



# speechwriting

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## **Finding Balance to Move Forward: The Impact of COVID-19 on our Healthcare Workforce**

Thank you, Michael, and good morning, everyone.

This is such a pleasure for me today. Not only to be back in Vermont, but more specifically to be here with you, the members of the VAHHS, an organization of which I was proud to be a member and a leader, holding more than five positions on the Board throughout my eight years of service... And making invaluable friendships that I still rely on today.

(Smile and pause)

Looking back now at my time in Burlington, it's remarkable to think of all that's changed for us since then.

In fact, in just those eight years, from 2003 to 2011, while I was president and CEO of then-Fletcher Allen Health Care—Facebook, Twitter, YouTube, Instagram, the Android, the iPhone, the iPad and Kindle were all born.

And in the 11 years since moving to Kansas City, and saying goodbye to my Fletcher Allen team, and all my students and colleagues at UVM... the advancements have only gained speed and momentum.

We've seen the rising convenience and ubiquity of smart technology leading to an evolution in the very basic ways we live and manage our daily lives...

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For example, on any given day, you might receive a notification that an item you just ordered before falling asleep last night will soon be at your door.

A half-hour later, your watch alerts you to the fact that your doorbell has detected someone on your front porch....

When you get home, you collect your package and tell Alexa to read you the day's headlines while you get changed...

You check on the Instant Pot, which you started several hours ago through a Bluetooth connection...And then, finally, you clip onto your Peloton (my favorite part of the day) and join a scenic ride through Napa Valley.

And to be fair, that might just be when you open your UberEats app to order some wine for delivery.

(Pause, smile)

The point is that for the past 10 years, our lives have been constantly and rapidly evolving in ways we once couldn't have imagined.

And as a result, our lives look very different today than when I was sitting out there with you as a member of the VAHHS.

But for those of us in the world of health care, in addition to the constant evolutions we've been feeling for years, there was also a defining moment of sudden, irrevocable change: March 2020.

A moment when we, as health care leaders and providers, were tasked with the charge to meet overwhelming new challenges with increasingly less-effective, old solutions.

Since those earliest first days of the pandemic, straight through to today, the teams running our hospitals and health systems across the country have continually stepped up. Our clinicians and support teams have sacrificed their health, safety, and wellness...

And our leaders have pushed the limits of their own capabilities and resilience, working to find and implement solution after solution to every new obstacle as they emerged daily.

And they still keep coming. Because as is now evidently clear, COVID-19 was neither the beginning of our industry's most pressing challenges... nor will it be the end.

It was simply a definitive and irreparable breaking point along a much longer timeline.

Today on that timeline, nearly three years past those earliest days, our charge continues: Find solutions.

And if there are none to be found, we innovate. Whatever lasting, positive change we can create for our patients and our people, we will do.

To bring this call-to-action to life, I want to share with you the simple but inspired observation made by author and poet James Baldwin who, in a 1962 essay, wrote: “Not everything that is faced can be changed... but nothing can be changed until it is faced.”

These words get to the heart of where we stand today.

To move forward, we must first find balance. But to find balance, we must face and accept the fact that the traditional health care models in which we were educated and trained simply do not work anymore.

So, let's take Mr. Baldwin's advice and face that. Because then the work can begin in earnest to bring about real, lasting change. For our patients. For our people. And for good.

(Pause)

For years, our hospitals and health systems—from Killington to Kansas City—have felt the strain of multiple and growing challenges facing our industry.

Whether it was the pre-COVID nursing shortages and employee wellness statistics that now seem quaint: Like the 2012 New York Times article reporting that half of physicians and 62 percent of nurses were experiencing symptoms of burnout. Numbers that, today, are almost enviable...

Or the healthcare industry disruptors who began popping up a decade-or-so ago, continually finding ways to cherry-pick healthcare services and question our commitment and resolve to care for our patients...

Whether it was rising costs, shrinking reimbursements, or the need for more transparency... the heated state and federal battles over health care policies and coverage....

Or the concerning state of our American patient population—sicker, aging, and in crisis. Opioid addictions and an obesity epidemic... countless untreated behavioral health disorders leading to large-scale tragedies, and—as became so evident in 2020—community after community without access to quality care and struggling with insurmountable health disparities.

And COVID only made matters worse.

(Pause)

As we sit here nearly three full years into a pandemic that only seems to change flavors instead of actually end, many of these challenges still plague us, along with an onslaught more.

It's no secret that over the course of the pandemic, we've lost one-fifth of our workforce. In 2021 alone, we lost 100,000 nurses.

Gone on to far less stressful jobs in other fields, or laid-off because of shutdowns and budget cuts... Some chose to stay home and spend more time with the family they barely saw for the entirety of 2020...

Others chose to leave, rather than be vaccinated... Too many died or are ill themselves, still working toward recovery.

And then there were those just too fatigued after too many incidents of unrelenting stress, anger, fear, and even violence. Many of them simply walked out with absolutely no plans at all. Because anything was better than what they were experiencing in their roles serving patients in our hospitals.

What's more, with critical shortages in nursing schools, we're also now seeing our pipeline of future nurses dry up.

Because while we did see an across-the-board increase in nursing school enrollments in 2020, the sad fact is that in the same year, more than 80,000 qualified applicants were not accepted largely due to faculty shortages.

This is a hole too deep to climb out of using the same old tools. We need new tools. Or, even better, we need a whole new kind of workshop.

(Pause)

Let's start with a step back to help better understand today's pressing issues: First, as we struggle to keep units and beds open with fewer care providers, we know we're also treating an empirically sicker patient population.

For the nearly 70 million aging Baby Boomers in the U.S., research shows they're on track to be sicker and costlier than any generation before them. Forty percent are now already obese and in the coming years they'll be more likely to have multiple health problems, and to develop them up to 20 years sooner than their parents or grandparents... And that's just the Boomers.

According to the AHA's 2021 Cost of Care Report, more than half of all American adults have been diagnosed with at least one chronic condition such as diabetes or heart disease, and 27% are living with two or more.

(Pause)

Meanwhile—and as you all know too well having recently completed two-weeks of budget hearings before the GMCB (Green Mountain Care Board) last month—hospitals and health systems nationwide are facing severe financial crises, with several factors colliding into a perfect storm.

According to a May report from Kaufman Hall, the largest impact has naturally been labor expenses, which have risen by more than a third from pre-pandemic levels.

For many hospitals and health systems—Saint Luke's included—the driver of these extreme labor costs has been a steadily increasing reliance on contract staff, especially nurses.

In fact, in 2022, according to Kaufman Hall, these temporary labor costs accounted for 11 percent of hospitals' total labor expenses. By contrast, in 2019 that number was just 2 percent.

But, of course, it's more than that.

A report last month from the AHA showed that because non-COVID patients had been choosing to delay or avoid care during the pandemic, there was about a 10% increase in overall patient acuity, leading to higher costs for the additional staff, equipment, and supplies needed to adequately treat those patients.

(Pause)

Then, besides skyrocketing labor costs and sicker patients, we've also seen declining revenues and plummeting margins, ongoing supply chain shortages and disruptions, general inflation, and climbing interest rates, not to mention a toxic socio-political culture, and an uncertain future.

With these daunting challenges, it's no surprise we're seeing troubling headlines for healthcare providers across the country, like Boston-based Mass General Brigham reporting a net loss of nearly \$1 billion at the end of June, among others.

(Pause)

In our rural markets, as many of you know, the challenges have been just as real. In response, CMS created the Rural Emergency Hospital.

Part of the 2.3-trillion-dollar Consolidated Appropriations Act of 2021, CMS's Rural Emergency Hospital designation is intended to help prevent struggling rural and Critical Access hospitals from having to shut their doors to their communities.

Instead, the idea is for them to transition... to provide only outpatient, observational, and emergency care services.

In exchange for the conversion, these hospitals will receive a monthly facility payment, set to increase in subsequent years. And the outpatient services they provide will each receive an additional targeted payment.

As these Rural Emergency Hospitals go into effect next January, the hope is that they will promote equity in health care for the residents of their local communities while also providing a financial benefit to the hospitals that are making fundamental changes to their structure, staffing, and scope.

In theory... a reasonable course of action. The data, however, shows that the benefits simply aren't there yet.

At least not for Saint Luke's Health System. A financial impact analysis provided by the Kansas Hospital Association showed estimated losses of 11 and 25 percent for our two rural hospitals in Kansas...

And an independent analysis we commissioned from industry-leading FORVIS, fell right in line with that assessment...

The fact is that right now, the incentives for this conversion simply do not equal the projected losses.

And, without greater clarity—or congressional action—around whether Rural Emergency Hospitals will maintain their 340B status... it creates even more uncertainty.

Until some of these concerns are addressed, it may be difficult for rural hospitals to embrace this new model.

(Pause)

To move forward out of this crisis, we first need to balance the very basics of health care supply and demand. Because the imbalance we're now living in isn't sustainable. And that imbalance is simple and clear: There are more people, needing higher levels of care, for more, and more-complex, conditions. At the same time, we have far fewer people to deliver that care.

It's only going to get worse...and there is no magical recruitment campaign, scheduling matrix, or perfectly expanded grid that will bring relief.

It can only come through significant, tradition-shattering change.

And as Deepak Chopra perfectly summarized: "All great changes are preceded by chaos." ... Chaos we've had. Now it's time for great changes. And it's up to us to usher them in.

(Pause)

In many respects at Saint Luke's, we were fortunate. When COVID-19 hit, we were already moving our health system in a direction of innovation.

We had invested heavily, in dollars and determination, making the 16-hospital health system fully integrated, tech-forward, and more patient-focused.

We didn't know it then, but we were laying the foundation for the reinvention to come.

(Pause)

Throughout the worst of the pandemic, our clinicians and care teams stayed focused, heads down, on the crisis at hand. Exactly where they needed to be.

But meanwhile, our leaders were staying focused, heads up, looking at the crises coming ahead, and actively planning a new path to take us forward.

(Pause)

While many healthcare leaders across the country continued making incremental changes or pushing forward with the same ineffective strategies, we decided to start over.

We wanted to build from the ground up, and really do the hard, foundational work to identify exactly what the best care model in this new landscape would look like.

To get there, we focused every discussion and decision on two overarching questions: What's best for the patient? And what's best for the care team?

Starting with a collaborative, cross-functional team of leaders, care providers, and administration at its core, the Saint Luke's Care Reinvention initiative began with in-depth analysis, brainstorming, and conversation.

Our nurses and ancillary care team members were surveyed, observed, and interviewed... all with the goal of finding out how to help our teams run smoother, be more time-efficient, and more patient-focused... and all without the expectation of a significant influx of new nurses.

And through that work, we learned that the answer lies in the strength of the team... the whole team.

(Pause)

Saint Luke's Care Reinvention, we discovered, was about creating a system of collaboration and support—a scaffolding structure that would allow each person, in each role, to focus on the tasks that meet their specific skillset and training...

Giving our nurses and clinicians the freedom to always work at the top of their license, doing the work only they can do...

And giving all team members the fulfillment of knowing their specific role is invaluable... appreciated... and theirs to own.

Doing this, we can reduce unnecessary burdens, streamline tasks, save time, create best practices, and improve patient and employee satisfaction.

(Pause)

Through Care Reinvention, we're building the support structure nurses need to get their jobs done, with reliable and skilled help from colleagues from around their own hospital and across the health system.

In action, this Reinvention looks like a deeper partnership between the Clinical and Nutritional Services teams by relying on our nutrition experts and their support staff to not just prepare the food, but to play an essential role in how it's scheduled, managed, distributed, and monitored... even allowing us to systemize blood sugar and insulin needs around more standardized mealtimes.

For our nurses, this means hands-on support for the essential-but-rudimentary tasks for which they're just too busy and highly skilled. Like delivering trays, opening juice cartons, walking patients through the halls, and cleaning rooms.

Instead, their time can be spent directly working with physicians on patient care, developing discharge plans, preparing for afternoon medpass, or spending extra time with a new patient who has higher-level clinical needs.

And all of this, helping to ensure our nurses are able to efficiently end their shifts, handoff their patients with confidence, and get out the door and on their way home to their families faster.

(Pause)

Beyond Nutritional Services, our clinical teams are partnering better with Pharmacy, Education, Mobility Techs, Environmental Services and more, to ensure these essential workers are assuming responsibilities for their areas of care and operation... unloading several time-consuming activities that have too-long rested on the shoulders of our highly skilled nurses.

Beyond the hands-on support, Care Reinvention is bringing about the newest and most technologically advanced offerings from Saint Luke's, like:

- The Virtual Expert Care resource, or VEC. A virtual video communications tool that allows remote nurses, pharmacy technicians, and social workers to video-in to patient rooms to complete admission and discharge processes...
- And Moxi... a roving, in-hospital robot to be used for deliveries of medications and supply pick-ups, allowing our nurses to stay at the bedside where their time is more valuable. Created by Diligent Robotics, Moxi is a state-of-the-art A-I tool that we're piloting as another innovation for our care teams.

Looking deeper... below the shiny technology and energizing initiatives, we're also working at the foundational level. Creating a simpler, better structure to our care team's day:

- With Dedicated Care Time, from 7-to-10 every morning, our nurses have a focused block of time for updates and phone conversations with families—freeing them from the need to constantly answer calls throughout their shift.

Likewise, we've built more structure around:

- Checking vitals, reducing the frequency for our more routine patients...

- Reviewing central supply inventories to avoid weekend shortages
- Coordinating pharmaceutical restock times to avoid medpass.
- And providing on-demand on-site educational support to clinical teams for every piece of technology and software they touch through their shift.

(Pause)

Now, as a former bassoonist who once envisioned a career on stage—before realizing, of course, that talent and determination are not one in the same (Smile!)—I hope you'll allow me an analogy...

Imagine for a moment, if you would, a night at the symphony.

All the talented musicians sit on stage dressed in black, conveying the message that they are one body working in harmony. With nothing to distract from the music. Yet each one remains laser-focused on their music and their instrument... and on their cue to play.

Sitting in the audience, we would never expect the violinist to suddenly pick up a flute, or for the harpist to leave the stage and begin ushering latecomers to their seats.

No, they each have a job to do. And each one is relying on everyone else to be in their seat, with eyes on their music, showcasing their unique talent... everyone contributing to the masterpiece they're working on together.

Just like that symphony, each member of the care team is an especially skilled master of their craft and vital to the overall outcome.

And each will perform at their very best, only if they're allowed to shine, without distraction or burden... and only if they're given the freedom play—really play—the instrument they've been perfecting their whole life.

(Pause)

With the two-month-long Care Reinvention pilot program launched in a med-surg/intermediate unit at each of our four metro hospitals—each with a subtle difference in execution—the initial hope was to find one singular solution that could be perfected, packaged, taught, and implemented flawlessly throughout the health system. Instead, what we found was that there is no one singular solution that meets every unit's needs, in every hospital in the system.

We learned what seems obvious now: that when it comes to reinvention, there is no perfect, out-of-the-box fit... and there shouldn't be. If there is, chances are you're not doing it right.

What we learned through our pilot program was that while we pride ourselves on being “One Saint Luke’s,” each and every unit is unique. And each one deserves to reinvent care in the way that best suits their patients, their team, and their specific needs.

In other words, every symphony needs to put the right musicians in the right chairs. And if that's taken care of, the rest is about following the conductor and playing your heart out.

(Pause)

Going forward, we're putting Care Reinvention into action in all our med surge/intermediate units across our metro hospitals, and we're putting the care teams at the helm of their own reinvention.

Provided with a defined set of Workstreams, or, rather, a selection of piloted and proven support strategies... each unit is collaborating to create the structure that will best meet the patients' and team's needs.

For example, one unit might see tremendous value in a more efficient shift-handoff process, while forgoing the partnership with Nutritional Services because their nurses particularly enjoy meal-ordering time as a chance for connection and bonding with their patients.

While other units may find a 3-hour block of Dedicated Care Time too restrictive for the more immediate and rapidly changing needs of their patients... but find the Virtual Expert Care a game-changing tool to for efficiently managing after-care instructions and discharges.

With a shift of resources, tools, procedures, and mindset, Saint Luke's Care Reinvention promises to be a game-changing approach to the hospital care model--one where our professionals feel positively challenged instead of overburdened and overwhelmed. And where patients receive comprehensive care in a collaborative, team-based setting.

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(Pause)

But, of course, we know better than to think all—or even most—of the solutions we need will live within the walls of our hospitals. That's just not the case.

As I described earlier, we now live in a world of smart tech designed to make the tasks and connectivity of our lives, faster, easier, and better.

From dining and shopping to travel and entertainment... we now expect the things we buy to be available wherever and whenever we want or need them.

It's no surprise, then, that our patients also have grown to expect quality care on their terms and at their convenience. And why wouldn't they? Doesn't that sound great? In a pre-COVID world, with most physicians reluctant to even try virtual care, let alone add it into their regular schedules, this was a fast-growing dilemma... with an equally fast-growing list of tried strategies, with mixed results.

Then, practically overnight, that all changed, leading us now to one of the exceptionally rare times when we can collectively say, "Thanks to COVID, things got better."

(Pause)

With 2020's massive surge of innovation and acceptance around virtual care—combined with eased regulations and the industry's relentless drive to not let anyone's care get interrupted, delayed, or missed—hospitals and health systems nationwide expanded virtual care, increased access, and made it easier and more convenient for millions of people to connect with providers and get the help they needed, even if they never left home.

And what we learned coming out of that crisis was more than eye-opening... we realized that with the right strategy in place, it could be transformative.

So, we followed Sir Winston Churchill's famed call-to-action and decided to not let a good crisis go to waste.

(Pause)

With far too many beds closed around the system, trying our best to manage with a diminished workforce, our Saint Luke's leadership team knew that to break through everything holding us back, we had to boldly push forward, take risks, and get creative.

To do that right meant working with the right partners. Visionaries focused on real-world, real-time solutions to the most complex challenges of providing care outside of our hospitals and clinics.

How do we connect providers with their patients? How do we connect patients with valuable information? And how do we connect everyone with the invaluable tools and resources needed to improve and save lives.

(Pause)

I'm proud to say that just about ten weeks ago, working with the experienced tech minds at the rapidly growing Medically Home Group, Saint Luke's was able to fill dozens of beds...

In fact, they weren't just beds, they were hospitals. Dozens of hospitals right in our patients' homes... thanks to Saint Luke's Hospital In Your Home.

More than traditional home care or virtual urgent care, Saint Luke's Hospital in Your Home now helps redirect certain, appropriate, high acuity patients to receive care in the comfort of their own home... delivered through a hybrid solution of state-of-the art virtual technology and skilled in-person, at-home care.

At the heart of this innovative, leading-edge model of care is a 24/7 Medical Command Center run by an around-the-clock team of hospitalists, APPs, RNs, and patient care coordinators... all led by a Medical Director focused exclusively on this new care model, and aided by a highly skilled tech-support team to ensure a seamless connection for care.

In a post-COVID world, Saint Luke's Hospital in Your Home allows us to continue providing exceptional care, at a lower cost, and in an environment that our patients don't just tolerate, but actually prefer.

Within two hours of admission—sometimes before they even make it back home from the ER—patients receive a coordinated delivery and set-up of a complete suite of essential supplies and self-contained technology, including monitors, tablets, a landline phone, wi-fi routers, and more...

Absolutely everything our patients and their loved-ones or caregivers need to secure hospital-level care at home. Not to mention all the training, education, and on-call support needed to use it all with confidence.

But does that mean all Hospital In Your Home care will be virtual?

Absolutely not. Not even close.

Because while we know our patients crave convenience and comfort... we also know their health and wellness are best safeguarded and maintained with face-to-face connection, and personal, hands-on care.

That's why Hospital In Your Home patients receive daily virtual and at-home visits from care team members or community paramedics.

And, through this groundbreaking reinvention of care, we're even able to provide eighteen acute rapid-response services at the patient's home, including lab services, phlebotomy, home infusion, and mobile diagnostics.

(Pause)

Again, to be clear... this isn't simply a program about convenience. Nor is it solely about cost. It's about finding a new and better way to deliver care in a new and very different post-COVID world. One in which more people need care... but fewer people are trained, skilled, and available to deliver it.

That is a problem worthy of our best efforts and, with Hospital In Your Home, we're confident we've found a winning formula for positive change, and for an energizing new way forward...

And I'm proud to share that it's gotten off to an incredibly successful start.

Eight weeks after its launch, Hospital In Your Home has:

- Admitted just about 50 patients... more than twice as many as projected by this time...
- Nearly half were women, and their average age was 77 years....
- Forty-five percent came directly from Emergency care, and only 2 percent returned to the hospital while they were in the program...
- And, on average, the total time it took for the patient—from admission in the ED to full set-up at home with the Hospital In Your Home program—was just five hours.

And that's just the numbers. Even better? The responses. With top-box satisfaction scores of 81 percent, we're hearing encouraging feedback.

One patient called it, "a great service... the future of medicine" and went on to say: "I've bragged about the program to everyone where I live... to my friends at church, and my large family."

Another thanked us... “For providing a way for my 85-year-old father with dementia to return to his home, bedroom, and familiar surroundings.”

While one other said those 10 little words that every health system executive wants to hear: “I want to transition all my care to Saint Luke’s!”

(Pause and smile)

For these patients who were suffering heart failure, COPD, pneumonia, COVID, and even a diabetic foot ulcer... they've told us time and again that they were relieved and reassured to learn they could stay home, stay comfortable, and continue to be well cared by a trusted and always-available care team just a button-push away.

(Pause)

Throughout the extent of the COVID crisis, our hospital teams across the country have seen true pain, suffering and tragedy.

They've operated under battlefield-like scenarios... Endured abuse—verbal and physical—from angry patients and terrified families...

And they've all carried on, trying to serve the mission and the patient; trying to do the job as best they can. Not just tired... but fatigued to their core.

(Pause)

So how do we guide them out of this or, more accurately, through this?

We start by listening, and we build from there. Because the truth is, we don't just want to hear our employees' ideas, fears, concerns, questions, and worries. We need to.

Why? Because “not everything that is faced can be changed... but nothing can be changed until it is faced.”

(Pause)

By listening with a goal to understand, with an objective to find lasting solutions through collaboration, we can strengthen the team and the mission. We can boost satisfaction for patients and employees. We can improve margins and continue serving, caring, and saving lives.

In practice, this translates as courage. Not the kind of courage shown by running into burning buildings or even performing complex and risky procedures. I mean Courage at its root—the word itself comes from the Latin word, ‘cor’, meaning heart... To lead with one’s heart.

And it’s about being unafraid to take a little risk.

I constantly tell my team to take chances... to be bold. But to always do it with our patients and our people at the forefront of every decision. If they do that, I have their back... and all they have to do is tell me what they need to make their vision work. And in the end, the risk is almost always worth the reward. Even if that reward is to learn what doesn’t work.

But of course, even better is when we learn what does. And there is so much working.

(Pause)

Strategic partnerships with Nursing Colleges and other higher ed institutions are yielding accelerated training programs that will get more Nursing Assistants trained and into the workforce... will help identify and hire more nursing graduates... and will put more skilled minds and helpful hands at the patient’s bedside... or at their front-door... or on their virtual-visit screen....

A bold commitment to flexibility and innovation is leading us in exciting new ways forward, emboldening us to try those newly discovered methods and tools we've heard so much about... and while also giving us the permission and fortitude to know when it's time to stop, to change lanes or change course, or even begin again.

And a deep sense of trust in our team is cultivating a culture of strategic problem solvers... internal experts who not only deeply understand the challenges we're facing, but who also see all the potential opportunities, as well as the obvious-but-elusive solutions just within our reach.

Because we know that it's within this space, within these minds, that innovation is born.

(Pause)

It's important to recognize, as we look back at all we've endured these past few years, that there are potentially thousands of different lessons we can and should take away from the pandemic.

The only ones that matter, though, are those that do more than improve the quality of care we give, and strengthen the team we have today... We also need lessons that will help us shape a new kind of health care for tomorrow.

We may not yet know exactly what it looks like, but things are starting to come into focus. Our job now is to keep listening... keep innovating... and keep working to find the solutions that will last.

That's the charge, and it is well worth your effort and mine. For our patients and our people, and for the new kind health care we can start building together today.

Because, as the recently departed Queen Elizabeth the Second once said, "When life seems hard, the courageous do not lie down and accept defeat; instead, they are all the more determined to struggle for a better future."

Thank you.