

Impact Project Highlights

**Fellowship
Class
of 2024**



Carol Emmott Foundation
Fellowship

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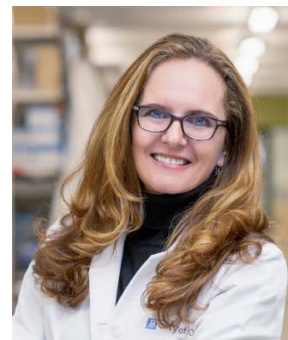
The Carol Emmott Foundation is dedicated to accelerating gender equity and diversity in healthcare leadership by connecting a powerful network of women, allies, and organizations. Changing the *face* of healthcare and creating a robust community that is aligned to do so is our true north.

Each year, the Carol Emmott Fellowship expands its reach by bringing together women who are leading healthcare systems across the country. The program provides them with access to recognized senior executives in healthcare as well as a national platform to share their thought leadership. Nominated by their institution, fellows must be inspirational and compassionate leaders committed to making a significant impact in the field.

Over the course of the Fellowship journey, fellows design and lead an impact project at their institutions. Projects focus on enhancing the overall wellbeing of the community that the institution serves and are outside of the fellow's day-to-day role and responsibilities. These projects illustrate the dedication of these remarkable women to influence healthcare and drive outcomes that will positively transform healthcare.

**“What you do makes
a difference, and you
have to decide what
kind of difference you
want to make.”**

Jane Goodall



Nadia Carlesso, MD, PhD

Professor and Chair, Department of Stem Cell Biology & Regenerative Medicine
Associate Director of Basic Research, Gehr Family Center for Leukemia Research
Beckman Research Institute

CITY OF HOPE

Dr. Nadia Carlesso has over 30 years' experience in the field of stem cell biology and hematopoiesis. She leads the Department of Stem Cell Biology and Regenerative Medicine at City of Hope, comprised of teams of researchers harnessing the power of stem cells to develop new anti-cancer therapies and regenerative approaches in cancer survivors.

Cutting Edge Stem Cell Therapies and Health Disparities

Access to innovative cell and gene therapies is costly for multiple and complex reasons. Identifying solutions to enable access to these therapies for all patients, not just a select few, is challenging and requires the involvement of major stakeholders: biotech companies, health insurances, and health providers.

As a scientist, educator and a leader in the stem cell field, Dr. Nadia Carlesso is committed to increasing awareness and engaging the scientific community in helping to ensure that access to transformative and curative therapies do not further increase health disparities.

A powerful way to mitigate these health disparities is by giving a voice to the underserved and underrepresented by bringing them into the biomedical workforce. Dr. Carlesso is leveraging various programs at City of Hope to expand outreach efforts to high school and undergraduate students from underserved geographical regions such as eastern Los Angeles, San Bernardino, and Riverside counties, where more than 20% of families live below the poverty line. She has started to develop an educational infrastructure and curriculum that provides opportunities for high school and college students to have hands on training in Stem Cell Biology, Gene Therapy, and Bioengineering through courses, workshops, and internships at City of Hope. Recruiting, training, and nurturing a workforce representing all dimensions of diversity will have a long-term impact, helping to eliminate some of the barriers to cutting-edge therapies.



Audrey Corbett, MD, MBA

Associate Dean of Clinical Affairs,
School of Community Medicine
Chief Medical Officer, OU Health Physicians

TULSA

Dr. Audrey Corbett is the Associate Dean of Clinical Affairs for the University of Oklahoma School of Community Medicine and Chief Medical Officer for OU Physicians in Tulsa, Oklahoma. She oversees the ambulatory clinical enterprise as well as works in collaboration with the community hospitals housing the OU residency programs.

Integrating Patient Safety in Resident Education: A Unified Approach Across Community Hospitals

Dr. Audrey Corbett is leading a team dedicated to developing a comprehensive patient safety multi-disciplinary curriculum for medical school and residency programs within a community medicine framework. This initiative spans three independently owned hospital systems, presenting both unique opportunities and challenges. The primary goal is to create a cohesive curriculum that educates resident physicians from various disciplines on critical aspects of patient safety and risk management. This includes training on performing root cause analysis and collaborating with risk departments across the three hospital systems. One of the significant barriers is the coordination required among the different hospital systems, each with its own protocols and culture. However, this diversity also offers a rich learning environment where residents can gain a broad perspective on patient safety practices. The project aims to address a crucial gap in medical education, as many residents graduate without a thorough understanding of patient safety and peer review processes. By equipping future physicians with these essential skills, the project seeks to enhance the overall quality of care and reduce medical errors. Ultimately, Dr. Corbett's project aspires to foster a culture of safety and continuous improvement in healthcare settings, ensuring that new physicians are well-prepared for the complexities of modern medical practice.



Caroline Davidge-Pitts, MBBCH

Endocrinologist

MAYO CLINIC ROCHESTER

Dr. Caroline Davidge-Pitts is an Associate Professor of Medicine and Associate Practice Chair of the Division of Endocrinology, Diabetes, and Nutrition at Mayo Clinic in Minnesota. She is the Medical Director of the Transgender and Intersex Specialty Care Clinic and the Chair of the Equity, Inclusion, Diversity Committee for Mayo Clinic Rochester and currently serves on the Board of Directors for the US Professional Association for Transgender Health.

Development of a Department of Medicine Health Equity Fair at Mayo Clinic

Dr. Caroline Davidge-Pitts and her team are developing the Department of Medicine Equity, Inclusion, and Diversity Academic Fair titled "Unity for Health Equity" which represents a powerful commitment to fostering an inclusive and supportive environment in medical academia. This event will feature a range of engaging activities, including poster presentations, oral presentations of research, panel discussions, and an award ceremony. The poster presentations will allow participants to showcase research focused on health disparities, social determinants of health, and initiatives that promote diversity and equity in medicine. Oral presentations will provide an in-depth view into pioneering research, fostering dialogue and insights among faculty, students, and staff. Panel discussions featuring department leaders and advocates in diversity and inclusion will offer attendees a forum to explore challenges, share best practices, and discuss solutions to foster inclusivity in healthcare settings. To recognize and celebrate outstanding contributions, the fair will conclude with an award ceremony highlighting exemplary efforts in diversity, equity, and inclusion within the department. Ultimately, this initiative underscores the department's dedication to serving the diverse staff and communities of Olmsted County. Once complete, the team will collate lessons learned into a blueprint that can be used by other departments in the future.



Stephanie Guzik, MBA, BSN, RN, CHRC

Stephanie Guzik, MBA, BSN, RN, CHRC
Vice President, Chief of Staff

UNIVERSITY OF TEXAS MEDICAL BRANCH
HEALTH SYSTEM
OFFICE OF THE PRESIDENT

Stephanie Guzik is the Vice President and Chief of Staff to the President and CEO at The University of Texas Medical Branch and serves as an advisor to senior leadership, supporting operational efficiency and driving initiatives that align with the health system's academic mission and goals. In addition, she oversees the Patient Experience and Navigation areas which is responsible for the development and execution of strategies to enhance patient satisfaction, streamline care coordination, and improve overall patient outcomes.

Capacity Building and Knowledge Transfer to Address Global Health in Egypt

Stephanie Guzik convened and led a multi-disciplinary group at The University of Texas Medical Branch (UTMB) to execute on a novel technical and consultative effort for a new private university in Cairo, Egypt (Badya University). Its purpose is to guide education, research, and healthcare to models that deploy UTMB's best practices in learning strategies, student, and faculty exchange programs in the areas of Medicine, Physical Therapy, and Dentistry overseas. This initiative aligns with work already realized in the region related to UTMB's affiliation agreement with the Egyptian Cultural and Educational Bureau (at the Egyptian Embassy in Washington DC) which resulted in a research scholarship and clinical observership program that provided funding by United States Agency for International Development (USAID). By offering expertise, an American university like UTMB can help Egypt build stronger health systems. This includes training healthcare professionals, improving medical infrastructure, and advancing public health policies. In addition, this work can help address public health challenges, such as controlling infectious diseases (e.g., hepatitis C, tuberculosis) and emerging health threats. A part of this work aims to address global health disparities, including developing programs to improve access to healthcare, enhance maternal and child health, and reduce the burden of non-communicable diseases like diabetes and cardiovascular diseases.



Sara Haggerty, MBA

Vice President, Budget and Financial
Planning & Analysis

UCHICAGO MEDICINE

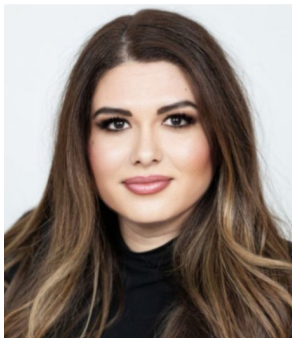
Sara Haggerty is the VP, budget and financial planning & analysis, for UChicago Medicine (UCM). In this role reporting to the CFO, she oversees system-wide financial operations, budget, planning, and reporting analytics.

Creating an Analytics Platform to Drive Growth and Decision-Making

UChicago Medicine's strategic plan emphasizes commitment to its patients, clinicians, and employees, focusing on long-term success built on a foundation of quality care, innovation, and operational excellence. By integrating digital technologies to increase access, value, and patient satisfaction, UCM focuses on improving patient, clinician, and trainee experiences to improve patient care. Financial sustainability is supported through targeted strategic initiatives including the expansion of specialized clinical services, cost efficiency, continuous improvement, innovative clinical trials, and network expansion, while prioritizing high-quality accessible care delivery.

Financial analytics plays a crucial role in healthcare by enabling organizations to optimize resources, improve operational efficiency, and ensure sustainable financial health. In an industry where costs are rising and margins are often tight, financial analytics provides insights that guide critical decisions regarding budgeting, spending, and investments.

Sara Haggerty has led development of UChicago Medicine's financial analytics platform to help drive growth and decision-making. The suite of analytics tools helps highlight opportunities for leadership to set targeted growth initiatives. Under her leadership, the development of real time analytics has allowed UChicago Medicine to make better informed timely decisions while also measuring outcomes of performance improvement and growth initiatives on a monthly basis.



Crystal Hernandez, Psy.D., MBA

Chief Forensic Officer,
Muscogee Creek Nation & Cherokee Nation;
Owner, Dr. Crystal Hernandez Consulting, LLC

Dr. Crystal Hernandez serves as the Chief Forensic Officer for both the Muscogee Creek Nation and the Cherokee Nation. In this role, she is responsible for establishing the infrastructure for forensic mental health services that cater to the distinct needs of Tribal citizens within these two nations.

Changing the Landscape for Justice Involved Tribal Nations and Citizens

There are 574 federally recognized Tribes across the United States, with 37 located in Oklahoma. Each of these Tribal Nations possesses distinct strengths and needs, particularly concerning mental health and the requirements of citizens affected by the justice system. In Oklahoma, the landmark U.S. Supreme Court decision in *McGirt v. Oklahoma*, 591 U.S. (2020) transformed the landscape for Tribal Nations regarding criminal jurisdiction and sovereignty, impacting forensic mental health infrastructure and the delivery of legally mandated services for Tribal citizens.

Dr. Crystal Hernandez facilitated the creation of a comprehensive system, the development of policies and statutes, and providing direct services to the impacted Tribal Nations in Oklahoma. She designed programs that included a triage model for accessing mental health and substance use treatment, options for diversion prior to arrest when feasible, and a robust reentry system for individuals leaving incarceration. The system prioritized individual rights, public safety, high-quality clinical care, innovative service delivery, and culturally relevant support. The approach aimed to balance the public safety needs of the Nation with alternatives to incarceration and prosecution for Tribal citizens.

This model has started to be replicated among other Tribal Nations, with a focus on preserving cultural strengths, best practices, and fostering a supportive system among the diverse Tribal Nations.



Meredith Hileman, MBA

CEO

SUTTER WEST BAY MEDICAL GROUP

Meredith Hileman is the Chief Executive Officer of Sutter West Bay Medical Group, a multispecialty group aligned with Sutter Health and based in San Francisco. Meredith oversees all strategic planning, growth, clinical service line development, and business operations.

Improve the Clinical Ecosystem by Embracing Diversity, Equity, and Inclusion

A diverse healthcare workforce enables better patient care by reflecting the demographics of the community it serves. It is a challenge to develop a physician workforce that reflects the patient population given the demographics of physicians coming out of training. In the absence of a diverse workforce, it is critical to foster a culture of inclusivity that enhances the experiences for patients and staff, increases staff engagement, and focuses on the well-being of the team. This greatly impacts the ability to deliver culturally sensitive care, and ultimately aims to reduce healthcare disparities and provide more accessible, high-quality care for all.

Meredith Hileman spearheaded an initiative to develop a meaningful and authentic Diversity, Equity, and Inclusion strategy for Sutter West Bay Medical Group. She led the work to refresh the group's mission, vision, and values as a starting point. The DEI strategy was then developed to address the challenges of building and maintaining a diverse physician workforce, such as retention of female physicians, gender equity in leadership positions, and joy of work, in particular for primary care physicians. Key elements of the strategy included support for women physicians to stay in practice, promotion of women physicians in leadership positions, and segmentation of primary care to address how patients want to receive care and physicians want to provide care.



Sara Johnson, MBA, PMP

Associate Vice President, Population Health and Innovation

DUKE PRIMARY CARE

Sara Johnson is the Associate Vice President, Population Health and Innovation for Duke Primary Care. In this role, she directs a range of adult and pediatric population health services and oversees the Hospital Follow-Up Clinics, New Patient Access Clinics, and the Duke Primary Care Virtual Care Team.

Utilizing a Transitions Clinic to Reduce ED Readmissions for High-Risk Patients

Many patients without Primary Care Providers (PCPs) have a higher utilization of the Emergency Department. These visits are exorbitantly expensive – it's estimated that almost \$10 billion is spent each year on ED care that could be provided in another location. Sara Johnson partnered with Duke's three Emergency Departments and Duke Health Access Services to design a referral pathway and clear scheduling process for high-risk patients discharged from the EDs to have a scheduled follow-up outpatient appointment within seven days. She also collaborated with Duke Primary Care and the Duke Population Health Management Office to create a streamlined workflow to connect patients to PCPs to establish ongoing care. As a direct result of this project, the Duke Primary Care transitions clinic saw 628 patients discharged from the EDs in 2024, 623 of whom did not have a Primary Care Provider and would not have received a timely outpatient follow up appointment without this option. By connecting patients to outpatient follow up visits and PCPs within seven days, Duke was able to reduce ED utilization, save patients time and money, and reserve the Emergency Department for patients who truly needed that level of emergency care.



Samantha L. Klebe, DO, MBA, FACP, SFHM

Chief Medical Officer

MARSHFIELD CLINIC HEALTH SYSTEM

Dr. Samantha Klebe is the Chief Physician at Marshfield Clinic. In this role, she oversees clinical operations for the system, ensuring high-quality patient care by managing the medical staff, setting clinical standards, and acting as liaison between medical teams and hospital administration.

Tackling the Challenges of Accessing Healthcare in Rural America

Accessing healthcare in the United States is fraught with challenges, particularly for individuals living in rural areas where the availability of healthcare services and providers is often limited. Dr. Samantha Klebe and her team recognized these pressing issues and set out to make a meaningful impact on healthcare accessibility for communities in rural Wisconsin. Their efforts began with a comprehensive exploration of the obstacles that hinder patients from receiving care. Several key barriers were identified, including variations in provider scheduling templates, inconsistencies in referral patterns, and ineffective management of referral backlogs. In response, Dr. Klebe and her team established a collaborative workgroup to systematically address these critical issues. They developed standardized scheduling templates tailored for each service line, ensuring that patient visit types were optimized while maintaining flexibility for different modes of consultation. Referral information and patterns were also standardized to streamline the review process and enhance appointment scheduling efficiency. These targeted initiatives have significantly transformed patient scheduling practices, reducing wait times and improving overall patient satisfaction. By optimizing care delivery in their communities, Dr. Klebe and her team are making strides toward ensuring that residents in rural Wisconsin have timely access to the healthcare services they deserve.



Marjorie Lazarre, PharmD, MBA

Associate Chief Pharmacy Officer

YALE NEW HAVEN HEALTH

Dr. Marjorie Lazarre is the Associate Chief Pharmacy Officer & Executive Director of Pharmaceutical Business Innovation at Yale New Haven Health. She oversees advancing strategic objectives with a focus on all aspects of pharmaceutical procurement, contracting, expense mitigation, revenue cycle optimization, and 340B program compliance for Yale New Haven Health system.

Patient Medication Access: The Pill for Lasting Impressions

Dr. Marjorie Lazarre is committed to creating access to medication to ensure optimized patient outcomes. In some instances, the pharmacy is the last stop prior to going home; ensuring that the last experience in a patient's journey makes a lasting impression is the mission. Dr. Lazarre is focused on supporting access to preventative or curative medication utilizing innovative tools. Creating digital infrastructure to support access is critical to support patients and their communities. With complex insurance prior authorization and rising medication costs, artificial intelligence and medication assistance digital platforms have been developed to support these initiatives. The goal is to expedite treatment initiation, capacity optimization and enhance community access. Dr. Lazarre, in partnership with her colleagues in pharmacy, digital transformation, and business services teams have measured significant adoption rates of the tools via pre and post measurement of utilization, patient, and clinician satisfaction.



Jessica Liddle, MHA

Director of Enterprise Performance and Strategic Planning

JOHNS HOPKINS MEDICINE

Jessica Liddle is the Director of Enterprise Performance and Strategic Planning at Johns Hopkins Medicine. In this role, she orchestrates the identification and operationalization of incentive targets and system initiatives with executive leadership and drives performance reporting.

Driving Focus & Transparency of Shared Administrative Service Initiatives in a Complex Organization

Johns Hopkins Medicine employs an annual planning framework to translate its multi-year strategic vision into clearly defined yearly milestones and targets for its entities. This structured approach drives prioritization across the organization at both the system and local levels, culminating in a balanced scorecard and a prioritized list of initiatives for the year. Quarterly performance reports are developed and reviewed with executive leadership to assess progress and identify opportunities for continuous improvement.

While the Shared Administrative Services (SAS) play a vital role in identifying organizational priorities, they lack a standardized framework for setting, communicating, and measuring annual goals. To address this gap, Jessica Liddle introduced a formal process to develop and transparently publish centrally owned SAS initiatives. This process enables executive leaders to intentionally align, prioritize, and socialize team efforts while clearly defining success metrics.

The initiative has provided valuable organizational insights into key SAS efforts, fostering collaboration and the exchange of best practices. The inaugural SAS quarterly summary report, recently released, received outstanding feedback for its objective and consolidated visualization of the current state, serving as a powerful management tool for guiding team discussions and enhancing strategic alignment.

**“Every moment wasted
looking back, keeps us
from moving forward....
In this world and the
world of tomorrow, we
must go forward.”**

Hillary Clinton



Chemen M. Neal, MD, CPCC

Executive Associate Dean of Equity & Inclusion | Chief Diversity Officer
Associate Professor Obstetrics & Gynecology

INDIANA UNIVERSITY SCHOOL OF MEDICINE

Chemen M. Neal serves as the Executive Associate Dean of Equity & Inclusion at the Indiana University School of Medicine. She provides strategic leadership and ensures institutional alignment for inclusive excellence across all key pillars, including research, education, faculty affairs, clinical excellence, and community partnerships.

Clinician Cluster Recruitment Initiative

Dr. Chemen Neal created and implemented the IU School of Medicine's Academic Clinician Cluster Hiring Initiative, which is designed to recruit and support faculty clinicians from historically underrepresented populations in medicine, enhancing the learning environment for students and improving patient care. This initiative seeks to address health disparities in key areas such as cardiovascular health, maternal and infant mortality, and mental health by diversifying the physician workforce.

This program offers participants four years of comprehensive support, including executive coaching, partnerships with department chairs and access to two existing faculty development programs. Clinicians can choose from four career development tracks: Clinician Educator, Health Systems Leadership, Health Informatics, and Center for Inclusive Excellence Leadership Fellow. Each track provides foundational degree options to help faculty build expertise in their chosen fields. The initiative prioritizes recruiting clinicians for specialties such as Internal Medicine, Cardiology, Obstetrics & Gynecology, Pediatrics, Family Medicine, and Psychiatry, focusing on attracting faculty who reflect the diverse demographics of Hoosier communities.

By fostering a diverse leadership infrastructure, this initiative aims to positively impact health outcomes and the academic success of underrepresented medical students and trainees, ultimately addressing workforce needs and advancing health equity.



Karlyn B. Paglia, MD

Chief Medical Officer
Geisinger Wyoming Valley Medical Center

GEISINGER HEALTH SYSTEMS

Dr. Karlyn Paglia is the Chief Medical Officer for Geisinger Wyoming Valley Medical Center. In this role, she oversees clinical care and patient safety, inpatient capacity management, and market strategy for the Northeast Geisinger platform.

A New Look at System Bed Management to Reduce ED Overcrowding and Inpatient Overcapacity

Boarding of admitted patients in the Emergency Department (ED) due to lack of available inpatient beds poses a safety risk to patients. Prolonged stays in the chaotic ED environment cause delays in receiving medical care, increase the likelihood of medication errors, and decrease patient satisfaction. ED boarding is associated with higher rates of morbidity and in-hospital mortality. Moving patients from a tertiary care hospital to a satellite campus can be an effective strategy to manage capacity demands.

Dr. Karlyn Paglia and team developed a comprehensive plan to relocate appropriate patients at Geisinger Wyoming Valley Medical Center (GWV), which averages an occupancy >100%, to a nearby, underutilized community campus to address overcrowding. The team assessed the current and projected capacity needs of both campuses and established criteria for safe patient transfers. Adequate staffing and sufficient medical supplies to handle the additional patient load were addressed. Scripted communication regarding the transfer plan was created for patients and families to address concerns. Provider buy-in was secured, and a telemedicine support system was implemented to meet the demands for specialty consultation.

Currently, the team is moving over 100 patients per month, gaining approximately 450 bed days monthly at GWV. Dr. Paglia will be monitoring patient outcomes and satisfaction and making necessary adjustments based on feedback and performance data.



Vanessa Roshell-Stacks, MHA

Vice President, Ancillary and Support
Services (Site Administrator, Oakland
Campus)

UCSF BENIOFF CHILDREN'S HOSPITALS

Vanessa Roshell-Stacks holds the positions of Vice President of Ancillary and Support Services and Site Administrator for the Oakland campus of UCSF Benioff Children's Hospitals. In these capacities, she directs the operational, financial, and strategic functions of a diverse array of departments and programs, all dedicated to enriching the clinical and personal experiences of pediatric patients and their families.

Advancing Health Equity Through Anchor Strategy Development at UCSF Benioff Children's Hospital Oakland

Recognizing the critical role healthcare institutions play in addressing social determinants of health, Vanessa Roshell-Stacks co-chaired the Anchor Institution Assessment Steering Committee alongside a community leader to guide a transformative initiative at UCSF Benioff Children's Hospital Oakland (BCH Oakland). In partnership with the UCSF Anchor Institution Mission (AIM) team, the project focused on leveraging BCH Oakland's economic resources to address health inequities in the East Bay through a comprehensive anchor strategy.

The initiative centered on three key pillars: workforce development, inclusive procurement, and community investment. Strategies included expanding career pathways through youth-focused programs, fostering workforce diversity, and addressing employment barriers. Procurement efforts emphasized strengthening local, diverse vendor engagement using tools like streamlined certification processes and community-informed planning. Community investment priorities focused on supporting mental health initiatives, education pipelines, and economic mobility for underserved populations.

BCH Oakland's century-long legacy of care now extends beyond clinical services, amplifying its role as a vital community partner. By addressing systemic barriers and proposing actionable solutions, the institution is positioning itself as a leading anchor institution committed to driving systemic change and advancing health equity for future generations.



Monica Russo, MHA, FACMPE

Southern Region Vice President, Practice Operations

MAINEHEALTH

Monica Russo is the Southern Region Vice President of Ambulatory Practice Operations for MaineHealth. During her 20+ year career, Monica has had the privilege of leading teams through transformative initiatives to advance strategic priorities and support the vision of working together so our communities are the healthiest in America.

Improving Access to Ambulatory Care Through a Regional Governance Mode

MaineHealth is a not-for-profit health care delivery system that consists of nine hospitals, a comprehensive behavioral health network, home health agencies and a 2,000+ employed provider multi-specialty medical group serving diverse communities across Maine and into New Hampshire. With the decision to transition to a system-wide regional governance model, Monica Russo was charged with fully integrating ambulatory practice operations across the southern region with the goal of improving access to care.

Leading with integrity and an unwavering commitment to caring for all members of the community, Russo fostered a culture of inclusivity by partnering with clinical, academic, nursing, and operational leaders to reimagine care delivery across 40 specialties and over 50 practice locations. Early successes include a unified medical and administrative leadership structure, new communication channels, a single planning and approval process for capital and operating investments, and improvements in patient experience, provider and care team engagement, clinical quality outcomes and financial health. Collectively, these foundational steps will position MaineHealth well to continually improve access to care.



Teresa Sarlitto

Executive, Operations
Greater Silicon Valley Division

SUTTER HEALTH

Teresa Sarlitto is the Executive of Ambulatory Operations at Sutter Health. In this role, she oversees all ambulatory operations for the Palo Alto Foundation Medical Group in the Greater Silicon Valley Division of Sutter Health.

Ambulatory Space Planning Roadmap

Over the next five years, the Greater Silicon Valley (“GSV”) division aims to achieve 30% growth through adding 300,000 Active Patient Lives by 2030. To support this expansion, the addition of 500 incremental providers is necessary to provide quality patient care and consistent patient access. To inform growth and space planning decision making, it is critical to implement comprehensive space management processes that are informed by both space supply and demand while supporting existing operations.

In the absence of standardized space planning processes, data management, and governance, siloed data sources lead to inconsistencies and a lack of trust in the information.

Given GSV’s resources, strategic vision, and commitment to excellence, the organization has an opportunity to become the leading healthcare provider in the region. GSV, under Teresa Sarlitto’s leadership, has taken the first step forward to address current challenges around space planning, hiring management, and data governance to meet milestones and 2030 growth targets. This roadmap is anchored by three key focus areas: Data Management, Supply Management & Creation, and Demand & Recruitment Planning and uses an initiative-based approach to continued space management and planning. These initiatives are anticipated to enhance space management efficiency, improve data consistency, and streamline clinician allocation, thereby continuing to drive towards GSV’s 2030 growth objectives.



Cindy A. Sheridan, Esquire

Associate Chief Legal Officer – Litigation Services

GEISINGER HEALTH

Attorney Cindy A. Sheridan, Associate Chief Legal Officer – Litigation Services, is responsible for overseeing all litigation involving Geisinger Health. Her experience includes managing complex malpractice claims and collaborating with clinical and administrative leaders to improve clinical and operational outcomes.

Improving Communication and Accountability Can Enhance Patient Safety and Improve Organizational Outcomes

Communication and Resolution Programs (CRP) focus on responding to adverse events, fostering open communication, and improving trust. Geisinger's CRP program was lacking role-specific guidelines to ensure consistent implementation. Cindy Sheridan worked with clinical partners to establish parameters around inclusion of the appropriate staff to attend a CRP meeting as well as a streamlined system for conducting timely meetings. These efforts have included education across the system to foster a blame-free culture, encouraging reporting without fear of retribution and showing that adverse events are opportunities for improvement.

Sheridan is also collaborating with clinical leaders to establish accountability meetings to help establish goals for each department through reduction of errors and adverse events. These meetings can identify root causes of variances and serve as the platform for corrective actions. They will foster an open environment where leaders feel comfortable sharing challenges and where actionable outcomes can be established.

The combined benefits of improved CRP and accountability meetings promote a culture of trust and collaboration. They improve patient outcomes by addressing system-wide and departmental issues which can ensure accountability while encouraging professional growth among leaders.



Julia Swanson, MHSA

SVP, Planning and Transformation

HENRY FORD HEALTH

Julia Swanson is the Senior Vice President, Planning and Transformation at Henry Ford Health. In this role she oversees a portfolio of initiatives in support of patient quality and safety, consumer experience, operational efficiency, and workforce productivity with a focus on operational and clinical transformation, integration of new entities, and effective performance management practices across the health system.

Developmental Disabilities Lifespan Continuum of Care

Intellectual or Developmental Disabilities are a group of conditions that affect a person's cognitive, physical, language, learning, behavior, and adaptive functioning. At Henry Ford Health, individuals with Intellectual or Developmental Disabilities (IDD) do not have a structured, organized process to transition care from pediatrics to adult providers. This includes a limited number of trained and available adult health professionals available to provide optimum health care for patients with IDD.

Julia Swanson provided leadership and program development guidance to clinical leadership to develop and implement an approach that focuses on addressing health disparities and promoting health equity for the rising Michigan population of people living with an IDD. Her goal is to develop a continuum of care that includes provider and patient education and development of integrated systems of care across the lifespan. Specific tactics are focused on education and competency development and identifying focused primary care physicians and care managers.

Without healthcare transition support and support for the IDD population overall, data show this population experiences increased gaps in care, diminished health, compromised quality of care, and increased health care costs. Ultimately, this is a health equity issue that must be addressed.



Courtney Tanner, JD, MSW

Senior Director, Government Relations

DARTMOUTH HEALTH

As the Senior Director of Government Relations at Dartmouth Health, Courtney advocates to advance the Dartmouth Health system, its providers, and the communities it serves. Serving the only academic health system in New Hampshire, Courtney drives innovative healthcare policy in federal and state arenas convening and coordinating with community partners.

Right Care, Right Time – Layers of Solutions

Every patient deserves to receive appropriate, timely, and quality clinical care. However, periodically patients are unable to discharge from hospital level care. On average, Dartmouth Hitchcock will have 80 patients that are clinically ready for discharge but are unable to due to lack of long-term health coverage, guardian or decision-making support, or other necessary community supports and services.

Because the challenges are community based and require investment in infrastructure, Courtney Tanner has designed and implemented a tiered solution. First, she quickly identified an opportunity to remove the barrier of lack of public guardians for patients. She engaged the NH Office of Public Guardianship to enter into a private agreement, and patients now have access to a public guardian during a critical period of transition. The investment in this resource yielded both improved patient outcomes and allowed the health system to reduce length of stay and reduce costs.

Second, Tanner convened a diverse stakeholder group to identify and advance state level policy solutions to ensure patients are able to access the right care at the right time. This coalition will work to advance a three-pronged policy proposal to improve the state's care infrastructure and support a successful health care ecosystem.



Danielle Wharton, MHSA, NHA

Vice President Clinical and Support Services

JOHNS HOPKINS HEALTH SYSTEM/JOHNS HOPKINS BAYVIEW

Danielle Wharton is the Vice President of Clinical and Support Services at Johns Hopkins Bayview Medical Center part of the Johns Hopkins Health System. She leads hospital operations across a vast array of operational, Ancillary, and support departments. In addition, she provides executive oversight to numerous initiatives and projects that push the organization forward.

Addressing the Critical Ancillary Services Workforce Shortages While Engaging the Baltimore Community

JHHS faces workforce shortages in crucial ancillary services just like the rest of the nation. To address this, Danielle Wharton partnered with community leaders and Baltimore City High School trade programs to create a pharmacy tech program pipeline and internship at her hospital. There were some challenges such as vaccine hesitancy with the student and parent population, which is a condition of employment. To counter this, she engaged infection control leaders at JHHS to educate the community on the benefits of vaccinations. These efforts have allowed students in the Hopkins Bayview community to start in entry level jobs while simultaneously meeting a critical function of the hospital. Wharton leveraged her relationship with Human resources and community relations to impact her pharmacy team and improve productivity.



Katina Morgan Williams, MBA

Vice President
Finance & Chief Financial Officer

JOHNS HOPKINS HOSPITAL

Katina Williams is the Vice President of Finance and Chief Financial Officer of the Johns Hopkins Hospital. In this role, she has oversight of a \$3B+ annual operating and capital budget for the world renowned Academic Medical Center.

Hospital and Community Partnerships: Addressing Workforce Shortages and Enhancing Culturally Competent Care

Hospitals serve as pillars of community health and well-being, but their influence can extend beyond healthcare by addressing systemic inequities in employment. Collaborating with a local non-profit workforce development organization, the Johns Hopkins Hospital (JHH), is working to close the gap in employment while fostering community and economic resilience. The Caroline Center (Caroline) sees this as an opportunity to create positive change among the women it serves, most of whom are minorities.

Before engaging with Caroline, there was very little collaboration with the hospital. Post-program placement was extremely low, with many graduating cohorts unable to place any graduates. By partnering with Caroline's Executive Director, Katina Williams identified key recruitment barriers that prevented successful employment matches. Working thoughtfully, she connected Caroline leaders with JHH colleagues in Human Resources, Talent Acquisition, and the Office of Government Relations and Community Affairs. They helped identify missing prerequisites for hospital employment, creative solutions for building required courses into their training curriculum, and provided a direct channel to recruitment resources. This work also facilitated a personal opportunity for Williams to serve as Caroline's Board Chair, further strengthening the Hopkins-Caroline relationship.

JHH, Caroline, and local women are succeeding by addressing workforce shortages, diversifying staff, strengthening the community, and enhancing cultural competence in patient care.



Robin M. Wood PhD, RN, CEN

Senior Clinical Director of Hospital of
the University of Pennsylvania Capacity
Management & The Penn Medicine
Transfer Center

UNIVERSITY OF PENNSYLVANIA
HEALTH SYSTEM

Dr. Robin Wood has held numerous staff and leadership positions within the Hospital of the University of Pennsylvania ED nursing until 2022, when she transitioned out of her role of clinical director of emergency and observation nursing to a newly formed position; senior clinical director of HUP capacity management and The Penn Medicine Transfer Center.

Streamlining Patient Care via Geographic Cohorting

Geographic cohorting in hospitals refers to the practice of assigning patients to specific wards based on their medical condition or care needs. This strategy streamlines patient care by concentrating specialized staff and resources in designated areas, thus improving efficiency and outcomes. A significant impact of geographic cohorting is its potential to reduce excess patient days.

By decreasing the physical distance between patients with similar conditions, healthcare providers can more effectively monitor and manage these patients. Specialized teams become highly familiar with particular conditions, leading to faster diagnoses, more targeted treatments, and quicker discharge planning. Enhanced communication among team members who work closely together further expedites care processes.

Robin Wood implemented the geographic cohorting concept in FY23. The result was a significant reduction in excess patient days, a Vizient Metric that adjusts LOS to account for patient acuity. There was a 60% decrease in excess days in FY24 as compared to FY23. Geographic cohorting was a pivotal initiative to achieve this reduction. Additionally, there was a positive impact on qualitative metrics such as provider satisfaction and team cohesion. Patient satisfaction scores remained high. Wood aims to expand the concept of geographic cohorting across the healthcare system and cohort patients by population across the seven entities.

**Changing healthcare.
Strengthening communities.
Empowering women.**



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