Q: What surprised Clay the most during recent visits to the regions?
A: The enthusiasm, the pride and energy of our regions has just been fantastic. Clay was able to see great clinical innovations, amazing collaborations and inspiring work in diversity, as well as excellence across supply chain, logistics and BioMed. On the flip side, Clay identified an incredible amount of variation in approaches, tool sets, reporting, definitions and quality and safety outcomes. This represents our need for a common approach to performance improvement. There is also opportunity to make meaningful investments that immediately influence our profitability and fund our mission.

Q: Are there any new or different indicators to help measure our success differently as a system?
A: While not necessarily new data, we will be utilizing standard, externally benchmarkable data sets in all our areas. These data sets will not be the same across the very different areas of the organization, but we will be prioritizing the IBM Watson Top 100 Hospital Comparison Set and the HEDIS data set. IBM Watson is a set of benchmarkable Medicare data, whose definitions we will utilize but also expand to include all payer data where possible. HEDIS is a set of population health measures that measure the use of known preventative care to measure our adherence to evidence and the use of preventative medicine. We will also focus on workforce wellness and recovery indicators. These will include a mix of traditional measures like turnover, experience and engagement and emerging measures around the number of performance improvement projects that come out of our front-line huddles.

Q: How can we leverage LEAN tools Clay non-clinical settings, like System Services/IT?
A: LEAN uses a visual management system that clarifies what's important, and then breaks it down into actionable pieces. In non-clinical areas, you will start to see more "start-of-shift" huddles, like our clinical safety huddles, based on alignment of priority items, defining key metrics, and soliciting input on roadblocks. This may look like process improvement or, for things that require additional support, leveraging two-way communication tools to elevate to the right areas of the organization. It is a way of doing our work that empowers our front-line teams, but also outlines what it important to our organization and determines how we can drive improvement.

Q: What support can we provide in system services for the changes taking place in the regions?
A: System Services can support the regions by being efficient and effective with the services we provide. Our teams can also support opportunities for improvement often called out in recurring Regional Operating Improvement meetings, in order to continue to optimize and improve performance.

Q: What will virtual nursing support look like, particularly for third shift?
A: We are currently looking at vendors to help us establish a virtual nursing support program, which is very similar to an e-ICU concept but for the Med Surge area. For example, experienced nurses can support front-line, direct care RNs who may be taking care of a large patient load. These individuals serve as an extra pair of eyes and ears and can assist with things such as discharge teaching in the day shift and being responsive and watching out for patient safety during that night shift.

Q: With staffing shortages and increased safety concerns on the unit level, how are we providing the safest environments across our regions?
A: Nothing is more important to us than the safety of our patients and team members. A tremendous amount of work is being done in this area, including early identification, de-escalation, and communication. We are working on breakthrough strategies that help us now rather than later, such as the Canine Patrol program, and seeing which ones are transferable and scalable across the regions—and if not, what else we can do to support. We are also defining the minimum staffing model for security and safety in our care settings and working on crisis stabilization efforts. Robust training programs for our teams are being developed for implementation soon.

Q: What does it mean for UPH to function as a High Reliability Organization (HRO)?
A: In the simplest terms, a high reliability organization means that our consumers or patients can count on consistent, high quality outcomes and experiences **every time**. It also means our team members maintain standard processes to deliver the right services based on patient care needs. As a team, we invite frequent feedback to continually improve and course correct as necessary. Overall, we know we're functioning as an HRO when our clinical, experience, financial and team engagement outcomes are among the best in the country.

Q: What is UPH doing to support recruitment and retention for nurses?
A: Health systems across the country are struggling with recruitment and retention of nursing positions. High turnover rates are especially experienced after the first year. To address this at UnityPoint Health, a group of Nursing, HR and Talent Acquisition leaders are creating a Recruitment and Retention Playbook which takes a proactive approach in navigating the nursing shortage. The priorities laid out in the playbook include both required and optional tactics surrounding recruitment and retention. All have been developed to help us achieve our goal of recruiting and retaining amazing nurses for our facilities.

Q: How can we move more towards rapid-cycle improvements and use of best practices to improve patient care?
A: By empowering our Leaders and Team Members to identify opportunities and make rapid improvements. This requires an investment in developing these skills in our Leaders/Team Members. Through such a supported culture of continuous improvement we begin to speak a common language, use common approaches to problem solving and have common mechanisms to communicate change (standard work) within or across affiliates.

Q: What considerations are being given to which surveys region participate in to measure hospital safety measure and outcomes?
A: While safety is a top priority across UPH, the organization has chosen to focus on an overall metric portfolio that includes cross-continuum metrics and focuses on the Triple Aim, which strives to improve quality and safety, patient experience, while reducing costs. To ensure we are focusing on the broader perspective, UPH will use CMS Overall Hospital Quality Star Rating metrics as a guide and align with real-time data to help ensure we are improving all patient outcomes. Beginning January 1, we began introducing NRC Health as our patient experience survey vendor. The transition to NRC will help us meet both the request of our patients to have shorter surveys and our team members, who want more timely and actionable feedback.

Q: How do we better support patients in the Emergency Department setting to reduce overutilization and support our population health efforts?
A: Our ED service line is developing a support model with social workers, RNs and others for frequent ED utilizers. This provides patients seeking follow up care in the ED with additional access to resources to keep them out of the ED and get them to a primary care provider. In addition, our new EPIC tool allows us to connect patients with social determinates of health care barriers to community resources. It is being deployed to provide the support they need to remain out of the ED and in a medical home. Finally, our patients with mental health needs have been managed in an urgent care type behavioral health clinic in some of our regions, detouring an ED visit. This model is being considered in other regions to engage more patients and as an efficient way to meet individual mental health needs.

Q: What business strategy processes are in place to submit population health service proposals?
A: We have an interdisciplinary group representing Population Health and are always willing to address any new approaches or concerns. If you have any suggestions, please forward them to judy.beswick@unitypoint.org.

Q: With a focus on increasing the UPH transfer center, what does that look like for our affiliates?
A: The UPH Transfer Center is intended to create a friction-less transfer process, making it easier to transfer patients between UPH facilities as well as accept patients from outside UPH. We believe this represents a significant opportunity for our affiliates to continue growing volumes.

Q: What are the next service lines to develop for UPH and UPC?
A: We are very pleased with the progress of our five current service lines. We are also evaluating the next clinical conditions to focus on, which may include Oncology, Orthopedics, Neurosciences, Pediatrics, and Surgical services. No final decisions have been made and will communicate as appropriate when there is more information to share.

Q: How can we support standardization in a way that respects regional preferences?
A: Standards and preferences need not be in conflict – they simply apply to different areas. Think about the example of evidence-based medicine. In areas where evidence is strong, like early identification of sepsis or using proning and high flow oxygen to avoid ventilation in a COVID-19 patient, we develop pathways and clinical standards. For instance, if we know that bedside shift report and purposeful hourly rounding drive patient experience, should we not insist on them? If we know that safety huddles lead to avoidance of harm, should we not standardize them? It is not a violation of a provider's preferences to adhere to evidence; it is good medicine.

If we expect providers to practice evidence-based medicine, then we should also practice evidence-based management. Preferences come in when we discuss *how* we implement standards. They are the personal inspiring stories and recognition each leader adds to their huddles, or the way each leader celebrates rounding success, or the way each facility makes involving the patient in bedside shift report meaningful. As humans treating humans, we all bring our preferences and personal style to every interaction, even when the interaction is based on a standard.

Q: How might UPH grow in the future? Will our organization add additional regions or what geographies are we looking at?
A: We believe that there are ample growth opportunities within and adjacent to our existing Regions and growth in these areas remains our primary focus. We will explore growth opportunities if we believe they can complement the strengths of UnityPoint Health and our Regions.

Q: How might larger system strategies filter down to our rural markets?
A: As we refine our strategy, we recognize that health care is local and the application of the strategy may look different in each market. We will continue to look for ways to deploy the broader System strategy into rural markets as long as we're confident in our ability to deliver great quality to our patients.

Q: Will we ever employ the physician groups that we partner with?
A: We have great respect for many of the independent groups in all our regions, as there are great doctors and nurses that share in the care of our patients. Through that partnership, we constantly prioritize productive discussions on better ways to work together for the improved care of our mutual patients. However, at UnityPoint Clinic, our goal is to be aa high performing multi-specialty group. We want to be the employer of choice for physicians and providers seeking employment, which could occur at the individual or medical group level.

Q: Lawmakers across the country are considering anti-LGBTQ+ bills. Knowing UnityPoint Health has several LGBTQ+ clinics, what is UnityPoint Health's commitment to transgender care?
A: UnityPoint Health is committed to providing compassionate care in a comfortable and welcoming environment for lesbian, gay, bisexual, transgender, queer and questioning individuals. We fully embrace diversity, respect differences and value people of all backgrounds. In keeping with our mission to improve the health of all the communities we serve, we cannot support policies that exclude or restrict health care services for a particular community.

Q: What resiliency practices are in place for team wellness and recovery?
A: There are multiple practices currently in play across the system. Two examples that have proven to be helpful following a particularly difficult patient situation are Embracing You and Code Lavender. Support is taken to the team

member in their environment to debrief the situation and process their feelings. Schwartz Rounds are opportunities for team members from multiple disciplines to come together to review particularly difficult cases, with a focus on the personal and emotional impact on patients, families, and team members. In addition, there are many on-line resources to assist with individual well-being. Current well-being, wellness and recovery tools can be found on the Team Member Well-Being page on The Hub. A cross functional group is currently meeting to continue to support the time sensitive recovery and wellbeing issues in the organization today. This group will prioritize and lift resources across the system, ensure availability to all services and create a feedback loop to support ongoing improvement.

Q: Will we see more standardization of leadership structures between regions and system going forward?
A: As an organization, we are always reviewing and assessing ways to be more efficient and effective in support of patient care and team member outcomes. Sometimes that results in new organization structures or reporting relationships. Some functional areas have made changes already which have resulted in a consistent experience for team members regardless of physical location, improved collaboration, and the creation of new capabilities. We will continue to evaluate ways to gain efficiencies to provide value and support across the system.

Q: How is UPH prioritizing the retention of current team members?
A: A powerful first impression is critical for new hires and a key to retention. First impressions create a memorable moment and ensure team members feel welcomed into the UnityPoint Health family. A team of front-line leaders and HR representatives have been hard at work on the First Impressions Project to create resources to help improve first year retention across UnityPoint Health. The group has looked at the application, interview and pre-boarding process which all make up the new team member's first impression of UnityPoint Health. Objectives of the First Impressions Project include:

- Provide a consistent, WOW experience for new hires across UnityPoint Health to drive first year retention.
- Create an experience from the new hire's perspective – not what is convenient for our organization, HR or leaders.
- Automate, automate, automate.

You will see aspects of the First Impressions Project roll out across the organization in the coming months.

In addition to that new initiative, UnityPoint Health has several programs to recognize and celebrate one another, including Honoring YOU, Gratitudes, the FOCUS Luminary Award and various regional recognition programs. We've engaged several workgroups to establish and prioritize a systemwide approach to support the recovery and well-being of our UnityPoint Health family. Their focus is on ensuring current resources are accessible while also reviewing opportunities to adopt new services and offerings to further this important work. From offering resources to avoid burnout and improve well-being to child and elder care to help alleviate the impact of the COVID-19 pandemic–we will continue to look for ways to make our leaders and team members' experience easier and more personal in the moments that matter most.

Q: What is our organization's biggest roadblock to success for 2021-2022?
A: Our biggest roadblock involves truly cultivating a sense of unity as one team. We make things harder for ourselves by reinventing them in each affiliate or region. If we believe in the power of one team, then we must share solutions across affiliates and regions. When we do this, problems get solved more quickly, quality and safety improve, experience becomes more reliable, and even our purchasing power improves to reduce what we are spending on equipment and supplies and free up resources for care.

Q: How do we utilize what we learned during the pandemic to create a system that is not only sustainable but innovative?
A: During the pandemic, we not only learned to function as a true unified clinical enterprise, we also became a nimble organization. We made rapid decisions, corrected course when needed, moved resources to areas of need, and adapted to changing clinical evidence. All of these are attributes of successful, sustainable, and innovative industries.

Q: What guiding words can you give us as we work through the difficult change management ahead of us as and break down "the old way" of doing things?

A: Embrace change. Help remove roadblocks and difficulties in doing work and take pride in clinical, safety and growth gains. Keep the mission front and center and believe in the resiliency of your teams. Prioritize two-way dialogue—share what's working well—and lead with grace as we adjust to our refined strategy. Focus on the things that matter: our workforce well-being, driving a sense of belonging in our culture and striving for clinical and safety excellence.