



CAROL EMMOTT FELLOWSHIP

Impact Project Summaries: Class of 2018



Contents

<i>Margaret Damiano, MBA</i>	Funding the Mission
<i>Karen T. Harris, MSN, RN, WHNP-BC</i>	Change Management with System Redesign & Transformation
<i>Philynn Hepschmidt, M.Ed.</i>	Improving the Electronic Health Record Experience for Providers
<i>Marissa Kiefer, MHSA</i>	Infant Mortality Reduction through Regionalization of Care
<i>Monica Kogan, MD</i>	Creation of a Transition-to-Practice Curriculum for Orthopaedic Surgery Residency Programs
<i>Michelle Lopes, MSN, RN, NEA-BC</i>	Health System Integration
<i>Elizabeth Mahler, MD</i>	Facilitating Goal-Aligned Care for the Seriously Ill
<i>Jessica Melton, MHA</i>	Administrative Fellowship Enhancement
<i>Teresa Mock, MD</i>	Behavioral Health Resource Center
<i>Maria de Gracia Padin, MD, FACOG</i>	Peer Review Process for Dartmouth-Hitchcock
<i>Shaun Raleigh, RMA, MBA</i>	Health Resiliency Zones
<i>Meredith Sciarro, MBA</i>	Creating Strategies and Facilitating Collaboration for Greater Community Impact
<i>Melody States, RN</i>	Workforce Optimization
<i>Julie Hutcheson Stoss, JD</i>	Connecting Women Leaders to Community Boards: A Win-Win-Win Situation
<i>Lisa S. Stump, MS, RPh, FASHP</i>	Streamling Patient Access & Care Navigation
<i>Andrea Wary, M.Ed., BSN, RN</i>	Optimizing Paramedic Skill Sets to Create Value in Readmission & ED Utilization Prevention
<i>Haimanot (Monnie) Wasse, MD, MPH</i>	Improving Interventional Platform Teamwork & Efficiency
<i>Teri M. Wilczek, MS, CFRE</i>	Creation & Implementation of a Strategic Plan for MCHS Foundation

Funding the Mission



Margaret Damiano, MBA

**Associate Dean for Administration and Finance,
University of California, San Francisco at Zuckerberg
San Francisco General Hospital**

Sponsor: Blue Shield of California Foundation

Executive Sponsor: Susan Ehrlich, MD, MPP, Zuckerberg
San Francisco, General Hospital

Champion: Sue Carlisle, PhD, MD, Vice Dean, University of
California, San Francisco at Zuckerberg San Francisco
General Hospital

“I will lead with respect and humility to ensure exceptional care for the most vulnerable”

Biography

Margaret Damiano has worked for the University of California, San Francisco (UCSF) at Zuckerberg San Francisco General Hospital (ZSFG) for over 12 years in roles of increasing scope and leadership. She was appointed the associate dean for administration and finance in 2017. In her current role, she is responsible for managing a \$300 million budget, oversight of 200,000 square feet of UCSF-occupied space, and personnel matters for the approximately 2,000 UCSF personnel on campus. Prior to joining UCSF, Damiano worked at various consulting firms and industries in the Bay Area. Damiano received her Bachelor of Business Administration from the University of Michigan and her MBA from the University of San Francisco.

IMPACT PROJECT DESCRIPTION

Margaret Damiano's impact project was to develop a sustainable financial model for UCSF operations at ZSFG. This includes the essential clinical services for the most vulnerable populations in San Francisco, and also the teaching and research missions of both UCSF and ZSFG.

UCSF operations at ZSFG are supported from two major funding sources. The main source comes from the city and county of San Francisco (CCSF), which owns and operates ZSFG, and pays UCSF approximately \$170 million per year through an affiliation agreement. The funds from the affiliation agreement pay for uncompensated care and are allocated by the Vice Dean's Office across the nineteen UCSF Departments at ZSFG.

The second funding source are UCSF professional fees and capitated payments for managed care patients. This funding source increased with the implementation of the Affordable Care Act (ACA) and was one of the driving forces to reevaluate the financial model.

At the beginning of the project, the current financial model fell short in many areas including insufficient funds to pay for total budgets and lack of clarity of decision-making process.

WHY THIS PROJECT FOCUS

This project is important to both organizations because the success of the model will ensure the continued exceptional clinical care for the underserved. It can also strengthen the 150-year partnership between UCSF at ZSFG by creating shared governance and increasing transparency while maintaining the spirit and mission of UCSF at ZSFG.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
The key impacts of this project throughout the duration of the fellowship were: • Focused on leadership impacts of the changes to the financial model. Specifically: ○ Initiated monthly email updates to communicate consistent messages and clearly tie the project back to the objectives and milestones. ○ Held three retreats with leaders across the organization to increase shared knowledge and transparency in decision-making.	This project will continue to evolve as the financial landscape changes. Key next steps to sustain these gains will be: • Focus on the leadership and community impacts of changes to the financial model by increased communication. Increase meetings with departments to at least three times per year. • Partner with ZSFG and UCSF leadership to advocate for appropriate increases to the affiliation agreement and supporting mission-critical areas. • To help spread this work across other university partnerships with community

○ Met twice with each department to review individual finances and the anticipated impacts of the model. • Adjusted the model to benchmark external salaries. • Adjusted the distribution model to account for varied scopes of research and teaching across Departments. • Partnered with ZSFG and CCSF leadership to implement an \$8 million increase to the affiliation agreement.	hospitals, I will identify opportunities to present at conferences and support other colleagues dealing with similar issues.
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Change Management with System Redesign and Transformation



Karen T. Harris, MSN, RN, WHNP-BC
Chief Nurse and Operations Executive

Sponsor: Henry Ford Health System (HFHS)

Executive Sponsor: Nina Ramsey, Senior Vice President and Chief Human Resource Officer of HFHS

Champion: Robert Riney, President of Healthcare Operations and Chief Operating Officer of HFHS

“I am an innovative leader of integrity, rooted in faith, who lives a purpose-driven life to make a difference in the lives of others.”

Biography

Karen Harris has 30 years of healthcare experience and is the chief nurse and operations executive at Henry Ford West Bloomfield Hospital in Michigan. For the past 10 years, Harris progressively expanded her scope of responsibilities, deploying strategy to achieve optimal patient experience and quality outcomes. She leads the Emergency Department, Surgical Services, Inpatient, Rehabilitation Services, Respiratory Services, and has matrixed responsibilities for Pharmacy, Lab, and Radiology. Harris served as president of the Association of Women’s Health, Obstetrics, and Neonatal Nurses in 2015.

She consulted for AWHONN Consulting Group and Dynamics Research Corporation, where she performed site assessments, perinatal risk assessments, and training on teamwork behaviors. Harris served as a clinical nurse specialist for an organization that had over 6,600 births and is certified as a women’s health nurse practitioner. Harris is the recipient of several awards including the Nightingale Award for Research and Education from Oakland University. She earned her Bachelor of Science in Nursing and her Master of Science in Nursing degrees from Wayne State University. Harris has also presented on local, state, and national level and is a published author in peer-reviewed journals.

IMPACT PROJECT DESCRIPTION

As Henry Ford Health System strengthens its culture as a Highly Reliable Organization (HRO), they are also undergoing system redesign and transformation (SRT). Highly reliable organizations tend to focus on safety and the prevention of harm with five key elements: preoccupation with failure; reluctance to simplify interpretations; sensitivity to operations; commitment to resilience; and deference to expertise.

The impact project focused on the administrative systems of an HRO with a focus on change management with nursing SRT. Working in a large healthcare system with multiple community hospitals and an academic medical center presents challenges to create alignment and consistency, while reducing costs and improving quality. The administrative processes of a highly reliable organization related to change management was delineated as follows:

- Key stakeholder involvement to ensure ownership as a shared mental model is created.
- Studying best practices to ensure optimal implementation.
- Communication of action plan with time line.
- Metric monitoring for sustainability.

The metric monitor for total paid hours, using the Gap Report in Laborlytics, across the system was a key focus as one defined consistent process to ensure changes were integrated and stayed on target. Ultimately, as healthcare transforms, leaders need to serve as change agents. Driving affordable, efficient care while maintaining compassionate, committed employees delivering the safest and best outcomes and exceptional experience requires vigilant, reliable change management processes.

WHY THIS PROJECT FOCUS

As health systems strive to be highly reliable organizations, attention to administrative processes, change-management competencies, consistency, and implementation of best practices are all essential for long term sustainability. Proper change management can be effective to close gaps, particularly related to communication and execution.

This impact project addressed the gaps, eliminated silos, and created a platform for change management. Providing an infrastructure that leaders understood helped engage them in the work. With the primary focus on administrative processes, expectations are defined and clarity is created for the team.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
• More effective communication. • Timelines delineated with clarity of action. • Metrics defined to monitor for sustainability. • Leader role modeling and coaching others on behaviors for change management. • Labor expense in nursing on target.	• Conduct training session at HF Allegiance once Laborlytics implemented. • Bimonthly meetings at each operating unit to monitor paid hours to target. • Partner with Organizational Development and Performance Improvement to spread change management platform/checklist.

Improving the EHR Experience for Providers



Philynn Hepschmidt, M.Ed.

Associate Vice President, EHR Transformation

Sponsor: Penn Medicine

Executive Sponsor: Ralph Muller, CEO, University of Pennsylvania Health System

Champion: Scott Schlegel, Vice President, Regional Physician Group

“To teach my children about the importance of helping those who do not have a voice, and to follow their own passions by contributing to something bigger than themselves.”

Biography

Philynn Hepschmidt is responsible for the strategic design and execution of EHR Optimization and Enterprise-Wide Program Management with focus on optimal use of technology to improve workflow, outcomes, and provider efficiency. Hepschmidt led the design of a clinician-focused EHR optimization team responsible for providing advanced education and support to 10,000 plus end-users.

In addition, through her strategic leadership, Penn Medicine has continued focus on development of the patient portal to improve patient access, engagement and satisfaction, and quality of clinical care. Hepschmidt has worked 15 years in healthcare, and prior to her current role at Penn Medicine, she was the senior director of ambulatory applications, responsible for leading the successful implementation of EPIC across 170-plus ambulatory specialty practices, and 1,800 physicians.

Hepschmidt has a Master of Education from Arcadia University and an undergraduate degree in public health from West Chester University.

IMPACT PROJECT DESCRIPTION

While EHRs have certainly led to improvements in care, they still fall far short of their potential. At the same time, they are one of the most commonly cited causes of burnout, discontent, and disenchantment due to the increased cognitive and time burdens they place on clinicians. A clinician, acting in partnership with an EHR, should perform her job more effectively and more efficiently than she could otherwise. That is simply not the case in our current state of progress. We have many opportunities.

Hepschmidt's project aims to improve the EHR experience for providers by developing a scalable multi-pronged approach that decreases the data entry burden and improves overall provider satisfaction with the EHR.

- Understand the current pain points or areas of opportunity, by leveraging data and gather feedback from clinical stakeholders.
- Engage faculty in strategic and collaborative dialogue by launching an Innovation Tournament to collect requests and suggestions for easy fixes as well as pipe dream solutions with the potential to transform the EHR experience for providers and patients.
- Develop an ongoing advanced education strategy to provide consistent 1:1 shoulder to shoulder sessions, and small group workshops.
- Develop a model for in-depth focused intervention within specialties, assessing EHR configuration, problematic workflows, education needs, and innovation opportunities.
- Enhance care team workflows to ensure clinicians are practicing to the scope of their licensure, and shift data entry burden from physician to clinical care team members.
- Implement additional patient self-service tools to shift work from physician and clinical care team members to the patient.

WHY THIS PROJECT FOCUS

Provider burnout is a national problem. We hear about it every day. It presents a new opportunity and new challenge for health systems across the country. The value of the EHR should no longer be defined by success at documentation and billing, but rather as an instrument of patient care, of research, and of education. Electronic health records can actively shape the care we deliver to our patients, but we have to make them work for the clinicians rather than making the clinicians work for the EHR.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
• Improved Physician Satisfaction with the EHR. • Decrease in time spent charting afterhours and weekends. • Decrease in total time spent in chart. • Increase in charting efficiencies – use of tools such as speed buttons, quick filters etc. • Decrease in manual data entry within notes and letters. • Increase in percentage of charts closed same day. • Improved message turnaround time.	• Create EHR Improvement Taskforce to inform move forward strategy. • Successfully launch Big Idea Tournament, Personalization Sessions, and Specialty Sprints over the next month. • Evaluate success of pilots and determine move forward strategy to scale. • Continued roll out and scale of patient self-service tools such as electronic check-in and patient-reported outcome questionnaires through our patient portal.

Infant Mortality Reduction through Regionalization of Care



Marissa Kiefer, MHA

Vice President, Strategy

Sponsor: Riley Children's Health; BDC Advisors

Executive Sponsor: Richard E. Wesslund, Founder and Chairman, BDC Advisors

Champion: Matthew Cook, President, Riley Children's Health

"The Carol Emmott Fellowship has opened my eyes to the strength of connections and power of a legacy. Through the incredible individuals that I have met over this past year, my vision of leadership has been amplified. Each interaction has shaped the leader I am today and leader I aspire to be."

Biography

Marissa Kiefer is responsible for developing the statewide strategic platform for maternal and pediatric healthcare that distinguishes Riley Children's Health as the provider of choice for the full spectrum of care in the state of Indiana for expectant moms and children. Kiefer has been a part of the IU Health organization since 2005 and started with the employed physician practice group, IU Health Physicians. Prior to IU Health, Kiefer held a variety of roles at Children's National Medical Center in Washington, D.C. Kiefer received her Bachelor of Science in Public Health, majoring in health administration, from Indiana University in Bloomington and her Master of Health Services Administration from The George Washington University in Washington, D.C.

IMPACT PROJECT DESCRIPTION

Development of a statewide network to regionalize perinatal care to ensure mothers and babies receive risk appropriate care in a timely manner to ultimately reduce Indiana's infant and maternal mortality.

WHY THIS PROJECT FOCUS

From the moment Kiefer learned the devastating statistics of Indiana's high infant mortality rate, she felt compelled to make an impact for both mothers and babies in the state.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
• In a 2016 analysis, approximately 60 percent of very low birth weight (VLBW) babies received care in the appropriate level hospital to meet their needs. ○ Once the perinatal levels of care are formally implemented, the goal is that 87 percent of VLBW babies will be born in a hospital that will meet their clinical needs.	• Formalize perinatal network through execution of memorandums of understanding with hospitals across the state.

Creation of a Transition to Practice Curriculum for Orthopaedic Surgery Residency Programs



Monica Kogan MD

Attending Physician

Director Pediatric Orthopaedic Surgery Division

Residency Director

Assistant Professor Rush University Medical Center

Sponsor: Rush University Medical Center

Executive Sponsor: Larry Goodman, MD, Chief Executive Officer

Champion: Omar Lateef MD, Chief Medical Officer

“My legacy is to mentor women and help them break down barriers”

Biography

Dr. Monica Kogan practices at Midwest Orthopaedics at Rush where she serves in a leadership capacity as residency director at Rush University Medical Center in the Department of Orthopaedic Surgery. She completed an orthopedic surgery residency at Northwestern Memorial Hospital, Chicago and then a pediatric orthopedic surgery fellowship at Primary Children's Hospital/Shriners' for Sick Children in Salt Lake City, Utah. She began her career as an attending surgeon at Children's Hospital Oakland in 2001 and then moved to Midwest Orthopaedics at Rush in 2006. She has been involved with mentoring female high school students and medical students to the field of Orthopaedic Surgery, a specialty comprised of 11 percent women. She became the residency director in 2013 and serves as an Oral Board examiner for the American Academy of Orthopaedic Surgeons. She has led 3 consecutive surgical mission trips with 15 residents over the past 3 years to the Dominican Republic performing surgeries on patients who otherwise would not have access to care. Her passion is finding ways to improve resident education in order to teach both surgical skills as well skills necessary to be an effective and compassionate physician.

IMPACT PROJECT DESCRIPTION

A transition to practice curriculum for orthopaedic surgery residents that will focus on topics that have not traditionally been a part of the current orthopedic surgery residency training, will help to prepare the young doctors of tomorrow. Topics such as:

- 1) Leading teams
- 2) Reimbursement reform/payment models
- 3) Professionalism
- 4) HCAPS/Press Ganey scores (significance/importance/impact)
- 5) Data integrity to outcomes
- 6) Appropriate documentation for reimbursement
- 7) Volunteer activity

The curriculum will be able to be followed at any orthopedic surgery program regardless of the number of faculty, or if the program is an academic versus private practice program. The curriculum would reference a person at the institution for the lecture, i.e. chief medical officer at the hospital to present the HCAPS topic. This would allow the most qualified person to give the lecture and allow the residents to have the most updated information.

WHY THIS PROJECT FOCUS

Orthopedic surgery residents' current curriculum focuses on mastering the diagnosis and treatment of musculoskeletal disorders as well as surgical skills. With the changing of the healthcare landscape, there has been no adjustment to the curriculum that prepares orthopedic surgery residents for the rapidly changing environment.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
• Anticipated impact is for the residents to have their perceived competency in the 'competent' to 'very competent' category. 23/25 residents at Rush were surveyed • Leading Teams ○ Competent – 78% ○ Very competent – 8.7% • Reimbursement reform/payment models ○ Competent – 13% ○ Very competent – 0% • Industry relationship ○ Competent – 4% ○ Very competent – 4%	• Post curriculum will survey the residents at Rush's program (25) to evaluate if there was an improvement in their perceived competency on the topics. • Approach the Council of Residency Directors for support to start this curriculum in a few programs. • Survey the residents in the other programs pre and post curriculum. • Approach the American Board of Orthopaedic Surgeons to include the Transition to Practice Curriculum as standard

• Professionalism ○ Competent – 56% ○ Very competent -39% • HCAPS/Press Ganey scores (significance/importance) ○ Competent – 22% ○ Very competent – 0% • Billing and coding ○ Competent – 9% ○ Very competent – 0% • Data integrity/tying coding to outcomes ○ Competent - 9% ○ Very competent – 9% • Appropriate documentation for reimbursement ○ Somewhat competent – 33% ○ Competent – 11%	in all Orthopaedic Surgery Residency programs.
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Health System Integration



Michelle Lopes, MSN, RN, NEA-BC
Senior Vice President, System Chief Nurse Executive
John Muir Health

Sponsor: John Muir Health

Executive Sponsor/Champion: Jane Willemssen, EVP and President, Hospital Operations, John Muir Health

“I am a compassionate healthcare leader who is committed to building teams that will lead fearlessly into the unknown with tolerance for failure and resilience to innovate again. I will always keep the communities we serve and the teams I lead at the forefront of each and every decision that I make.”

Biography

Michelle Lopes is the senior vice president and chief nurse executive for John Muir Health. In this role, she oversees the nursing division at the 245-licensed bed Concord Medical Center, 557- licensed bed Walnut Creek Medical Center and the 73-licensed bed Behavioral Health Center in Concord. The Concord and Walnut Creek Medical Centers have both earned Magnet recognition for nursing excellence. The Walnut Creek Medical Center was originally honored in 2008, and then re-designated in 2013 before achieving Magnet recognition for the third time in 2018.

Lopes began her career with John Muir Health in 1991 as a bedside staff nurse. Since that time, she has held multiple positions of increasing accountability, including director of clinical operations, director of Women’s and Children’s Services and chief nursing officer for the Walnut Creek Medical Center before being named system chief nurse executive in 2018. Lopes holds a Bachelor of Science in Nursing from Samuel Merritt College of Nursing/St. Mary’s College of California, a Master of Science in Nursing Administration and holds a specialty certification, Nursing Executive – Advanced, from the American Nurses Credentialing Center.

Lopes is a member of Association of Nurse Executives (AONE), Association of California Nurse Leaders (ACNL) and East Bay Association of California Nurse Leaders (EBACNL).

IMPACT PROJECT DESCRIPTION

Michelle Lopes' impact project for the Carol Emmott Fellowship has been focused on successfully developing one integrated leadership team across two acute care medical centers with the goal of achieving operational excellence throughout patient care and support and ancillary services. Like so many other organizations, John Muir Health is transforming to improve quality and access to care, while becoming more affordable. Lopes transitioned into the role of the first system chief nurse executive for the health system. Along with other hospital senior executives, John Muir renovated and integrated its organizational structure so that all director-level leader positions and above had cross-campus alignment and accountability, reducing duplicative positions and streamlining reporting structures. This integrated new hospital operations structure resulted in a reduction of 10 percent (manager and above) leadership positions (primarily through planned retirements and lateral career movement in other areas of the organization) and achieved \$3.7 million in annual savings. John Muir redesigned the organizational structure to create balanced spans of control with the following considerations: complexity, staffing levels, leadership competencies, departmental synergies, and fit. Perhaps most importantly, while integrating our leadership teams cross campus, Lopes and her team took the time to honor, understand and value the different team cultures and uniqueness of each campus.

WHY THIS PROJECT FOCUS

As the first System Chief Nurse Executive for John Muir Health, Lopes knew how vital it would be to bring the leadership teams of our two medical centers together in a way that would value the uniqueness, rich history, and culture of each team.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
The anticipated impact of integrating our hospital operations teams will be to align care delivery models across both campuses, ensure accountability structures, and develop innovative, resilient leaders who are committed to delivering high quality care in increasingly efficient and innovative ways.	The most important next steps in our journey of integration is to deepen our team relationships to strengthen our alignment. We have leaders at all levels of professional development and team cohesiveness. It will be vital to ensure that they have the leadership development to support both their clinical teams as well as the broader hospital operations team.

Facilitating Goal Aligned Care for the Seriously Ill



Elizabeth Mahler, MD
VP, Patient Health Management

Sponsor: Sutter Health

Executive Sponsor: Don Wreden, MD

Champion: Don Wreden, MD

“ I revolutionize how healthcare is designed and delivered by amplifying the voices and contributions of patients and the community to inform what we do and how we do it. I am committed to making the simplicity on the other side of healthcare complexity a reality. ”

Biography

Dr. Elizabeth M. Mahler, a board-certified internist-hospitalist and physician executive, leads Sutter Health’s enterprise strategy and clinical transformation efforts related to the delivery of clinically integrated, personalized, patient-family engaged care, particularly for high-need, vulnerable populations. Mahler oversees the Sutter Center for Integrated Care, which defines and implements core care delivery practices to ensure person-centered, health-literate care delivery. She also sponsors and supports enterprise wide Clinical Improvement Communities related to hospital medicine and palliative and advanced illness care and is the executive sponsor of Sutter’s Management and Clinical Excellence program. Mahler was previously a founding shareholder, chief medical officer and interim-president of the Sutter East Bay Physicians Medical Group (SEBMG), a multi-specialty medical group located in the San Francisco Bay Area. Mahler received her bachelor’s degree in mass communication from the University of California, Berkeley. She earned her medical degree and residency from the University of California, San Francisco.

IMPACT PROJECT DESCRIPTION

This is a two-part project –

- a) Implement a cloud-based e-POLST registry solution for Sutter Health providers and patients to improve the efficiency and quality of the creation, documentation, storage, sharing and accessibility of Physicians Orders for Life Sustaining Treatment (POLST) documents.
- b) Serve as an anchor organization and partner for external organizations – the California Health Care Foundation (CHCF), the Coalition for Compassionate Care of California (CCCC), Emergency Medical Services (EMSA) and other provider organizations – to share learnings and collaborate in development and planning for a California statewide e-POLST registry.

WHY THIS PROJECT FOCUS

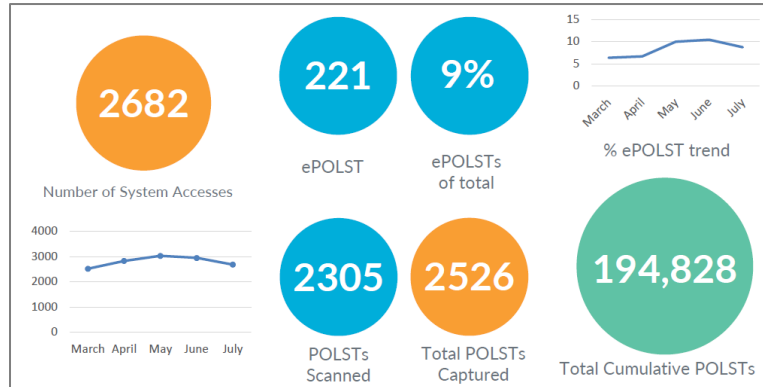
One of the major barriers to providing high quality, person-centered care for the seriously ill is that the “healthcare delivery system” is not well designed to timely learn about, discuss, document, and share a patient’s personal goals, values, needs, and preferences – which would ideally drive all care planning and interventions.

Nowhere in healthcare is this disjointedness more potentially harmful than for patients facing life threatening illness. The current process for patients and their physicians to discuss and plan for goals of care in the face of crisis or inability to speak for themselves, and to document these conversations and wishes via a POLST document, is time-intensive, paper-based, and error-prone.

- a) I chose to focus on Sutter’s capabilities to better facilitate the efficiency and quality of POLST creation, documentation, sharing, and accessibility for providers and patients to impact our ability to honor patient’s wishes by delivering goal-aligned care, especially at the end of life.
- b) I chose to collaborate with external organizations to share our internal learnings, and act as an anchor organization for the development of a statewide e-POLST registry, to positively impact and accelerate the coordination of goal-aligned care delivery for patients and families facing serious illness, who often cross our various provider settings.

PROJECT IMPACT

Current impact at Sutter with the e-POLST Registry implementation as of Jul 2018:



Ongoing assessment of impact (internal + external efforts for e-POLST registry):

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
• Ease of creation of POLST – in all settings • Zero errors in e-POLSTs created • Ease of access to POLST forms – from all settings • Delivery of goal-aligned (concordant) care • Improved Provider experience • Improved patient and family experience • Increased number of organizations participating in the e-POLST Registry	• PDSA of e-POLST integration and workflow • Increase adoption of e-POLST creation (internal) • Increase adoption of e-POLST registry use • Measure and share success rates • Measure and share experience data • Organizational count • POLST count by organization

Administrative Fellowship Enhancement



Jessica Melton, MHA

Vice President Medical, Surgical, and Critical Care

Sponsor: Duke University Health System

Executive Sponsor: Kevin Sowers, MSN

Thomas Owens, MD

Champion: Carolyn Carpenter, MHA

“I will use my skills, talents, energy, and leadership influence to improve our healthcare delivery system. I will do this by committing to seek and empower talented and diverse leaders to find AND claim their seat at the table. I will offer my whole and authentic self, humbly, as a ladder to those around me, so that they may reach their full potential to make a difference in the lives of others.”

Biography

Jessica Melton is a dedicated servant leader who oversees the medical, surgical, and critical care service line at Duke University Hospital in Durham, N.C. In her role Melton takes pride in leveraging her knowledge and influence to develop, lead, and support diverse and high performing teams to help improve healthcare for her community and beyond.

IMPACT PROJECT DESCRIPTION

The Duke University Hospital administrative fellowship program was developed in 1980 with a goal of developing tomorrow's healthcare leaders. Since that time, Duke has proudly contributed to the development of over 85 fellows. The leaders of Duke recognize the integral role of administrative fellows. Fellows are given substantial responsibility and are considered key contributors to the organization and a strategic component of the organization's leadership succession plan. While the program has had a strong and sustained history of producing high quality leaders, many of whom have ascended to executive leadership positions across Duke and the nation, the ever-changing landscape of healthcare and recent leadership transitions at Duke led to a desire to assess the program and enrich its current structure. The goal of the program redesign was to identify experiences, training, and developmental opportunities that would align to the competencies that future healthcare leaders at Duke, and across the nation, will need in order to navigate the critical transition to value and population based care, while maintaining laser focus on quality, and the ability to navigate with emotional intelligence the one true certainty in healthcare - change!

WHY THIS PROJECT FOCUS

One of Melton's defining strengths is her ability and passion to coach and develop others. Melton believes that the key to transitioning our nation from sick care to healthcare will require diverse, bold, and servant-oriented leaders. In this vein, Melton has been inspired to actively mentor and develop those early in their careers, with a goal of eventually developing a formal program for her organization. Melton's desire to make an impact was met with a timely opportunity and organizational need related to the fellowship program. Melton, as an alumnus of the fellowship program, was honored to support this project which has allowed her to help leave a legacy of impact on future leaders and healthcare.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
The culmination of Melton's project resulted in a new and enhanced administrative fellowship curriculum, with clearly articulated competencies touching on both business and leadership acumen. Melton's leadership and support of this effort resulted in the creation by the hospital president of an administrative fellowship program training director position to which she was named.	The new fellowship curriculum was formally launched in July of 2018, with the incoming fellow class. Further the new competencies and leadership framework are being applied to this year's recruitment and selection process. To help maintain continual development and enhancement of the program Melton will be launching a fellowship advisory committee comprised of executives and alumni in the fall of 2018.

Behavioral Health Resource Center



Teresa Mock, MD

Senior Vice President, Mercy Clinics

Sponsor: Trinity Health

Executive Sponsor: Anita Jensen, PhD

VP, Organizational Talent and Development, Trinity Health

Champion: Dan Varnum President/CEO Mercy Medical Center-North Iowa

"I am a trusted, confident leader who takes risks and owns both my successes and failures. I use my vision to influence others to embrace change and improve quality in our healthcare system."

Biography

Dr. Teresa Mock completed medical school at the University of Iowa and a family medicine residency at Mercy Medical Center in Mason City, Iowa. She practiced family medicine for 20 years before joining Mercy Medical Center-North Iowa as senior vice president of Mercy Clinics.

Mock has primary responsibility over Mercy Clinics, a network of 45 primary care and specialty clinics in North Iowa with 120 providers. In addition, she oversees the behavioral health service line, responsible for a 42-bed inpatient psychiatric unit and large out-patient clinic. She is in charge of a \$11 million construction project to expand and build a new behavioral health unit.

IMPACT PROJECT DESCRIPTION

Dr. Teresa Mock's impact project is to create a resource center for mental health patients and families to be included with the construction of our new behavioral health building. The behavioral health pavilion is adjacent to the emergency department entrance and the resource center will be a welcoming face to the public providing psychiatric triage for low-acuity mental health concerns and appropriate referrals to community partners. In addition, the resource center team will serve the public by providing access to a resource center website that educates on common mental health concerns and maintains a list of community resources. The center will also serve as a site for educational classes/lectures related to mental health.

WHY THIS PROJECT FOCUS

Mock chose this project because there is an identified need to educate the public about mental illness, decrease stigma associated with it, and improve access to mental health treatment locally. According to the Iowa Chapter of the National Alliance on Mental Illness (NAMI), 4 percent of Iowans suffer from a severe mental illness and Iowa consistently ranks in the bottom five of all states in all categories of mental health programs and services.

The goal of developing a resource center as part of our new behavioral health building is to improve early diagnosis and treatment with the aim of preventing deterioration and the need for in-patient psychiatric treatment. With further education, the public will learn about the symptoms of disease and understand and support the needs of those with chronic mental illness. This will improve access to community resources and ultimately reduce hospitalizations and readmissions.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
The anticipated outcome of this project is greater community awareness for mental health issues; greater coordination of services for individuals and families struggling with mental illness; earlier diagnosis and intervention to prevent deterioration to an acute state requiring in-patient psychiatric treatment; and a decrease in suicide attempts regionwide; and increased and earlier entry to treatment programs. Success will be measured by a decrease in number of patients seen in the ER for acute mental illness and number of patients evaluated in the help center and referred to out-patient treatment or community resources.	Although the physical space for the Resource Center is still under construction, we have already implemented many of the processes identified. A behavioral health coach has been hired and follow up with patients on discharge. She completes a psychiatric nursing consult for all patients admitted to the hospital for a medical reason and has decreased the codes called for agitation or violent patient in the hospital. The steering committee for the resource center has started an employee education campaign with lunch-and-learns during the month of May to discuss recognizing and de-escalating signs of distress, access to community resources and decreasing stigma associated with

I would also track level of awareness of mental health issues by attendance at community forums and participation with volunteer opportunities.	mental illness. The next step is to develop the website and plan a lecture series for the public. Official opening of the resource center is expected in May 2019.
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Peer Review Process for Dartmouth-Hitchcock



Maria De Gracia Padin, MD, FACOG
Chief Medical Officer

Sponsor: Dartmouth Hitchcock Medical Center

Executive Sponsor: Joanne Conroy, MD
CEO/President, Dartmouth-Hitchcock Health

Champion: Edward Merrens, MD
Chief Clinical Officer, Dartmouth-Hitchcock Health

“To be true to myself and empower others to be their authentic selves. To continue to strive for equity in health care for those who receive the care and those who deliver it.”

Biography

Dr. Maria Padin is the chief medical officer of the Dartmouth-Hitchcock Medical Center (DHMC). Padin focuses on clinical and physician-related responsibilities specific to the academic medical center.

She leads efforts in overseeing and coordinating with the chief nursing officer, cross-disciplinary hospital functions, applying system policies related to physicians at the medical center. Along with the chief quality officer, she manages accreditation issues and maintains and updates professional staff bylaws/rules and regulations.

Padin joined Dartmouth-Hitchcock in 1997. She is board certified in obstetrics and gynecology, and her clinical interests include robotic surgery, minimally invasive gynecology and pelvic floor prolapse.

Padin serves as a member of the New Hampshire Endowment for Health board, the Board of Cheshire Medical Center, the Mount Ascutney Board, and the New England Hospital Association Board.

IMPACT PROJECT DESCRIPTION

Dr. Maria Padin's project focused on the development of a peer-review process for Dartmouth-Hitchcock and its community group practices. A peer-review process is an important component of ensuring consistent patient safety and quality care delivery. A clear and transparent process is critical in helping generate a culture of caring and to the building of a trust relationship between medical staff and the institution. Clinicians holding each self-accountable for the quality and the safety of care delivered was the focus of the project.

With the collaboration of members of Dartmouth's clinical staff, Dr. Padin developed a peer review policy, designed the operational support structure and identified a data platform. Next steps anticipated will be the finalizing of the protocol and the identification and onboarding of the staff that will coordinate this process and the educational sessions for the peer review groups selected to pilot this design. There will be pilots in three departments within the medical center, which will be followed by an evaluation and then will be cascaded to all departments.

WHY THIS PROJECT FOCUS

A robust peer-review process can drive the culture of an organization to one of accountability of all members of a medical staff to ownership of quality and to engagement around safety initiatives and professional accountability. This process needs to be structured in a fashion that ensures due process for those that come under review. If well designed, understood, accepted and adhered to by all, this process can help support a just culture.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
• Continued improvement in patient care • Contribute to an accountable culture and clinician engagement • Enhancement of the privileging process • Proactive identification of potential quality and safety issues • Decrease liability risk • Decrease financial cost in separation agreements	• Hiring of the CIC coordinator and data analytics support • Education on peer-review reporting platform for the MSO and key stakeholders • Approval of the policy by the Medical Executive Committee • Development of a PPEC Resource Tool • Education for all of the other PPEC members in the pilot • Selection of department-specific quality metrics and/or case review indicators for the pilot departments • Establishment of the CIC • Development of a communication

Health Resiliency Zones



Shaun Raleigh, RMA, MBA

Executive Director, Clinically Integrated Networks

Sponsor: Trinity Health

Executive Sponsor: Mary Boyd, Chief Integration Officer,
Trinity Michigan

Champion: Anita Jensen, PhD, VP, Executive,
Organizational and Talent Development, Trinity Health

"I am a fierce warrior for women who need a voice, a healthcare rebel, and a compassionate wife, mother and leader."

Biography

Shaun Raleigh is responsible for overseeing care delivery transformation for over 207,000 lives in alternative payment model contracts valued at almost \$1 billion. Raleigh is a subject-matter expert in the field of population health and financial model innovation with experience in the payer, provider and hospital milieu and has engaged in local and national speaker events on these topics. Raleigh received the Healthcare Valor award from Blue Cross Blue Shield of Michigan in 2014 and was a Lakeshore Athena Award Nominee in 2012, being recognized for her work and passion in addressing social determinants of health and promotion of gender equity. Raleigh received her MBA from the University of Phoenix and is a Registered Medical Assistant. In her free time, Raleigh supports local schools, successfully leading a parent committee that supported the passing of the largest school bond issue on the ballot in Michigan in 2016. Raleigh is passionate about fitness, and recharges by spending quality time with her family, and enjoying the beauty of living in Western Michigan.

IMPACT PROJECT DESCRIPTION

Shaun Raleigh's project has taken a journey that has caused it to morph from its inception. Shaun had the idea that food deserts could be addressed by smart phone technological advances in food delivery from large area grocers. In an effort to minimize fragmentation of community work, she researched existing community initiatives and developed relationships with local agency leaders.

The relationships she culminated brought her to the table for an even bigger community endeavor modeled after Health Equity Zone work originated out of Rhode Island. The leaders of the Muskegon, Mich., community, with Raleigh at the table, are calling this work Health Resiliency Zones.

The concept is that community needs vary from zip code to zip code, and to truly address these needs, the local community must be involved in the creation and implementation of supportive programs. Tied closely to this work is the concept of promoting resiliency to overcome family and social challenges, hence the name Health Resiliency Zones. The group has identified a zip code and a strong community leader to begin the journey of not only addressing food security as identified in Raleigh's original impact project, but all local community needs from domestic violence to homelessness to substance abuse.

Funding, which is critical for any innovation, is being provided by a state-managed Medicaid initiative called the State Innovation Model. Muskegon was chosen as one of five communities in the state to adopt innovative models such the Health Resiliency Zones which could be replicated through Michigan. Shaun serves as the finance committee chair for the Muskegon area.

WHY THIS PROJECT FOCUS

Raleigh has a passion for resiliency and addressing social determinants of health because of her own childhood experiences. She scores a 9 out of possible 10 on the Adverse Childhood Experience (ACE) Questionnaire. Raleigh has a deeper understanding of the importance of support and reverence for all individuals as a result of overcoming her own struggles and realizing success and happiness is possible.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
Communities in Michigan will have community-led and -embedded programs to address social	A foundation for this work is the sustainability of community health workers as well as programs

determinants of health to improve overall population health.	that are developed. Pushing for a true category 4 (HCP-LAN: https://hcp-lan.org/apm-refresh-white-paper/) population based payment methodology for state and managed Medicaid will allow for flexibility of program support. Next steps include working through lobbying and contracting efforts to align with this goal.
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Creating strategies and facilitating collaboration for greater community impact



Meredith Sciarrio, MBA

Director, Strategy & Integration, Community Partnerships Division

Sponsor: Providence St. Joseph Health

Executive Sponsor: Joel Gilbertson, SVP Community Partnerships Division, Providence St. Joseph Health

Champion: Debra Canales, EVP/Chief Administrative Officer, Providence St. Joseph Health

“I am a thoughtful leader who builds trust and connections across leaders and teams to foster solutions.”

Biography

Meredith Sciarrio is responsible for divisional strategic planning and facilitating collaboration across the Community Partnerships division at Providence St. Joseph Health to create measurable impact in communities served. The division’s diverse functional teams include community benefit/investment, community partnerships, environmental stewardship, global partnerships, government and public affairs, philanthropy, PSJH’s commitment to mental health and wellness, and the University of Providence. Sciarrio oversees the division’s portfolio of initiatives and manages a team of project and program managers to support these initiatives and divisional evaluation and reporting systems. She also ensures the division’s alignment and compliance with organizational strategic and financial planning, budgeting, and goal setting. Prior to joining PSJH, Sciarrio was a research assistant and fellow for the Bill & Melinda Gates Foundation and has a background in strategic consulting and operations. Raised in New Hampshire, she holds an MBA from the University of Washington and BA from Boston College.

IMPACT PROJECT DESCRIPTION

Create, implement, and monitor the Community Partnerships Division's inaugural cross-functional strategic plan, including transformational objectives and cross-functional success metrics. Develop a big bold vision for the division, lead the team through the process, balance priorities across departments, and build stronger relationships as we partner and collaborate towards aligned goals. For all success metrics, we are projected to exceed either threshold or outstanding targets by end of 2018.

WHY THIS PROJECT FOCUS

This has been highly impactful as it required leadership collaboration across more than seven functional teams and relationship building to unite as a newly formed division. On many levels, our division has already been achieving its desired impact with each department contributing to bettering our communities, but we've just been touching the surface of what is possible if we intentionally and proactively work together. Through the planning, implementation, and monitoring of our strategic plan, our division has been challenged to commit on what success looks like together.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
• Creating a cohesive multi-functional division, which improves community outcomes and creates healthier communities. • Building deeper relationships across the leadership team. • Establishing a unified Community Partnerships divisional voice and story. • Continuing to integrate our Mission and values in all we do.	• Developing and implementing a reporting tool for greater accountability, alignment and target tracking throughout the year. • Building off of our strong foundation with Mission to illuminate pathways for our caregivers to engage directly with the community through our division. • Continuing transparent and consistent communication forums with all divisional caregivers to connect with leaders learn about collaboration opportunities and participate in the divisional outlook.

Workforce Optimization



Melody States, RN
Chief Operating Officer
Sutter Surgery Center Division (SSCD)

Sponsor: Sutter Health

Executive Sponsor: Dr Lizz Vilardo

Champion: Terry Glubka, RN, CEO

"I stand here today, a better version of myself. A confident, authentic and collaborative leader."

Biography

Melody States joined the Sutter Surgery Center Division in 2017 after serving 19 years as executive director for Palo Alto Medical Foundation surgery center division. States grew up in South Africa, where she began her career as an operating room RN. She moved to California in 1985. In 2016 she was recognized by the Silicon Valley Business Journal as a "Woman of Influence."

IMPACT PROJECT DESCRIPTION

To create a compelling new approach to staffing that will positively impact the front line team and the health system as a whole. Reduce the stress and burnout of the professional team. Place the right people in the right place at the right time in order to elevate safe clinical care and reduce labor costs.

A multifaceted approach including: technology to assist with predictive staff scheduling; intensive monitoring of staff hours per case; benchmarking for industry best practices; measuring staff satisfaction; adoption of Standard Work; setting of expectations with transparency of outcomes;

Results to date for the pilot group (six centers): a significant reduction in staff hours per case, a downward trend of staff cost per case and reduction of excess hours for staffing overall.

Employee satisfaction has improved and manager engagement has increased.

Next steps: spread this work to the rest of the ASC's in the division.

WHY THIS PROJECT FOCUS

Patients need affordable care. Many do not have health insurance, or the coverage they have does not adequately provide for access to expensive surgical care. It is imperative that we as an industry do our part to reduce the cost of providing this care. Labor contributes to more than 41 percent of this cost.

There are things we can do with the right focus and determination to provide safe surgical care and reduce our labor costs while maintaining quality and patient satisfaction. We need to be aligned with new value-based payment models and reduced reimbursement.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
For Patients: • Reduce cost of care • Increase access to surgery For Staff: • Bring back the joy of work • Reduce burnout • Career options for unlicensed assistive personnel For Providers: • Staff with highest skill set at the bedside • Practice enhancement due to elevated staff engagement	Plan for spread: • Identify next core groups for implementation • Collect data to illustrate savings • Educate teams • Implement tools • Measure progress and share success • Monitor, monitor, monitor

For Organization:

- Safe and efficient work processes
- Patient, physician and staff satisfaction
- Reduced cost of care leading to increased revenue

Connecting Women Leaders to Community Boards: A Win-Win-Win Situation



Julie Hutcheson Stoss, JD

Vice President, Government Relations

Sponsor: Kaiser Foundation Health Plan, Inc.

Executive Sponsor/Champion: Anthony Barrueta, Senior Vice President

“I am a fearless leader dedicated to improving access to high quality, affordable health care for all.”

Biography

Julie Hutcheson Stoss has extensive experience in public policy, advocacy, and navigating the legislative and regulatory process at the federal and state level. Throughout her career, she has supported policies to promote access to high quality, affordable health care for all Americans. Since 1999, she has worked for Kaiser Permanente (KP) in Oakland, Calif., and is currently the vice president for government relations. In this role, she leads the development of KP's national policy positions and principles to advance KP's strategic objectives, including improving access to care, creating a regulatory environment to meet the health and care needs of KP's 12 million members, and promoting KP's unique model of integrated care and financing. Stoss speaks frequently on a wide range of health care and policy topics and is recognized in the industry as an expert on the organization, financing, and quality of health care. She serves on numerous health trade association committees and boards. She has been nationally recognized for her strong leadership abilities. An enrolled member of the Cherokee Nation, Stoss was recognized by Diversity MBA Magazine as one of the Top 100 Under 50 Diverse Executive & Emerging Leaders in 2014. Stoss earned a bachelor's degree in political science with highest honors from the University of California at Berkeley and a law degree cum laude from Harvard University. She is a member of the State Bar of California. She is also a graduate of KP's Executive Leadership Program at Harvard Business School.

IMPACT PROJECT DESCRIPTION

The goal of this project is to place women executives on the boards of the community organizations with which Kaiser Permanente (KP) partners, creating a win-win-win situation. The women leaders will gain valuable experience and exposure, and the non-profits will benefit from KP's leaders' talent, skills, and expertise. As these organizations are on the front lines addressing some of the most challenging issues facing health care, including access, poverty, and health care disparities, improving their capacity and effectiveness will benefit the communities they and KP serve. The program is designed to identify interested women leaders and match them to appropriate boards, as well as provide training and mentorship opportunities.

WHY THIS PROJECT FOCUS

In 2017, women held less than 23 percent of Fortune 500 company board seats. My goal for this project is to begin to address this imbalance by giving more women leaders opportunities to gain board experience and expand their network.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
Leadership development Expanded networks Enhanced capacity for community organizations Improved service for all communities	Automate the process to match women leaders to open board spots Consolidate the various board trainings and support across KP

Streamlining Patient Access & Care Navigation



Lisa S. Stump, MS, RPh, FASHP
Sr. Vice President and Chief Information Officer

Sponsor: Yale New Haven Health

Executive Sponsor: Marna Borgstrom, CEO

Champion: Richard D'Aquila, President

"I am a fearless leader who innovates care through collaboration and a focus on all that is possible. I will creatively solve problems and bring out the best in those around me to deliver unparalleled value to those we serve."

Biography

Lisa Stump is senior vice president and chief information officer at Yale New Haven Health System and Yale School of Medicine, where she leads a team of 650 IT professionals. Stump has 25 years of healthcare experience and has been instrumental in shaping the delivery of health IT services, digital health, and data and analytics supporting the consumer health, patient care, education and research missions of the medical enterprise. She is a change agent leading innovation strategy and digital transformation and has extensive experience planning and leading large scale EMR and revenue cycle implementations and conversions. Stump graduated from the University of Connecticut School of Pharmacy and The Ohio State University College of Pharmacy with a master's degree in pharmacy administration. As a member of the Connecticut legislative HIT Advisory Council, she participates in developing policy on technology and health information exchange. She is adjunct professor and member of the Board of Visitors of the College of Health Professions at Sacred Heart University, Fairfield, Conn., has published several peer-reviewed articles, and is an active speaker and commentator on digital health. Stump has been recognized as one of the Most Influential Women in Healthcare IT (HIMSS), one of the Most Powerful Women in Health IT (Health Data Management) and a Female HIT Leader to Know (Becker's). She and her husband are the very proud parents of three children.

IMPACT PROJECT DESCRIPTION

Rising consumer expectation, payer uncertainty, and growing competition compel us to transform patient access and care navigation in order to create enduring customer relationships, achieve greater care continuity, and maintain financial viability. The goals of this project are to create a shared vision around the consumer experience and to develop a strategy and plan for patient access and care navigation that are capable of achieving step-wise and iterative consolidation and transformation. The scope of this project includes patient and physician contact, scheduling, and referral services. This transformation requires cooperation and consensus among distinct medical groups, clinical service line leaders and vertical delivery network leaders and encompasses operational consolidation and automation leveraging electronic and mobile tools within the access center and direct to consumers.

WHY THIS PROJECT FOCUS

I chose this project for its potential to impact the consumer experience and health outcomes. Its complexity and leadership challenges, spanning two distinct medical groups and organizations, gave me a robust development opportunity to engage with the fellowship leaders, mentors, and fellows. This project builds upon existing technology capabilities and investments while pushing a higher degree of standardization, centralization, and operational processes giving me the opportunity to leverage my strengths, passion and past successes advancing technology to enhance care access and health.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
Enhanced consumer experience Enriched physician experience Reduced wait times for care Increased visit capacity Improved care continuity	Launch first phase services in January, 2019 Measure outcomes Make iterative enhancements in service Continue phased implementation building upon early successes

Optimizing Paramedic Skill Sets to Create Value in Readmission and ED Utilization Prevention



Andrea Wary M.Ed., BSN, RN

Associate Vice President, Department of Emergency Medicine, Geisinger Health System

Sponsor: Geisinger Health System

Executive Sponsor: Amy Brayford, Executive Vice President, Chief of Staff, Geisinger Health System

Champion: Dr. Jaewon Ryu, Executive Vice President, Chief Medical Officer, Geisinger Health System

"I am an influential leader who is inspired by and grounded in my values to stimulate, support and drive positive change in healthcare and the broader community, via innovation, redesign, and mentorship."

Biography

Andrea Wary is a transformational leader, leading value-based care process redesigns, while optimizing patient outcomes. Her responsibilities include oversight of seven emergency departments, the health system owned Life Flight© air ambulance program and Geisinger-owned ground EMS program. She is responsible for an operating budget of more than \$200 million in revenue annually.

IMPACT PROJECT DESCRIPTION

Mobile Integrated Health (MIH), focuses on the non-traditional use of paramedics. Rather than having EMS focused solely on response to emergent care, it optimizes skills of paramedics and specialty providers to provide health maintenance and encourage patient empowerment. It facilitates the right care, at the right time, and in the right place. This is consistent with the Institute for Healthcare Improvement's triple aim.

WHY THIS PROJECT FOCUS

There are many types of MIH programs throughout the United States, however it is not widely implemented due to a lack of recognition of impact and funding. In Wary's current role, she is uniquely positioned to close the gap between operations and third-party payer funding. The ability to demonstrate success from patient outcomes to payers will enable legislative change at the state and national level.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
• Avoidance of hospital admission, readmission and ED utilization ○ Pilot phase demonstrated a reduction in readmission rates from 17.2 percent to 10.2 percent for patients who received the MIH intervention versus the standard population. Anticipate scaling of program would produce similar result for larger population. • Decreasing resource utilization and expense associated with specialty care required interventions, which could be completed in the home versus within the hospital setting. This includes palliative care needs. ○ Sustain appropriate clinical outcomes ○ Increase patient and family satisfaction ○ Anticipate decrease in total cost of care.	• Expansion of MIH team from one staffed vehicle to four staffed vehicles by December of 2018, providing seven day a week coverage. • Expand readmission-prevention focus to include COPD and other high-risk cohorts. ○ Leverage risk stratification at time of discharge to deploy MIH team reliably. • Integration of the MIH team with the Geisinger at Home team. Ensuring value, top of license work, avoiding duplication and eliminating waste. • Use of the fully integrated data dashboard to drive decision making around value added practices the MIH team providers ○ Volume of patients ○ Volume of interventions ○ Admissions prevented ○ ED visits prevented ○ Total impact to cost of care

Improving Interventional Platform Teamwork and Efficiency



Haimanot (Monnie) Wasse, MD, MPH

Professor of Medicine

Vice Chair Patient Quality & Safety

Director, Interventional Nephrology

Rush University Medical Center

Sponsor: Rush University

Executive Sponsor: Ranga Krishnan, MB, ChB

Champion: Jochen Reiser, MD, PhD

“As an effective leader, I recognize the value of successful teamwork and aspire to combine my passion and decisiveness with relationship-building to create enduring greatness.”

Biography

Dr. Monnie Wasse is a professor of medicine at Rush University Medical Center. In addition to serving as vice chairperson for quality and patient safety for the Department of Medicine, she is also the director of interventional nephrology, a program at Rush University focused on the planning and maintenance of dialysis vascular access for patients with kidney disease. A distinguished physician and scientist, Wasse received her MPH and MD at the University of Washington in Seattle, and formerly directed the interventional nephrology programs at Northwestern University Feinberg School of Medicine in Chicago and Emory University School of Medicine in Atlanta. She has served as principal investigator of studies funded by the National Institutes of Health and the Robert Wood Johnson Foundation. Wasse is the president of the American Society of Diagnostic and Interventional Nephrology and serves in other executive positions for professional societies nationally.

IMPACT PROJECT DESCRIPTION

Dr. Monnie Wasse's impact project has focused on the development and initiation of a multidisciplinary program focused on patient outcomes, with a focus on the integrated Rush Interventional/Surgical Platform. The optimal interventional/surgical platform is designed to facilitate the interaction of multi-disciplinary clinical care teams and are often costly healthcare services to operate and staff, yet are also highly successful revenue producers. Her project goal was to improve the patient experience, increase efficiency and optimize workflow by focusing on modifying key procedural area metrics — first-case start time and procedure room turnover time, through expansion of employee engagement and multi-disciplinary collaboration. Anticipated outcomes include a successful one-year road map for implementation by platform leadership, movement toward implementation of goals, improvement of measured metrics and patient experience.

WHY THIS PROJECT FOCUS

Wasse chose this project focus because her passion in healthcare is providing an outstanding experience and outcomes for patients and their families that are delivered by specialty groups with the same goal, and who function as a team. As an interventional nephrologist who uses endovascular techniques to treat patients with kidney disease, Wasse has come to learn that taking care of the patient is not the hard part. Rather, the challenge is to work in a collaborative and team-like fashion with different medical specialties in the patients' best interest.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
Improve current practices to make the patient experience better	Identify opportunities for improvement
Improve efficiency of procedure start-time and throughput	Generate ideas for new approaches to existing obstacles through use of stakeholder focus groups
Garner support and interest in making changes that foster teamwork and improve patient care	Effectively communicate new strategies inspiring ways

Creation and Implementation of a Strategic Plan for MCHS Foundation



Teri M. Wilczek, M.S., CFRE

Chief Philanthropy Officer

Marshfield Clinic Health System Foundation

Sponsor: Marshfield Clinic Health System

Executive Sponsor: Susan Turney, M.D.

Champion: Melissa Breen

**“Like Carol Emmott, I have a “talent for friendship.”
I connect people and build meaningful relationships to make a purposeful
impact.”**

Biography

Teri Wilczek has 16 years of progressive responsibility at Marshfield Clinic Health System (MCHS). She has worked to enrich lives by transforming philanthropy throughout the system of care. She was instrumental in establishing the MCHS Foundation in 2016, integrating fundraising efforts for the health system.

She is responsible for leading philanthropic initiatives for all 55 locations throughout Marshfield's service area, to support research, patient care and education priorities. She works closely with the MCHS Foundation board of directors on strategic goals and serves on the MCHS leadership team. Wilczek earned her undergraduate degree from UW La Crosse and her Master's from Capella University. She is a Certified Fundraising Executive (CFRE). She and her husband, along with their three young children, are extremely active community leaders and volunteers.

IMPACT PROJECT DESCRIPTION

Teri Wilczek's impact project is to develop of a comprehensive, strategic plan for the Marshfield Clinic Health System (MCHS) Foundation. With an aggressively growing system and the recent formal establishment of the foundation, effective planning is necessary to elevate philanthropy and align system strategies and philanthropic priorities. In less than a year, a strategic plan for the MCHS Foundation was created and is used today to guide the efforts of the foundation. Key accomplishments as a result of the plan include: implementation of a formal clinician engagement program to assist with grateful patient identification; effective use of foundation board of directors; development of a prioritization process for service line priorities; establishment of Children's Miracle Network program; increased focus on major and planned gift efforts. Operational plans for our annual giving, special event, major giving, and planned giving programs are being developed to achieve Foundation goals. The strategic plan is being shared with MCHS leadership to ensure alignment and support.

WHY THIS PROJECT FOCUS

Marshfield Clinic has a rich 102-year history. Under the leadership of Dr. Susan Turney, MCHS CEO, our system is growing at an aggressive pace. In 2016, her vision and leadership helped us establish Marshfield Clinic Health System Foundation, a separate entity under the health system, to lead all philanthropic efforts. Under this new structure, a foundation board of directors was recruited and established. The need for a focused plan that aligns with system strategy is critical to future success. We have recently accelerated our hospital business, growing from just one hospital to soon to be eight, necessitating the need for hospital fundraising programs. This is a critical time for the MCHS Foundation and a unique opportunity to transform and significantly grow philanthropy.

ANTICIPATED IMPACT	NEXT STEPS TO SUSTAIN THE GAINS
• Creation of a concise, comprehensive strategic plan for MCHS Foundation • Alignment of system strategies and foundation priorities • Involvement of providers in our clinician engagement program to identify grateful patients • Meaningful inpatient experiences for donors who spent time in our hospitals • Increase effectiveness and impact of board of directors. Grow the foundation board in size. • Increase philanthropic support • Successful transition and establishment of Children's Miracle Network program • Engagement and support of MCHS leadership to achieve our strategic goals • Best practices for healthcare philanthropy drive our efforts	• Monthly review of the plan with foundation team; quarterly review of dashboard with foundation board of directors. Development of workbook to achieve strategies and goals. • Ongoing planning and discussions with VPs to implement new prioritization process to identify fundraising priorities, campaigns and needs. • Maintain engagement and communication with our clinician champions; meet monthly, follow-up on successes, ongoing communication with departments • Continue to develop inpatient programs, visit donors during hospital stays, ensuring positive experiences, work closely with nurse managers • Recruit board members (physician and community) in strategic areas to ensure representation; ensure new acquisitions have board representation • Continued focus on major and planned gift efforts, utilizing clinician champions, leaders and board members to advance donor relationships; ongoing review of program and staff production • Focused efforts to grow CMN revenue through corporate partnerships, local business partnerships, major gift efforts, direct mail and other opportunities • Ongoing meetings/communication to present plan, update on progress, identify how leaders can help achieve objectives and ensure alignment with system strategies • Monthly mentor sessions with Bill Littlejohn and Rob Saroyan; utilizing resources from other systems gained on site visits; using AHP/AFP data and resources.