



CAROL EMMOTT FELLOWSHIP  
CLASS OF 2020

# Impact Project Directory



**Carol Emmott Foundation**  
Fellowship Program

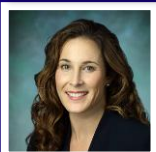
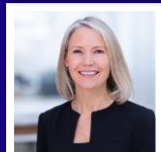
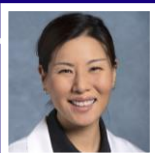


C A R O L E M M O T T F O U N D A T I O N . O R G

*The Carol Emmott Foundation is a 501(c)(3) organization. All gifts are tax-deductible.*



**In extraordinary times  
women leaders were  
tested.**



**We rose to the challenge.**

# Introduction

Each year, The Carol Emmott Foundation invites exceptional women in healthcare into the prestigious Carol Emmott Fellowship—an immersive, 14-month program to connect women with peers, resources, and support so they can continue to advance equity in healthcare leadership and governance.

A cornerstone of their time in the Fellowship is an Impact Project they design and implement with support from their institution's top executives, mentors, program leadership, and past and present Fellows. This compendium includes Impact Projects from the Class of 2020, whose experience in the Fellowship was marked by the world's largest pandemic in at least a century that triggered and exposed grave fractures in healthcare and society—from the rise of racially-motivated violence to a mass exodus of women in the labor force. Accomplishments of the Class of 2020 are wide-ranging, made even more notable by the circumstances under which they implemented these urgent, essential, and innovative initiatives.

We hope you are inspired by our Fellows' ongoing contributions to healthcare and equity.

## Impact Projects

Melissa Breen

Leigh A. Burgess | MHA, MEd, MA

Rita Carreón

Morgan Jones | MSPH, FACHE

Courtney Kammer | MHA

Ratna Kanumury | MMSC, PA-C

Laura Kazaglis

Irene Kim | MD, FACS

Ewa Kisilewicz | MBA

Hamila Kownacki | RN, MSHA

Monica M. Lee-Griffith | MD, MBA

Jaspreet Loyal | MD, MS

Christa Lese Martin | PhD, FACMG

Sarah McKay | MHA

Ratan Milevoj | MBA

Heather L. Nelson | MHA, CHCIO

Jennifer Nickoles | MS

Ellen Piernot | MD, MBA, CPE

Julia W. Puchtler | CPA

Christine Thorburn | MD

Debbie C. Thurmond | PhD



## MELISSA BREEN

Chief of Staff | Marshfield Clinic Health System

Melissa Breen is an experienced executive leader who has served as Chief of Staff for Marshfield Clinic Health System since 2016. Her leadership focuses on building relationships and bringing groups together—from the Board of Directors to community stakeholders.



### It's Time To Move The Needle On Equity

For health systems to provide truly equitable care, the focus must be on the whole lived environment of patients and their communities. The Marshfield Clinic Health System has confronted the realities that have left rural communities holding the “short end of the stick” in respect to resources, access, quality jobs, and other factors. The connection between health outcomes and socioeconomic factors like safe neighborhoods, affordable housing, access to education and employment, and availability of healthy food has never been clearer. Melissa Breen led the effort to make equity a core strategic focus and imperative for the health system in 2021 and beyond. The first step was ensuring that the nature and extent of health disparities were adequately assessed and understood. The health system is now conducting a community equity assessment in addition to an internal equity assessment by surveying providers and staff. The resulting data will be used to shape existing equity efforts and inform new initiatives as the health system takes action to bring equity to communities served by the system.

## LEIGH BURGESS | MHA, MED, MA

CEO & President | High Road Strategy

\*Sponsored by Dartmouth-Hitchcock Health

Leigh Burgess is the Founder and CEO of High Road Strategy, a consulting firm focused on agile strategic consulting driven by “big swings of bold” to expedite results and increase business optimization. She formerly served as the Vice President of Research Operations at Dartmouth-Hitchcock Health and Chief Research Operations Officer at Duke Cancer Institute.





## Portraits Of Women In Action During The Pandemic

The COVID-19 pandemic flooded healthcare leaders and providers with challenges and obstacles to overcome. Many of the lessons learned in the crisis had the potential to create positive change in administration and operations post-pandemic. Leigh Burgess set out to identify those positive lessons and determine what reforms could be implemented. She conducted interviews with all Class of 2020 Carol Emmott Fellows, summarizing trends that leadership may want to leverage. Key themes included new decision-making agility, accelerated collaboration and support, open-minded innovation, pervasive and positive “all in” attitude, and expanded opportunities for women to demonstrate institutional leadership. Burgess partnered with Irene Kim and Heather Nelson to present these findings at the 2021 Christine Malcolm Symposium, and is now preparing to share her findings more widely in publications and other media.



### RITA CARREÓN

Vice President, Health | UnidosUS

An advocate for health equity, Rita Carreón’s passion is rooted in her own lived experiences as a first-generation daughter of Mexican immigrants. For the past six years, she has led the Health Programs team at UnidosUS, the largest Latino civil rights and advocacy organization working to improve Latinos’ wellbeing and access to timely, equitable, and quality healthcare through a cultural lens rooted in community voice, resilience, and power.



### Esperanza/Hope for All

COVID-19 created an unprecedented environment for Americans across the United States, including Latinos and the immigrant community. To support efforts to protect and advocate for the Latino community and its local community-based organizations, UnidosUS created the Esperanza/Hope Fund to strengthen their Affiliate Network’s resilience and help organizations navigate this new environment. Carreón and her team led and executed UnidosUS’ public health response under the Esperanza/Hope Fund to ensure accurate and timely information was provided to Latino communities and within UnidosUS as it pivoted to stay-at-home orders. In 2021, these efforts evolved into Esperanza/Hope for All—an organization-wide, board-approved priority that Carreón helped to develop to mitigate the health, economic, and educational impact of COVID-19 on Latinos.

The public health response and recovery efforts include:

- Leading a culturally-responsive, bilingual public health campaign, with a focus on increasing Latino vaccine confidence and awareness, and reaching 1.9 million people in 2020, and 6 million people in the first four months of 2021
- Advocating for precise and accurate race/ethnicity data in communities to help inform targeted efforts
- Supporting efforts to strengthen affiliates and communities' equitable access to vaccines, amounting to \$1.5 million in grants in 2020, and \$3.7 million in grants so far in 2021
- Raising \$10 million to date to increase resources at the national and local levels for Latino vaccine access and health equity program efforts
- Including UnidosUS leadership in multiple coalitions with private and public stakeholders on COVID-19 and vaccines, such as the White House Latino Stakeholder Group, National Institutes of Health's Community Engagement Alliance (CEAL), COVID Collaborative, National COVID-19 Resiliency Network, and the COVID Community Health Corp
- Uplifting UnidosUS and its affiliate health efforts and influence in multiple media outlets such as *The New York Times*, *The Washington Post*, NBC News, NPR, CNN, Univision, and Telemundo.

## MORGAN JONES | MSPH, FACHE

Vice President, Strategic Planning & Business Development | Duke Health

As Vice President of Strategic Planning and Business Development, Morgan Jones is responsible for leading Duke Health's Strategic Planning team, where she oversees enterprise-wide planning and business development for clinical strategy and implementation.



### Evergreen Strategic Plan

The constant evolution of the healthcare environment and its dynamism doesn't yield to the limitations of a typical five-year strategic planning cycle. 2020 brought a global pandemic, heightened racial division, and an economic crisis, any one of which might have demolished the best-crafted strategic plan. Morgan Jones established an evergreen process for strategic planning that incorporated Duke's roadmap for clinical development and growth, as well as provided a mechanism to assess the success of the strategy, address internal challenges, and adjust for changes in local, regional, and national environments. Through ongoing refresh cycles that run parallel with annual financial and operational planning processes, the new nimble strategic planning process allows for continuous evaluation, course correction, and prioritization to better link strategy with implementation to achieve Duke's mission and aspirational goals.

# *Women belong in all places where decisions are being made.*

RUTH BADER GINSBURG



## **COURTNEY KAMMER | MHA**

**Senior Vice President & Chief Human Resources Officer |  
Rush University Medical Center**

Courtney Kammer is the Senior Vice President and Chief Human Resources Officer of Rush University Medical Center. Kammer provides leadership for all strategic and operational Human Resources processes intended to assess organizational culture, drive change, and integrate practice and policy across all entities to attract, engage, reward, and retain talent in support of strategic objectives for Rush University Medical Center.



## **Building An Employee Retention And Talent Management Process**

As Rush University System for Health intensifies system integration, there is an opportunity to develop a network of leaders specifically targeting a highly qualified, diverse, and female population, promote development and growth, and track retention among employees. Committed leaders are central to successful integration demonstrating organizational support and infusing a cohesive vision and culture across system entities and throughout all levels. Engaging physicians, clinicians, and staff in leadership roles is key to the design, implementation, and operationalization of system integration across organization boundaries, competing ideologies, and longstanding protocols and processes. Courtney Kammer initiated and led the position and talent review process for Rush University Medical Center and Rush Oak Park Hospital for all AVP and VP levels, which resulted in efficiencies in several key areas and created awareness of talent within the organization. The key strategic priority for the organization is recruiting and retaining talent in a competitive Chicago market amid a post-pandemic talent war, as well as aligning with leadership development and retention efforts inclusive of metrics for underrepresented minorities and women at all levels within the organization.



## **RATNA KANUMURY | MMSC, PA - C**

**Director of Advanced Practice Providers | Cook County Health**

Ratna Kanumury is a Physician Assistant with 25 years of experience as a practicing primary care provider. Currently, Kanumury leads Advanced Practice, with more than 180 providers in her division.



### **Creating Access And Real Time Guidance For Specialty Care**

Cook County Health is the safety net provider for the residents of Cook County, providing both primary and specialty care services to patients and serving as a referral resource for many FQHCs. Unfortunately, wait times for some high-demand specialty care services had been approaching nine months from referral order entry to appointment. Thus, by the time patients were seen, the delay in care often resulted in a worsening of health outcomes and increased cost of care. In an effort to reduce wait times for specialty care services, Kanumury led the development of a triage tool within the EMR that allowed for real time guidance from a specialist for commonly referred conditions that could be managed within the medical home. She also expedited clinically complex cases. These appointments resulted in a coordinated, patient-centered scheduling process—a significant improvement on the more reactive model that scheduled patients without input, resulting in high no-show rates. Ultimately, her work reduced wait times for clinically relevant referrals from nine months to two weeks, improved show rates of appointments scheduled, and decreased no-show rates. Under her leadership, Cook County Health created a model of care that provided direct feedback to PCPs for conditions that could be managed within the medical home.

## **LAURA KAZAGLIS**

**Vice President of Practice Operations | John Muir Health**



Laura Kazaglis began her career at John Muir Health as an operational project manager and physician liaison, implementing the first electronic health record system (Cerner) for the John Muir Physician Network. In 2006, Kazaglis was promoted to Executive Director of Clinical Operations, and then to Vice President of Practice Operations in 2015.



## **Finding True North Using High Reliability (HRO) Principles In The Midst Of A Pandemic**

Prior to COVID-19, Laura Kazaglis' Impact Project was focused on additional integration of the HRO tools, including education, training, and creating a Patient Safety and Process Improvement Oversight Committee. However, this plan was quickly derailed with the onset of the pandemic. Kazaglis was immediately assigned the role of John Muir Health Chief Ambulatory Commander of the COVID-19 Command Center, relying heavily on her previous experience from leading the implementation of the HRO principles. Over the next few months there was little time to develop project plans or roadmaps. Moreover, there was concerted team effort strictly focused on managing the evolving critical state of affairs. Reaction time was limited, and the decision was made to utilize the HRO principles and tools she had already developed to ensure the safety of the patients, physicians, and administrative leaders while building the COVID-19 response infrastructure. Organizational structure and workflows were modeled around HRO standard principles, which created a clear direction, assuring consistent focus for all involved. The ever-changing CDC guidelines and the media coverage at the time made it even more challenging. This dynamic imparted a great amount of anxiety, fear, and frustration for the teams. Several different work streams were created, partnering physician and administrative dyads that resulted in effective long-term tactics. The use of HRO safety principles improved the protection of all patients and healthcare workers.

Examples include:

- **Separation of respiratory and non-respiratory patients**

This limited cross-contamination of COVID-19 infected patients and created a safer environment for respiratory patients receiving care while ensuring the safety of all the caregivers, thus preserving much-needed PPE.

- **Mobile testing work streams**

This led to the operationalization of several outdoor testing sites and minimized fears and concerns tied to unintentional exposure for staff and physicians.

- **Telehealth visit program**

The new virtual platform significantly reduced staff and physician fear while assuring everyone's safety and the health of patients. Although challenging, it was perfect example of what great things can be accomplished when all embrace a united vision and guiding philosophical principles.

*Gender equality is not a goal in itself.  
It is a precondition to meeting the  
challenge of reducing poverty,  
promoting sustainable development,  
and building good governance.*

K O F I   A N N A N



## **I R E N E   K I M   |   M D ,   F A C S**

**Associate Professor of Surgery, Co-Director, Comprehensive  
Transplant Center | Cedars-Sinai Medical Center**

Irene Kim is a liver and kidney transplant surgeon. She completed her undergraduate education at MIT and her medical school at UCSF. Kim then completed her general surgery training at Tufts University and an abdominal transplant fellowship at Stanford University, before being recruited to Cedars-Sinai Medical Center in 2012.



### **Development Of A Uterus Transplant Program**

Uterus transplantation is a relatively new field that enables women with Absolute Uterine Factor Infertility (AUI) to carry their own children following the transplantation of a uterus allograft from either a deceased or living donor. This project explored the creation of a uterus transplant program at a tertiary care, academic hospital, Cedars-Sinai, where it would be the first program of its kind in the western United States. Kim brought together a multidisciplinary panel of experts that encompassed transplant, reproductive endocrinology, and gynecologic surgical expertise to create the proposal for the program. She presented the program proposal at numerous venues including the Departments of Pediatrics, Urology, Obstetrics/Gynecology, Surgery, and the Cedars-Sinai Board of Governors. Although there is patient and institutional interest, remaining barriers to the implementation of this program included the impact of COVID-19 on non-life-saving organ transplants nationally and lack of funding as this is an unrecognized procedure without a current procedural terminology (CPT) code (no mechanism for reimbursement).



## **EWA KISILEWICZ | MBA**

**Senior Director, Ambulatory Strategy & Business Development | Northwell Health**

**\*Sponsored by BDC Advisors**

Ewa Kisilewicz is a Senior Director of Ambulatory Strategy at Northwell Health, where she focuses on developing strategies for physician alignment and new ambulatory site development to enhance patient access and ensure responsiveness to consumer needs. Kisilewicz was formerly a Principal at BDC Advisors, LLC, a national healthcare strategy consulting firm, where she focused on strategic planning, payer strategy development, and payer-provider innovations.



### **Partnering To Serve The Underserved**

Ewa Kisilewicz's Impact Project focuses on the hypothesis that, through the power of partnership, health systems can improve the care of underserved populations in a more financially sustainable manner. To identify and outline best practices related to FQHCs, community-based organizations, and payer partnerships, she conducted primary and secondary research. Primary research included interviewing subject matter experts, board members, and health system executives about proven strategies and approaches. As an early win, she applied findings to her consulting work with BDC Advisors—specifically sharing FQHC partnership approaches and advantages with a health system client. Kisilewicz is continuing to augment her work with findings to be consolidated into a white paper later this year.

## **HAMILA KOWNACKI | RN**

**Chief Operating Officer | Sutter Health CPMC**

Hamila Kownacki is a healthcare executive with more than 25 years of experience. Her background includes hospital administration, medical group administration, and healthcare insurance. She was recognized by San Francisco Business Times as one of the most influential women in the Bay Area in 2020.





## Creating A Culture Of Safety

To create a culture that is “obsessive” about safety, Hamila Kownacki’s impact project focused on creating a culture of safety in all areas of operations at California Pacific Medical Center (CPMC). The initiative’s success depended on two strategic priorities: increased leadership engagement with front line employees, and increased communication transparency. With these two priorities serving as the foundation of all CPMC’s operational goals, buy-in was achieved from top to bottom throughout the entire CPMC enterprise. As rounding increased, safety became a regular topic during huddles, with follow-up on any errors led by a leader. Good catches were also regularly acknowledged. A culture shift toward a transparent, open, and blameless environment has been palpable during various huddles. The importance of always keeping safety in mind is continuously incorporated in all aspects of operations.

As a result of this work, CPMC’s Culture of Safety scores improved significantly:

- Safety Climate measures improved by 4%
- Personal Burnout scores lessened by 3%
- Burnout Climate lessened by 1%
- Physical Safety scores improved by 9%



### MONICA LEE-GRIFFITH | MD, MBA, FACOG

**Vice Chair, Department Of Women's Health | Henry Ford Health System;  
Medical Director Of Obstetrics | Henry Ford Hospital**

Monica Lee-Griffith is a practicing obstetric hospitalist and serves as the Medical Director of Obstetrics for Henry Ford Hospital and Vice Chair in the Department of Women’s Health Services within the Henry Ford Health System. As a passionate and committed health equity champion, she has focused her career on improving maternal health outcomes and eliminating healthcare disparities.



## Dereliction Of Duty: Failure Of The U.S. Healthcare System To Respond To Disparate Maternal Mortality Crisis In America

Maternal mortality and the racial disparities in birth outcomes is a national crisis. Lee-Griffith’s Impact Project aims were to enhance the diversity of the physician workforce within the Henry Ford Medical Group (HFMG), and collaboratively create and deliver implicit bias education to the maternal healthcare team members at Henry Ford Hospital to improve maternity care delivery.

Lee-Griffith successfully provided direction for, and assistance in, the creation of the inaugural Medical Director of Diversity & Inclusion position within the HFMDG—a strategic partner in driving improvements in representation of minority faculty, enhancing the inclusion and retention of diverse talent, and creating structures to support the career growth of physicians underrepresented within the organization. Research has shown that healthcare systems can provide better and more equitable, dignified, and safe maternal healthcare by training staff to recognize their implicit biases and providing tools to mitigate them. In collaboration with the Henry Ford Health System Office of Community Health, Equity, and Wellness, and in partnership with the Institute for Healthcare Improvement, Lee-Griffith assisted in curriculum development and implementation of virtual implicit bias education for over 350 obstetric and neonatal healthcare team members at Henry Ford Hospital and associated ambulatory offices. Twenty 3-hour interactive training sessions were completed from November 2020 through January 2021 for 90% of all maternal-child healthcare team members and 100% of obstetric and neonatal providers. Post-training surveys revealed a 29.6% increase in understanding of implicit bias, 28.6% increase in awareness of how personal biases show up towards patients, 25.3% increase in motivation to reduce implicit bias, and 25.3% increase in confidence in ability to reduce implicit bias. Given the benefits of prolonged participation in bias education and activities, there are future plans to engage anti-bias champions, form implicit bias workgroups, provide structured continuing education, and scale implicit bias training to all five birthing units within the Henry Ford Health System.

## **JASPREET LOYAL | MD, MS**

**Division Chief, Pediatric Hospital Medicine, Medical Director,  
Inpatient Pediatrics | Yale New Haven Children's Hospital**



Jaspreet Loyal is a pediatric hospitalist and Division Chief for the Pediatric Hospital Medicine Section at the Yale New Haven Children's Hospital. In addition to overseeing over 20 faculty and growing hospitalist operations at four sites in Connecticut, Jaspreet is the Medical Director for the Inpatient Pediatric Units at the Yale New Haven Children's Hospital, a tertiary academic medical center with a large referral base in the region.



### **Leadership Through Teamwork**

In April 2020, facing the first surge of COVID-19, Jaspreet Loyal leveraged strong relationships built over years between the pediatric clinician and nursing teams and her own partnerships with unit nurse leaders through a well-established institutional Medical Director and Patient Service Manager dyad framework.

Together, Loyal, clinician and nursing leaders, and the multi-disciplinary team operationalized the creation of a novel adult COVID-19 ward run jointly by clinicians and nursing staff from the Children's Hospital including child life specialists and front desk staff. The team was also tasked with caring for adults with COVID-19 who were deemed "comfort measures only." These were patients where the dying process occurred naturally while assuring maximum comfort and support for both patient and family. Over six challenging weeks, the Children's Hospital team safely cared for over 100 adult COVID-19 patients, and more than 30 died honorably in our care. In November 2020, during the second surge of COVID-19 in the health system, Loyal and her team collaborated with adult services to create a "Young Adult Operations plan." The age of admission to the Children's Hospital inpatient units was increased from 21 to 40 years of age to continue to be a resource for adult colleagues in a slow burning pandemic. Loyal's impact has been and continues to be through her alliance with trusted colleagues across disciplines at the YNHHS to effectively mobilize teams to face a global crisis at home.



## **CHRISTA LESE MARTIN | PHD, DABMGG, FACMG**

**Chief Scientific Officer; Director, Autism & Developmental Medicine  
Institute | Geisinger**

Christa Lese Martin is the Chief Scientific Officer at Geisinger and the founding Director of its Autism & Developmental Medicine Institute. She is Board-certified in clinical laboratory genetics and her translational research focuses on using a "genetics-first" approach to improve patient outcomes.



### **Precision Health Through Population-based DNA Screening**

Preventing disease, detecting it earlier, and treating it better—using clues from our DNA, we have an opportunity to get upstream of disease and practice anticipatory medicine instead of reactionary care to keep our patients healthier and improve outcomes. The development and implementation of population-based DNA screening programs to identify patients with medically actionable genetic changes, that can cause conditions like cancer or heart disease, are still in their infancy. Geisinger was the first U.S. healthcare system to enter this space via its MyCode® Community Health Initiative, a clinical research endeavor which has consented more than 250,000 patients, with DNA sequence data now available on 145,000 patients. Martin's Impact Project explored the potential to transition this research into the clinic by implementing DNA screening as part of routine medical care. Geisinger has now screened more than 1,200 patients during their primary care visits for genetic changes in approximately 60 medically actionable genes with a screen positive rate of ~3.4%.

Importantly, the population-based DNA screening initiatives have shown that most screen positive patients do not have any personal or family history of the condition they were found to be at risk for; therefore, they would not have warranted indication-based genetic testing, and only a DNA screening approach allowed their health risks to be identified and addressed through preventative measures. In addition, ~13% of screen positive patients were found to have evidence of disease after disclosing their genetic results, even though they were initially thought to be clinically asymptomatic. Finally, for every patient identified, an average of ~8 of their family members were at risk for having the same disease-causing DNA change, amplifying the impact of this population-based DNA screening approach. Martin's impact project, which was successful in piloting DNA screening in the primary care setting, has set the foundation for evaluating the impact and value of developing such programs on a broader basis, which can be used as a national model for implementing DNA screening to bring genomic medicine into everyday healthcare.



**SARAH MCKAY | MHA**  
**Vice President, Perioperative and Surgical Services |**  
**Tufts Medical Center**

Sarah McKay, MHA is the Vice President of Perioperative and Surgical Services at Tufts Medical Center. She was promoted to the role of Vice President, Perioperative Services, Surgery, and Anesthesia, following the transformation of the operational performance of the Operating Rooms at Tufts Medical Center during her tenure as Executive Director.



## **Creating A Voice For Women In Leadership**

Inspired by the networking and support of the Carol Emmott Fellowship, McKay led the creation of the Organization of Women Leaders (OWL) at Tufts Medical Center. Designed by eight prominent women leaders, OWL's vision is to inspire and promote the professional and personal growth and development of women, with an aim to create a positive and supportive network that extends across the Tufts Medical Center community. Through feedback from more than 100 frontline women leaders, the steering committee focused on five key areas: networking events, speaker series, lunch and learns, mentorship/coaching, and on-demand support. Despite the pandemic, the team created a webpage on the intranet to offer resources and share upcoming events, a kickoff lunch for 100 women to develop the vision, two prominent women speakers, four lunch and learns, and more than a dozen "support lunches." These support lunches, held throughout the pandemic, gave women an opportunity to connect with others, explore challenges faced during the pandemic, and provide a safe space to vent, share, and learn from each other. OWL is now evolving into a voice for women in leadership across the Medical Center, with various leaders at both the Medical Center and the system level asking for input and opinions on a broad range of topics.



## RATAN B. MILEVOJ | MBA

Director, Innovation & Organizational Renewal |  
Valley Children's Healthcare

Ratan Milevoj is serving as the Director of Innovation and Organizational Renewal for Valley Children's Healthcare. In this role, she is responsible for leading innovation and bringing best practices to the organization.



### Children's Hospital Considers Manufacturing Its Own PPE

Like every other hospital in the country, Valley Children's Healthcare struggled to secure adequate PPE throughout the pandemic. Utilization went up 3,000%, and traditional supply chain vendors were unable to support needs. At the onset of the pandemic, Milevoj changed her Impact Project to identify a more sustainable solution to acquiring PPE, including setting up a PPE manufacturing program at her system. After months of research to fully understand the supply chain issues, as well as conversations with hospitals, manufacturers, suppliers, Group Purchasing Organizations, and venture firms, she realized that her proposal to manufacture PPE was financially unfeasible due to the scale needed to sustain it and environmental restrictions in the U.S. Her work eventually led her to meet with a company whose owner had started PPE manufacturing a few years before the pandemic on a Native American Reservation. She was able to partner with the firm to support the hospital's short-term PPE needs *and* invest in a minority-owned business.

Another opportunity that presented itself as part of the Impact Project was an invitation for Milevoj to join the Board of HumankindNOW, a non-profit launched at the start of the pandemic by a group of San Francisco Bay Area tech executives. The mission of the organization is to provide PPE donations to those most in need by leveraging the organization's connections with PPE suppliers around the world.

*Here's to strong women. May we know them. May we be them. May we raise them.*

UNKNOWN

## HEATHER NELSON | MHA, CHCIO

Senior Vice President & CIO | University of Chicago Medicine



Heather Nelson is the SVP & CIO for UChicago Medicine, and has been with the health system since 2014. She is responsible for supporting all information management systems (clinical and business/administrative), infrastructure, clinical engineering, IT support services, IT project management, integration, reporting, and analytics capabilities and technologies, as well as the IT security functions for UChicago Medicine.



### **Making Diversity, Equity & Inclusion A Priority As An IT Leader**

The diverse patient population of Chicago's South Side demands that UChicago Medicine's leadership team reflect their commitment to diversity, inclusion, and equity. The pandemic added new challenges to building healthy working relations, productivity, and morale by requiring more remote and virtual settings. In the midst of these challenges, the murder of George Floyd prodded Heather Nelson to take action to ensure that the IT department was an inclusive and safe place for her diverse workforce. She found herself rapidly learning about the impacts of racism and sexism on marginalization and exclusion and she determined to create a space where UChicago Health IT members could learn from each other and support each other. In August, Nelson birthed the UCM IT Diversity, Equity & Inclusion Council, where individuals from all walks of life, all skin colors, all genders, and all sexual orientations could come together through regular Town Halls. The UCM IT Diversity Council has created a Mentoring Program within the department, and Black and Brown team members have benefited from learning how they can build their professional toolbox and stop the cycle of marginalization. They have taken this to the rest of the organization and have opened the mentoring up to Medical Center colleagues in Environmental Services, Patient Transport, and Food & Nutrition who want to know how to move to a career in healthcare IT.



## JENNIFER NICKOLES | MS

Vice President, System Integration and Affiliations | Johns Hopkins

As Vice President of System Integration and Affiliations for Johns Hopkins, Jennifer Nickoles is responsible for integrating the Johns Hopkins Health System network of hospitals across Maryland, DC and Florida and leading the Office of Healthcare Transformation and Strategic Planning. She has accountability for the development and implementation of the Johns Hopkins Medicine strategic plan and the management and expansion of affiliations and partnerships with regional hospitals and health systems.



### Working Like One Organization: Our Patients Depend On It

As our health networks expand to include additional hospitals, healthcare entities and provider groups, our institutional support systems and processes must evolve to accommodate the new arrivals. To assure continued success, growing healthcare organizations should not only focus on financial and clinical integration, but also on blending other organizational facets, including management and culture, safety, and quality assurance systems, as well as collaboration between boards. At Johns Hopkins Medicine, senior leadership recognized the pressing need to reshape the health system after significant management and safety failures at one of the hospitals. In response, Jennifer Nickoles led a comprehensive restructuring of the internal operations in support of their culture, formalizing reporting structures, creating critical early detection processes for areas of emerging risk, developing redundant systems, and transforming raw data into comprehensible information that can more easily inform timely action.

So far, this work has resulted in multi-day gap analysis reviews of five of the six hospitals in the health system. These findings, as well as their action plans, were shared with the hospitals' boards. Nickoles now leads an enterprise-wide oversight committee that monitors overall progress and continually seeks to generate system-level change. One key enhancement is the development of a surveillance and monitoring dashboard that aggregates human resources, risk and regulatory, patient safety and quality, and medical staff data to identify organizational "hot spots" of risk that may need intervention. Moreover, Johns Hopkins Medicine now conducts 100% mortality reviews across the enterprise, has harmonized the credentialing and peer review process at different entities, has formalized policies for medical and other event escalation policies, and has implemented comprehensive training for board members with respect to their fiduciary, quality, and safety responsibilities. Board members also received training on the principles of just culture which was deployed institutionally. Together, these efforts have significantly strengthened Johns Hopkins' already-strong commitment to providing the highest quality and safest care to their patients and delivering on the promise of medicine to the communities they serve.

## ELLEN PIERNOT | MD, MBA, CPE

Vice President, Chief Medical Officer & Chief Operating Officer |  
Golden Valley Health Centers



Ellen Piernot is the VP, Chief Medical Officer, and Chief Operating Officer for Golden Valley Health Centers, and is responsible for ensuring high-quality, cost-effective care for more than 150,000 patients. Piernot is board certified in Family Medicine and Clinical Informatics.



### Change Management: Never More Important Than In A Pandemic

Embedding the principles of strong change management processes in an organization is crucial for success. The emergence of the global pandemic necessitated rapid and complex changes to Golden Valley Health Center's standard processes. Ellen Piernot recognized that ensuring all leadership within the organization had a common knowledge set and language would allow them to thrive in the high stakes, rapidly changing environment of COVID-19. From launching drive-through COVID-19 testing sites in three counties to converting more than 70% of all patient encounters to telehealth, change management principles were the key foundation for success. Piernot ensured that all parties were aligned to a common purpose coupled with solid lines of communication. As a result, leadership was able to trust the knowledge and skills of each department and inspired their people to join together on this fast-paced and rapidly evolving journey. Leveraging the relationships that were built over the years and communicating clearly and often allowed Golden Valley Health Centers to survive the pandemic as a more unified and cohesive team. With no shortage of new dilemmas to tackle, the shared knowledge base of change management principles helped them rise to meet the challenge of continuing to care for their patients in the midst of the global pandemic.



## JULIA PUCHTLER | CPA

Chief Financial Officer | Hospital of the University of  
Pennsylvania (HUP), Penn Medicine

Julia Puchtler oversees financial performance at the hospital of the University of Pennsylvania, where she joined in 2015 as Vice President of Finance Operations and Budgeting. Puchtler holds a bachelor's degree in Finance from Penn State University, a master's degree in Accounting from the University of Virginia, and is both a CPA and a Fellow of the Healthcare Financial Management Association.



## Financial Planning For HUP's New Patient Pavilion

In October 2021, the Hospital of the University of Pennsylvania (HUP) will activate the largest capital project in Penn's history: a \$1.5 billion, 504-bed state of the art patient pavilion. Puchter's project focused on the development and execution of a financial planning process to prepare the hospital for the incremental revenue growth and operational costs that the pavilion will bring. This iterative planning process, which spanned July 2019 to April 2021, culminated in a fully-developed financial plan that will be executed beginning in July 2021. This plan aligns HUP's projected financial performance with the long-term financial targets previously developed and shared with governance, leadership, and external stakeholders.



### CHRISTINE THORBURN | MD

**Medical Director, Mills Peninsula Network |  
Sutter Health Palo Alto Medical Foundation**

Christine Thorburn is currently the Medical Director of the Mills Peninsula Network within Sutter Health and a board member and practicing rheumatologist with the Palo Alto Foundation Medical Group, affiliated with Sutter Health. She is a strategic leader with expert knowledge in integrated clinical settings who enjoys leading organizations through change to adapt and thrive.



## Diversification Of Contract Offerings On The Journey Towards Value-based Care: Developing A Process For Bundled Service Offerings To Employer Groups

Sutter Health has a deserved reputation as a reliably high-quality healthcare system, serving nearly 3 million persons in Northern California. As a not-for-profit, Sutter Health has a strategic goal to achieve the same high quality of care at a more affordable price to be able to serve the full breadth of population in need of care. Diversification of contract offerings supports this strategic priority. Within Sutter Health's geographic footprint are many large businesses, including the big three tech companies (Apple, Google, and Facebook), that self-insure their employees' health benefits. While these employers provide exceptional healthcare to their workforce, they are increasingly alarmed by the rising cost of that care. Christine Thorburn gathered a leadership group between the Palo Alto Foundation Medical Group and the Sutter Health system and led the creation of a work process to achieve the following:

1. Identify and understand the primary needs and pain points of employer groups for care of their employees.
2. Identify care needs that may be supported through a circumscribed set of bundled services.
3. Partner with an interdisciplinary team that includes strategy, contracting, legal, and clinical operations to develop a comprehensive bundled service market offering.



## **DEBBIE C. THURMOND | PHD**

**Director, Arthur Riggs Diabetes and Metabolism Research Institute |  
City of Hope**

Debbie C. Thurmond is the Director of the Arthur Riggs Diabetes and Metabolism Research Institute at City of Hope. Thurmond is an internationally recognized leader in the field of diabetes research, receiving numerous international and national awards.



### **Launch Of A Gender And Diversity Balanced Scientific Conference**

In the past several decades, the prevalence of obesity, diabetes, and cancer has become one of the greatest health burdens worldwide. Obesity, diabetes, and cancer are metabolic diseases with detrimental health consequences. Moreover, epidemiological studies suggest that people with diabetes and obesity are at significantly higher risk for many types of cancer, including liver, colorectal, breast, and pancreatic cancer. Therefore, clinicians often face the situation of treating patients with cancer and diabetes or obesity. In addition, many drugs used in the treatment of cancer can have worsening effects on obesity and diabetes. Therefore, the complex relationship between obesity, diabetes, and cancer has been studied intensively. Adding to the complexity are gender and ethnicity-specific differences in susceptibility to these diseases, requiring thoughtful drug design and treatment strategies across the patient landscape. Debbie Thurmond saw an opportunity to bring together leading experts from around the world to spark conversations and collaborations to address the complexity. She designed and implemented a conference to create better understanding of the connections between obesity, diabetes, and cancer to enable clinicians and researchers to develop improved treatments to further enhance patient care and cures. The symposium is intentionally designed with equity of pre-clinical and clinical experts, equity of gender amongst speakership, and rich ethnic diversity. With this compilation of equity and diversity, our patients will be best served. This conference, held in November 2020, was such a success that the enterprise has invested in it going forward, with the second conference taking place in November 2022.



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