics has rapidly expanded over the past 5 years-- offering primary, urgent, and specialty services to our patients. Geographic spread, dynamic response to market demands, interested specialists has contributed to our explosive growth in our nine pediatric specialty services. The development of a strategic plan for pediatric specialty care will position PAMF to provide a consistent and cohesive patient experience in pediatric specialty care. Pediatric neurology and developmental services are top priorities for our organization, requiring careful strategic planning.

This project speaks the future work ahead for my organization, as we grow larger and larger we must find ways to make our vision for the future clear and simplify the experience for our patients. By carefully planning the future of pediatric specialty care, my organization will better understand how to serve the hundreds of thousands of families that turn to PAMF for their healthcare, both primary and specialty care.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
Our organization will use the pediatric neurology and developmental strategic plan as a guiding document for future program development and physician hiring decisions. This project will serve as a model for how to approach strategic planning in other areas of pediatric specialty and the pediatric service line.	Use the strategic plan to engage specialty front-line teams in future planning for expansion and current clinic offerings. Continue to play catchball with senior leaders to ensure their input is incorporated and alignment with the strategic planning for neurology and developmental services. As new growth opportunities in pediatric specialty arise, we will use our strategic plan to help make decisions-- growth in types of services and geographies.

IT Governance Matters in Health Care



Jeri Koester

**Vice President of IT Business Management, Marshfield Clinic
Information Services, Inc.
Marshfield Clinic Health System**

Sponsor: Marshfield Clinic Health System

Executive Sponsor: Susan Turney, CEO, Marshfield Clinic Health System

Champion: Denise Webb, CIO, Marshfield Clinic Health System

Mentors: Adrienne Edens, Vice President of Education Services, The College of Healthcare Information Management (CHIME) and Ann Mond Johnson, Healthcare innovator and executive

“I mindfully lead with attentive inquiry, perspective and compassion. My heart inspires me to teach others to lead with the same balance.”

Biography

Jeri Koester assumed the role of vice president of IT business management at Marshfield Clinic Information Services (MCIS, Inc.) in October 2016. Prior to her current role, Jeri was the vice president of operations for the IT division and was instrumental in leading Marshfield Clinic’s transition of their IT department into a for-profit subsidiary of the health system. Her experience also includes senior project management for one of the nation’s largest window and door manufacturers completing a restructure of the manufacturing footprint. She also brings business startup experience from one of the leading software companies in the fenestration industry where she managed sales and sales projections, client accounts, project implementations and development teams.

Jeri earned her Bachelor of Business Administration degree from the University of Wisconsin–Eau Claire and is a Certified Project Manager Professional from the Project Management Institute.

IMPACT PROJECT DESCRIPTION

Impact the cost of healthcare by ensuring the value of IT investments support and enable our business strategies and achievement of the Marshfield Clinic Health System.

WHY YOU CHOSE YOUR PROJECT FOCUS

The health care industry has experienced a vast technology disruption in recent years due to the implementation of regulations that have been passed via the Affordable Care Act (ACA) and associated technology and services. As we look to the future of health care, technology continues to be an influencer when developing business strategies. Health Information Technology (HIT) supports tremendous promise in enabling and improving the efficiency, cost-effectiveness, quality and safety of medical care delivery. The realization of these benefits is especially critical in the context of reports that show years of consecutive annual increases in health care costs. But how do we know if we are making good decisions around these HIT investments? By aligning technology with strategy, I will ensure HIT investments are leveraged properly and used effectively to provide physicians and health care teams innovative ways to improve patient care and population health.



ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
Impact the cost of health care by reducing non-value added IT that does not meet or align with the organization's strategic initiatives.	Establish a virtual Office of the CIO and Office of the CTO to support multiple business models in an enterprise framework. This will include health IT leaders across the health system that will partner with business leaders to understand what the strategies are, but also how health IT can be the enabler to deliver those strategies. This governing body will create a health system IT plan with a portfolio of prioritized projects. This system IT plan will be resourced, monitored and reported back to system leadership. It will be the responsibility of this governing body to ensure this plan's definition of success aligns to the health system's strategies and is delivered to the health system as a whole. Mature a robust IT Project Management Office to assist the system to successfully achieve their objectives and execute their strategy. Create a lean culture that identifies the value stream of IT processes and removes any non-value added. This will be accomplished through lean methodologies that focus on continuous improvement. Institute a technology business management model to identify the value of IT investments and create accountability for technology lifecycle management. Develop a application portfolio management practice to rationalize software applications through selection, consolidation and harvesting processes.

Improving Patient and Physician Experience by Reducing Specimen Errors to Zero



Martha Lauderdale, MPA

**Vice President of Anesthesia, Diagnostics and
Pharmacy Service Line**

Sutter Health – Palo Alto Medical Foundation

Sponsor: Sutter Health—Palo Alto Medical Foundation

Executive Sponsor & Champion: Dr. Elizabeth Vilardo, CEO

Mentors: Pamela Hudson, COO, Center for Digital Health Innovation
at University of California at San Francisco and Anne McCune,
former COO, Lucile Packard Children's Hospital, Stanford University

***“Transforming healthcare operations through engaged teams, aligned goals,
and innovative problem solving.”***

Biography

Martha Lauderdale holds a Master of Public Administration and has over 25 years of experience in organizational development and operational leadership. She currently serves as the Vice President of the Anesthesia, Diagnostic and Pharmacy Service Line for Sutter Health - Palo Alto Medical Foundation. Since joining Palo Alto Medical Foundation in 2013, Martha has facilitated the implementation of annual Strategy Development, Deployment and Goal Deployment cycles throughout the organization. In addition, she has partnered with physician leaders to drive patient centered process improvement in GI, Ambulatory Surgery Centers, Primary Care, Medical Specialties and Clinical Lab. Before transitioning to health care, Martha specialized in implementing Lean operating systems and creating centers of excellence in manufacturing and service organizations.



IMPACT PROJECT DESCRIPTION

By applying the tools of lean and fostering a culture of continuous improvement, we have created scalable models that significantly reduce the potential for specimen errors, thereby improving our ability to care for our patients. Over the course of the last 9 months, we have completed a value stream event to map out the journey of the specimen – from time of retrieval to resulting. The teams have applied A3 thinking and root cause analysis to the issues identified and have methodically developed and implemented reliable methods, aligned metrics, and visual management systems. As a result of their work, we have not only achieved significant gains in patient quality and safety results, but have also created an infrastructure that allows our team members to make other issues visible and resolve them quickly.

WHY YOU CHOSE YOUR PROJECT FOCUS

“We will let you know as soon as we have the test results.” We say these words to our patients over 4.25 million times a year.

“I am sorry but there has been a system issue and your results are missing. I cannot make a final diagnosis at this time.” These are the words that no care team member should ever have to say to a patient.

The choice was easy. Our teams – the Department of Ambulatory Surgery, Supply Chain, Pathology, Clinical Labs and Quality came together to find a way to change the system. I had the honor of becoming their Executive Sponsor and “Chief Roadblock Remover”.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
<u>YTD Results in the Pilot Site:</u> • Reduced Specimen errors and near misses from a combined average of 200 per month to 0. • Increased Pathology Throughput by over 30% • Decreased Pathology resulting time by 25% • Pilot model spread to Palo Alto Breast Health Center • Established a sustainable model that is ready to spread to clinical locations	• Ambulatory Surgery Team is spreading their Reliable Method for Specimen extraction and labeling to all ASCs • Pathology is implementing both the concept of “Kanban” to “Synchronous Flow” to reduce defects and improve resulting time for non- ASC generated specimens • Clinical Lab, Pathology, Patient Quality and Risk are partnering to spread workflows to test and refine the model with a focus on Urgent Care, Ob/Gyn, and General Surgery • Clinical Lab, Supply Chain and Pathology teams have established shared metrics to reduce specimen handling errors.

Ending the Gender Gap by Creating a Culture of Equality



Barbara Ronda, MHSA

**Chief Administrative Officer and Associate Vice President,
University of Miami Health System**

Sponsor: underwritten by BDC Advisors

Executive Sponsor: Richard Wesslund, President, BDC Advisors

Champion: Steven Altschuler, Senior VP of Health Affairs and CEO of UHealth, University of Miami Health System

Mentors: Joanne Conroy, CEO and President, Dartmouth-Hitchcock
and Elena Fuentes-Afflick, Professor, Vice Chair and Vice Dean,
University of California San Francisco

“I am an accomplished Hispanic Woman Leader in Health that is globally engaged and locally focused on creating a community of empowered women driven by a common purpose to provoke meaningful change in closing the gender gap and promoting integration.”

Biography

Barbara Ronda, M.H.S.A., Associate Vice President and Chief Administrative Officer for UHealth – the University of Miami Health System, has had a long career in business development, health care administration and physician services. Barbara previously served as Assistant Vice President for Strategic Operations and Business Development at the University of Miami’s International Medicine Institute. She came to UM as Director of Strategic Operations and Business Development for Managed Care in 2013. Barbara serves as a Board Member for The Health Foundation of South Florida, was recognized as a 2017 Public School Alumni Achievement Award Honoree, is a proud member of the Upsilon Phi Delta Honor Society for Healthcare Administrators, and was featured in American Healthcare Leader, a national industry publication. Barbara holds a master’s degree in Health Services Administration from Barry University. She resides in Cutler Bay, has a daughter who is a senior at Florida State University and a son who is a junior here at the University of Miami.

PROJECT DESCRIPTION

As the only female, Hispanic executive on the leadership team at the University of Miami Health System, Barbara has focused her impact project on empowering women at The University of Miami Health System-UHealth & Miller School of Medicine by championing the elimination of gender inequality in the recruitment and hiring process, putting an end to gender based salary inequities through the implementation of blinded hiring processes and by providing the mid-level career woman with a platform and pathway to self-promote and ascend into senior leadership roles. The goal of integrating females to the team as peers rather than minorities promotes collaborative work environments and mentorship opportunities.

WHY YOU CHOSE YOUR PROJECT FOCUS

Women constitute over 75% of the workforce in the healthcare industry yet, according to a recent Healthcare Advisory Board report, only 8% of the top 100 hospitals in the nation are led by a female executive. To help fill the c-suite gender gap and correlating wage inequities Barbara committed to advancing the compelling “case for change”. She dedicated her impact project to creating multi-approach platforms to increase the leadership capacity and impact of women in healthcare.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
Create a diverse and gender-balanced leadership team at the University of Miami that is reflective of the community we serve and values we are predicated on.	Implement a gender neutral, skill based resume process. This change of process will challenge implicit bias and enhance skill based consideration.
Establish a consistent and constructive dialogue with organizational partners that will work collaboratively toward the elimination barriers impeding women from advancement into leadership roles.	Organizational agendas do not empower women: only women can empower themselves to make choices or speak out on their own behalf. However, institutions can support processes that increase women’s opportunities, self-confidence, develop their self-reliance and help them set their own agendas.
Create a role focused on gender equality and wage equity under the department of Workplace Diversity.	The University of Miami established a division within the office of diversity dedicated to handling women’s affairs.

Developing a Behavioral Health Training Curriculum for Primary Care Practices



Carey Unger, MHA

Associate Vice President, Neurosciences and Behavioral Health,
Duke University Health System

Sponsor: Duke University Health System

Executive Sponsor: William Fulkerson, Executive Vice President, DUHS

Champion: Rhonda Brandon, Chief Human Resources Officer, DUHS

Mentors: Susan Edgman-Levitan, Executive Director, John D. Stoeckle Center for Primary Care Innovation, Massachusetts General Hospital and Nancy Valentine, Interim Chair, School of Nursing, Northern Illinois University

"I am an empathetic leader who, through authentic investment and honest coaching, helps others grow in to the best versions of themselves, by first understanding my own power and vulnerabilities."

Biography

Carey A. Unger, MHA has been serving as the Associate Vice President, Neurosciences and Behavioral Health for Duke University Health System since May 2015. Carey joined Duke Hospital in 2004 as an Administrative Fellow and has been in various roles within the Hospital and affiliated Private Diagnostic Clinic for the past thirteen years.

Prior to serving in her current role, Carey was Vice President for Med/Surg/Critical Care and Psychiatry for Duke Hospital, and prior to that worked mainly with the Neuroscience and Musculoskeletal service lines, including managing the outpatient medical practice for over four years.

Carey received her Bachelors of Sciences from Vanderbilt University in 2002, majoring in Mathematics with a minor in Sociology. She then attended the University of Missouri-Columbia where she received her Masters in Health Administration. Carey enjoys being involved in her local community and also serves as an International Volunteer for her sorority, Alpha Omicron Pi.



IMPACT PROJECT DESCRIPTION

Duke University Health System, like many other organizations across the nation, has made the conscious decision to begin embedding behavioral health services within the Primary Care Network, reserving referrals to our specialty clinics for only those with more severe needs. One important component to this shift is insuring that staff and providers in the Primary Care offices have proper training and awareness related to the care of patients with behavioral health issues. During the course of my project, I developed and administered a survey to distribute across the Primary Care platform with the intent of assessing the largest areas of training/education needs, as well as the preferred methods of training. The results of this survey will form the basis of the curriculum that will be developed in conjunction with the Primary Care Leadership team. The goal is to develop an ongoing training program that can be used to continually invest in our staff and providers, insuring that patients who are receiving behavioral health services in their Primary Care office are receiving the best care possible with a staff that has a high comfort level related to the delivery of these services.

WHY YOU CHOSE YOUR PROJECT FOCUS

Thanks to leading Behavioral Health portfolios for almost half of my career, the familiarity of treating a patient population that can otherwise carry with it many misconceptions is second nature. After hearing about challenges that others in our Health System were having due to misinformation and lack of education, I became inspired to find ways that my team can partner with others to increase awareness and comfort levels, thereby insuring that every patient gets the best care possible.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
The training curriculum will increase the comfort level of staff and providers in focus areas including: • General understanding of behavioral health diagnoses and how to interact with patients • Detection of behavioral health diagnoses through screening and other assessments • Strategies to handle crisis situations • Medication prescribing A repeat survey will be administered to determine impact, with the goal to increase general comfort level of treating patients with behavioral health issues. Baseline data: Not Comfortable (6%), Somewhat Comfortable (30%), Comfortable (40%), Very Comfortable (24%)	After a meeting with Primary Care leadership to review the results, a curriculum will be developed using a combination of the following preferred training methods: • Large staff trainings with special guests • Lunch and learn sessions • Web Ex (live and pre-recorded) • Regular distribution of FAQs and other learning materials

Career Leadership Development Program



Donna Wellington, MBA, BSN

COO, System Behavioral Health Services

Henry Ford Health System

Sponsor: Henry Ford Health System

Executive Sponsor: Bob Riney, President, Healthcare Operations & COO, Henry Ford Health System

Champion: Nina Ramsey, CHRO, Henry Ford Health System

Mentors: Sandra H. Austin, Former Managing Director with Alvarez & Marshall Healthcare Industry Group; former CEO of Howard University Hospital and Nancy Schlichting, former CEO of Henry Ford Health System; Adjunct Professor at University of Michigan; Director, Walgreens Boots Alliance and Hill-Rom Holdings, Inc.

"I will commit to take every opportunity afforded me to reach my hand out and help another healthcare female leader women succeed. In my role I will use my voice, my influence, my power, my social networks to raise women up in our industry and board rooms. I will serve this cause selflessly."

Biography

As COO Behavioral Health Services, Donna is responsible for the strategic, operational, regulatory and financial performance for the Systems BHS service line which includes over 300 IPD beds, 2 hospitals and 3 additional BHS ipd units, 6 OPD and Addiction Medicine centers across 4 counties. In her previous role of VP Operations, she was responsible for Admission Transfer Management Office, Case Management, Housekeeping, Spiritual Care, Denials/Appeals and Utilization Review.

From her start as a Diabetic Teaching Nurse in Internal Medicine to her position today, Donna has served in a diverse range of positions throughout the Henry Ford Health System since 1996, covering both inpatient and outpatient services, as well as administrative and nursing. Within Henry Ford Medical Group these positions have included administrator for the Internal Medicine, Pediatrics and Urology Product lines. She was Senior Site Administrator for one of the System's urban satellites, while also serving as Senior Administrator for Genetics, Women's Health and Dermatology Product Lines.

As well she has served as Nurse Administrator covering the Neuroscience and Maternal/Child inpatient units and the Minimally Invasive Surgical Unit at Henry Ford Hospital. She sits on various System Committees and serves as Faculty for the Physician Leadership Academy. Under her leadership as Nursing Administrator, Henry Ford Hospital and Medical Group achieved TJC Stroke Certification in 2005.

Donna serves on multiple boards. Such as: Board of Directors for Windsor Regional Hospital for 9 years, University of Windsor Business School and Hotel Dieu Hospital to name a few.



IMPACT PROJECT DESCRIPTION

This program creates a sponsorship and opportunity to mid-career women leaders to learn about healthcare roles within the organization that they may not be aware of. They will network and grow their exposure and sponsors for roles, learn hands on about role responsibilities, qualifications and expectations. They will get hands on training on 'owning' your career path management, professional development and creating impact and influence to see your brand.

Ideal candidate has taken the initiative and ready to grow into the next level of leadership. Pilot program will be 10-20 participants. Members of the HFHS Women's Improvement Network (WIN) will be approached first. Program will run over 12-18 weeks

FRAMEWORK

- Application process was utilized with 30 applicants from every BU at HFHS
 - Interviews were conducted and 15 participants were selected for the pilot
 - CHRO, Director Organizational development, Director Recruitment and Community
- Leaders/speakers on Women leadership were key partners to support the program
 - -18 week curriculum developed broken out into 4 phases
- Self Awareness
 - Career Path exploration
 - Talent Selection/Branding
 - Intention

WHY YOU CHOSE YOUR PROJECT FOCUS

- Throughout my career many women have approached me for career advice and it was astounding to me how many talented women we had who had little access to the opportunities I had to learn about roles, gain experience or the networking circle to be aware of opportunities.
- Launch and sustain a program to meet the needs of female leaders who seek to reach their full potential by exposing them to various healthcare roles, environment for self-awareness, create networking and increase awareness
- Need for career path assessment for early-mid career female leaders
 - many early-mid career leaders are available internally but may have a decrease awareness to opportunities or skill sets needed for the next level
 - senior leaders unaware of qualified leaders seeking growth opportunities across the System
 - create a pipeline of potential candidates for recruitment and leaders

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
1. Increase # internal qualified candidates applying for promotional opportunities across the System 2. Increase internal promotions and decreasing time to fill 3. Increase satisfaction amongst the pilot members regarding aware has had on personal development 4. Participants are leaders of their own careers- provided the tools to enrich their skills and build network with leaders in their areas of interest 5. Strengthen relations with Recruitment – learn of internal talent 6. Due to exposure organizational roles participants chose their own path that match their leadership style, skills, passion that they may not have had on a straight path	Engage the support from HR and Senior leadership Develop a curriculum that will meet objectives of the pilot program Kick off July 12 th - done Execute the curriculum Evaluate outcomes, satisfaction Report out results and seek support for a sustainable program

The Time is Now: Addressing health inequities and barriers to people of color receiving health care in a rural community



Marva Williams-Lowe, PharmD, MHA

**Regional Pharmacy Director
Dartmouth-Hitchcock Health**

Sponsor: Dartmouth-Hitchcock Health

Executive Sponsor: Maria Padin, Chief Medical Officer,
Dartmouth-Hitchcock Health

Champion: Thomas Siepka, Chief Pharmacy Officer, Dartmouth-Hitchcock Health

Mentors: Ruth Brinkley, former President & CEO, KentuckyOne Health and Lisa Egbunu-Davis, Vice President, Global Patient Centered Outcomes and Solutions, Sanofi

"I am a passionate, caring leader who will influence and inspire others to provide equitable quality healthcare."

Biography

Dr. Marva Williams-Lowe is the Regional Pharmacy Director for the Dartmouth-Hitchcock Health. She has responsibility for hospital pharmacy practice and operations including purchasing and inventory management, budget, personnel, medication-related policies and procedures and regulatory compliance. She provides oversight for acute care and hospital-based ambulatory pharmacy operations at various DH locations in New Hampshire and Vermont.

Marva has led the development of pharmacy practice models at Dartmouth-Hitchcock while serving in clinical and administrative positions and on various health system committees. She played an integral role in advancing clinical pharmacy practice and the development of the Postgraduate Year One (PGY1) Pharmacy Residency Program and formal student training programs with several colleges of pharmacy. She has led the implementation of various forms of automation and technology, facility design, space redesign, staff education and development programs, and the expansion of pharmacy services to include specialized areas of clinical and operational pharmacy practice.

Marva is committed to the development of high reliability pharmacy programs and systems that improve medication safety and quality of patient care.

Marva received her Bachelors of Science degree and Doctor of Pharmacy degree from Massachusetts College of Pharmacy in Boston, MA and completed a Management Certificate program at Boston University and a Masters of Health Administration at the University of Ohio.



IMPACT PROJECT DESCRIPTION

Based on several stories by patients, health care professionals and members of the community; an opportunity exists to address barriers to accessing healthcare, improve the patient experience when interacting with healthcare professionals and to ensure that wellness programs and disease management interventions are appropriate for the growing black population in the rural Upper Valley of New Hampshire and Vermont.

Project goals:

- Develop and administer an assessment tool in the black community to understand the barriers to accessing healthcare and issues experienced during health care access in a rural majority Caucasian community.
- Review qualitative and theme based data gathered from community forums and interviews to determine if there are specific issues that can be targeted for improvement.
- Convene a Health Equity Advisory Panel to assist with the development of action plans and specific interventions.
- Develop a template assessment tool that can be used to assess other racial and ethnic patient populations.

WHY YOU CHOSE YOUR PROJECT FOCUS

Health disparities have been a longstanding issue in the U.S. In 1966 Dr. Martin Luther King Jr. gave a speech to the Medical Committee for Human Rights and said “of all the forms of inequality, injustice in healthcare is the most shocking and inhumane.” In 2017 inequality and disparities in healthcare still exist and blacks continue to have rates of chronic disease that far exceed those of whites.

- In May 2017, the Centers for Disease Control and Prevention released data that shows:
 - African Americans ages 18-49 are twice as likely to die from heart disease compared to whites.
 - African Americans ages 35-64 years are 50% more likely to have high blood pressure than whites.
 - Young African Americans are living with diseases that are more common at older ages like high blood pressure, stroke and diabetes.

African Americans are still more likely to die early because of diseases that are oftentimes preventable. Social factors like unemployment, poverty and limited access to healthcare contribute to poor outcomes for this population.

- Dartmouth-Hitchcock’s (DH) commitment is to create a sustainable health system to improve the lives of the people and communities we serve for generations to come. Addressing health care disparities in the black community supports DH’s strategic goal. It seems prudent that as we recognize a growing segment of the population in this rural community and gaps in care; we should make efforts to address these issues now.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
• Improved patient experience • Ongoing forums for ethnic community engagement and feedback loops on health care experience • Reduction in health inequities • Improved cultural responsiveness of health care professionals • Consistent processes for race and ethnic data collection at the point of health care access and in survey instruments	• Community engagement and partnership is necessary to create and sustain change. ○ Maintain ongoing community discussion forums ○ Engage community leaders who are willing to serve in forums to continue the feedback loop • Collaborate with DH Office of Patient Experience and Community Health in initiatives to reduce health inequities.

**Thank you to all of our fellows for their work to
transform health for all.**

**These Impact Projects are testament to how we, as a
community, can work to accelerate the leadership
capacity and impact of women in health.**