University Hospitals
Veale Initiative for Health Care Innovation

2024 ANNUAL REPORT

The Intelligent Hospital Room

Page 9

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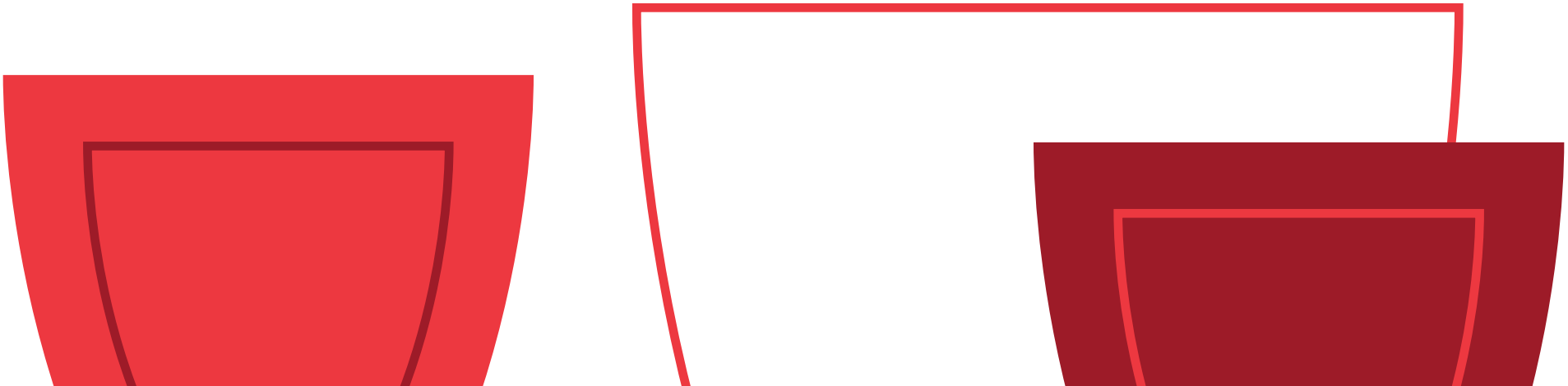


Foreword

Like many caregivers, I have spent most of my career working to transform healthcare. Yet, despite our best efforts, healthcare continues to harm too often, cost too much, and improve too slowly. If we're going to see groundbreaking change, we need a new approach.

That's why just over 12 months ago we formed a first-of-its-kind transformation model, the Veale Initiative for Health Care Innovation. With a visionary investment from the Veale Foundation, we aspire to help transform University Hospitals and healthcare organizations around the country into dramatically safer, far more cost-effective systems.

We've spent our first year building four foundations: An innovation system that enables rapid, robust experiments, a collaborative of providers solving problems together, a global innovation network of VCs and start-ups, and a management system that enables transformation. This has enabled us to accelerate what we call the Problem-Impact Cycle—the repeated efforts required to find urgent problems, pilot cutting-edge ideas, and scale winning solutions.

A year into our efforts, UH is now able to find and prioritize our most pressing problems, quickly experiment with new technologies, and manage our progress based on the key results we're looking to achieve. We are also enhancing an array of ongoing projects aimed at improving efficiency, cutting costs, and reducing harm. What's more, we are reshaping UH's culture, inspiring scores of clinicians and executives who have embraced the idea of leading with love.

The Veale Foundation's funding has made the speed and breadth of our efforts possible. But these resources are also a paradigm shift in the way philanthropy can impact healthcare. The Veale Foundation's funding is more than a gift; it is venture philanthropy, an investment in capabilities meant to generate value many times greater than the initial funds.

Today, that funding supports 15-plus clinicians, strategists, designers, and technical experts who are changing culture, people, and processes with clarity, precision, and speed. As you'll see in the pages of this report, this team's efforts have already shown tremendous returns. From the Intelligent Hospital Room project to our Enhanced Recovery After Surgery (ERAS) program, we have breached silos and driven measurable impact at unheard-of speeds. We've also built powerful tools like our High-Value Problem Engine, forged critical partnerships with companies like Microsoft, and launched impactful leadership initiatives. In response to the Veale Foundation's $10 million investment, we promised a return of $150 million over five years—a 15x return. At the completion of our first year, we had delivered $30 million in returns—and are budgeted to return $13 million more.

I am more excited and inspired today than when we started this journey over a year ago, and I'm full of optimism for the future. In this report, you will glimpse the future of healthcare transformation. I hope you'll be inspired to join us as we bring this vision to life.

With gratitude,

Dr. Peter Pronovost

Chief Quality and Clinical Transformation Officer, University Hospitals

Our mission

At the Veale Initiative for Health Care Innovation, we are improving value by taking on healthcare's biggest problems—and we're doing so with *love* at the center.

When most people think of healthcare, love isn't the first emotion that comes to mind. Instead, they think of their own healthcare experiences—often clinical, detached, even othering—and assume successful healthcare innovation must follow the same cold approach.

But we know the opposite to be true. We leverage the power of love within and between people to radically improve health and healthcare. Because when you lead with love, you uplift and connect people. You create a culture that supports free-flowing ideas. You see the value in every voice—and invite all voices to the table to identify better, faster, and more cost-effective solutions.

The result? People feel heard. In a system where care costs too much, harms too often, and changes too slowly, leading with love means people believe (often for the first time) that change is possible. They believe in their team's shared vision to make healthcare dramatically safer and more cost-effective. And together, united, they focus their collective effort where it matters most, transforming healthcare as we know it.

Within this report, we're honored to tell the stories of those Veale Initiative teams and individuals—innovators who lead with love to foster deeper engagement, crucial cultural shifts, and better outcomes for those who receive care, provide care, and pay for care.

Their commitment to leading with love will reshape the future of healthcare. ▼

How we're different

In healthcare, change can be incredibly slow. Efforts are siloed and often spent developing low-impact, ineffective solutions—solutions met with resistance from people who don't feel heard. In fact, 42 percent of physicians and 47 percent of nurses report lacking confidence that hospital management would resolve patient care problems identified by clinicians.

The work we're doing at the Veale Initiative flips that narrative—one of hurried diagnoses and disparate efforts—on its head. Our mission to lead with love means we listen, invite, and collaborate with one another to first identify the right problems—before solutions are ever brought to the table. We do this through a model we call **"Believe, Belong, Build"**:

Believe

Most people know the healthcare system needs to change, but they don't think there's another path forward. Many are understandably skeptical that a hospital can succeed with a value-based care approach. "You've got to paint a vision for people to make them believe there's a viable path to get from current state to future state," says Dr. Patrick Runnels, Chief Medical Officer of University Hospitals Population Health and the Veale Initiative. "It's about getting them to feel like it's the right thing to do; something they are inspired to do."

Belong

Shifting to a more collaborative leadership system means connecting people from all levels and backgrounds to learn from one another and make decisions together—then making sure they have the resources to do great work. "You've got to help them see that there's a place they fit," says Dr. Runnels. "They need to feel like they're a part of the solution."

Build

In order for people to continue believing and feeling like they belong, they need to know what they're building toward. It's paramount that they understand organization-wide strategic initiatives—and how those initiatives manifest in their own work. At the Veale Initiative, we manage this process through a robust system of objectives and key results (OKRs)—high-impact goals that move the needle on broader hospital initiatives.

This collaborative approach to problem discovery—what we call the Problem-Impact Cycle—is the heart of what makes the Veale Initiative different. Rather than rushing to solution development, we honor the process of problem diagnosis, taking the time to invite all stakeholders (from the boardroom to the bedside) to share what really matters to them. Because the problems that matter most are the problems that drive true transformation for caregivers, patients, and payors.

The Problem-Impact Cycle identifies problems in five key areas: clinical care, operations, administration, access to care, and care coordination. Using our High-Value Problem Engine, a large language model built with Microsoft Power Apps, we collect, organize, and prioritize real problems based on feasibility and impact. Next, our design team delves into the highest-priority problems, using customer discovery techniques to ensure we have a deep and comprehensive understanding of the issue. Only then do we begin to explore solutions that we can next evaluate through experiments and clinical studies.

We measure the success of our experiments in three areas:

- **Effectiveness:** Improving the percentage of projects that lead to impact
- **Efficiency:** Shortening the cycle time of our efforts
- **Impact:** Increasing the number of projects—and health systems where they're deployed

With these assessments as our North Star, we ensure solutions will have a measurable impact on care long before establishing and scaling them. This means solutions to all high-value problems, both exceptional and everyday, provide a high return on investment—whether a large experiment like our AI-powered Intelligent Hospital Room (see page 9) or a meaningful ongoing improvement project like ERAS (Enhanced Recovery After Surgery, see page 13).

The core of this impact-driven approach to innovation is our transformational leadership model. There's a special culture required to make change happen—one where people believe in their organization's mission, feel like they belong, and are inspired to build together. Our rigorous management system (see page 14) sets data-driven objectives that ladder up to the hospital's strategic initiatives, then empowers staff to embrace their role as healthcare leaders, prioritize their teams' efforts, and contribute meaningfully to those goals.

The result is change that's not only sustainable, it's scalable—with the ability to transform healthcare far beyond the walls of University Hospitals.

Our impact

Over the last year, we have seen exciting results. We:

- Reduced our observed to expected length of stay (LOS) from 1.31 days to 1.16 days, our lowest levels ever—with improvement in all hospitals. Impressively, UH Cleveland Medical Center (CMC) reduced its LOS from 1.67 days to 1.44 days, and the CMC hospitalists reduced LOS to 1.01 days. Fifty-five percent of patients now have a length of stay below the geometric mean length of stay, which dictates how Centers for Medicare and Medicaid Services (CMS) reimburses.
- Started a healthy-at-home virtual clinic to reduce costly readmissions. We now have more than 440 enrolled patients per month and an average daily census of 150.
- Reduced denials among all payors from 4 percent to 2 percent.
- Increased the percent of patients who have daily mobility from 42 percent to 62 percent.
- Increased the percentage of patients with a scheduled follow-up visit from the emergency department from 2 percent to 20 percent.
- Increased enrollment in Enhanced Recovery After Surgery (ERAS) across 16 service lines in all UH hospitals from 24 percent to 72 percent.
- Reached an astounding 0.89 observed LOS for ERAS at the system level (and 0.93 at CMC), demonstrating that we can far outperform benchmarks when we ensure all patients receive high-quality care.

In 2024, we explored more than 20 high-value problems—five of which are in active experimentation.

“We need to systematically find and break problems into actionable units.”

DR. PETER PRONOVOST, UH CHIEF QUALITY AND CLINICAL TRANSFORMATION OFFICER

Over the last two years, we have made the following improvements:

- Decreased length of stay for surgery patients from 6.3 days to 2.3 days.
- Reduced sentinel events by 80 percent.
- Implemented direct pre-certification with payors, reducing annual patient days by 2,400.
- Retired 2,500 policies wherein burdens exceeded benefits (and cost caregivers and managers precious time).

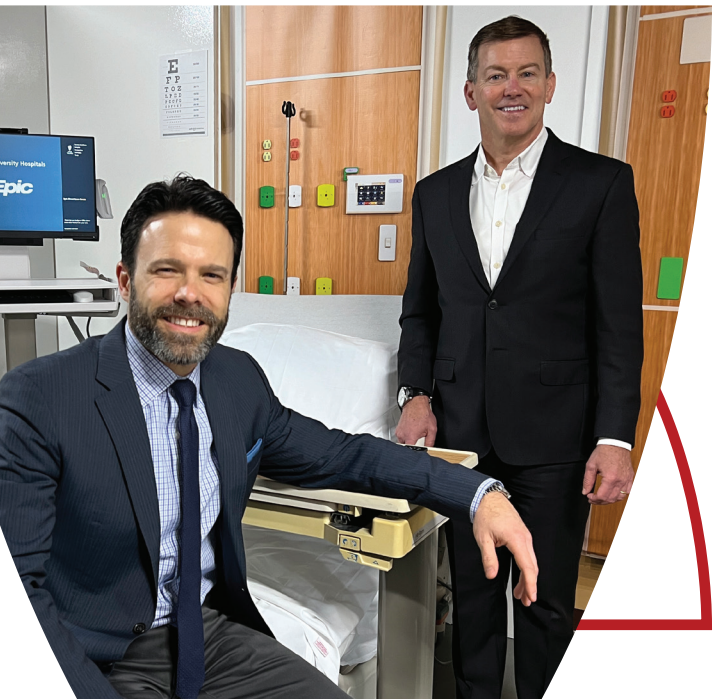
Our efforts have led to more than $30 million in savings to date.

(JAMA Health Forum, “Physician and Nurse Well-Being and Preferred Interventions to Address Burnout in Hospital Practice”)

The Intelligent Hospital Room

In hospitals nationwide, nurse staffing shortages are commonplace. "The true problem is nurse capacity," says Brian Nelson, Program Lead of the Veale Initiative. "We want to dive deeper into understanding the potential harm and inefficiency that shortages are contributing to patient outcomes."

With a shortage of clinical expertise, it's not just patient care that suffers—nurses are so burdened by their ballooned workload that they burn out, and the cycle continues.



Historically and nationally, hospitals look to operational leaders to solve this problem. But within the Veale Initiative, we know the answers lie with the people doing the work. "We have a great framework to say, 'How can we bring the right people together to learn about the problem, figure out how to best solve it, and build an experiment to test it out?'" says Nelson.

That experiment became the Intelligent Hospital Room, an inpatient care delivery model that uses a remote nursing platform to allow nurses to care for patients via two-way video conferencing and AI fall detection. Now live in 136 beds on five units across four hospitals, the Intelligent Hospital Room is a testament to the power of collaboration.

"Throughout healthcare, we tend to work in silos," says Dr. Brian D'Anza, Clinical Technology Lead of the Veale Initiative. "That's been one of the real benefits of not just having people from different teams, but involving the right people who have both tech and clinical, human factors design, and system engineering backgrounds. Having those translators, as I like to think of them, really helps."

While new processes can often face resistance from those charged with implementation, the Intelligent Hospital Room experiment was embraced from the start—because clinicians helped build the process themselves. "When nurses drive innovation, transformation accelerates," says Jen Gonzalez, Clinical Innovation Lead of the Veale Initiative. "We relied on the expertise of the team and how they wanted to implement the technology on their unit for their workflows."

What that innovation looks like in practice is an augmented clinical workflow, wherein nurses work the floor a few days a week, then practice care remotely for a day—supporting on-floor nurses, checking in and intervening on care with patients, and providing rapid response care as needed. "What happens is that clinicians care for patients more efficiently," says Dr. D'Anza. "And the nurses like the break. It has potential to reduce burnout and turnover."

Because nurses work both remotely and at the bedside, there's a continuity of care element that gives patients a sense of comfort they might not get with a virtual nurse

> "Our care team members are sharing ideas to figure out how to improve the system, often in real time. We've learned that innovation ignites energy. The joy and excitement in the care teams are palpable."
>
> MICHELLE HEREFORD, CHIEF NURSING EXECUTIVE

they've never met. "From the data we've seen, patient relationships with nurses have improved," says Nelson, who explained that remote nurses are often able to check on patients as often as hourly. "In talking with patients, the feedback we hear is that they really loved seeing the remote nurse one day and 'the next day they're my bedside nurse.' They're building relationships both ways."

Communication about the AI fall detection feature has also been a critical part of patient satisfaction. "AI is sort of a buzzword folks can get concerned about," says Dr. D'Anza. "Part of the research side of this experiment is that we go through a full informed consent process. Study coordinators go into the room and make sure patients fully understand that the feature is a passive solution that helps nurses identify falls or fall risks—not AI calculating what they're doing and giving them a grade."

> "I haven't talked to a single caregiver who doesn't love it. Patients love it too."
>
> ASHLEY CARLUCCI
> CHIEF NURSING OFFICER, EAST MARKET

The Intelligent Hospital Room is live in 136 beds across 5 units in 4 hospitals

Nelson emphasizes that consistent patient communication and education are crucial for positive outcomes. "The key message is, 'Your remote nurse is already an integral part of your care team,'" he says. "I believe this will play a significant role in the success of the experiment."

Success looks promising indeed. Even early in the experiment, caregiver engagement has soared: While engagement in comparable units improved by less than 1 percent, it improved by more than 6 percent on Intelligent Hospital Room units. Remote nurses have found medication, discharge, and order errors, as well as prevented falls. "Safety is our largest impact," says Gonzalez. "It can be hard to quantify every interaction, but every time the remote nurse goes into a room, there's potential for safety mitigation."

Looking forward, the Intelligent Hospital Room team plans to continue to implement the platform further throughout the University Hospitals system—with the ultimate goal of outfitting an entire hospital. Continued data collection will show the impact of the experiment (from cost reduction to staff retention to patient satisfaction) on a broad scale.

And virtual family visits—where loved ones can dial in via the platform to visit their hospitalized family member—will only further enhance the positive impact the platform will have on patient care.

Ultimately, the future of the Intelligent Hospital Room largely depends on the nurses and teams who use it daily. "Nurses and leaders have the autonomy to use their judgment and experience to say, 'I think we should try this next,'" says Nelson.

50+
nurses have been trained on the Intelligent Hospital Room platform

Caregiver engagement has improved by more than 6 percent on Intelligent Hospital Room units

Team spotlight: Josh Petro

On any project, there are setbacks and unexpected barriers. But on a project where technology is used to do something that's never been done before, there are undeniably more roadblocks to success—roadblocks that would make the average person panic.

But not Josh Petro.

As a talented communications architect, Petro serves as the Veale Initiative's IT leader on the Intelligent Hospital Room project—an AI-powered remote nursing platform now live in 136 rooms across University Hospitals. Petro's level-headed leadership was instrumental in identifying and experimenting with equipment and software needed to make the platform not only feasible, but highly valued by the hospital staff who use it every day.

"Without Josh, we'd be light years behind," says Brian Nelson, Program Lead of the Veale Initiative. "Without the leadership, insights, and technology recommendations from Josh, this project all falls apart."

To ensure the success of the Intelligent Hospital Room, Petro built out a lab where every function of the project—from cameras and microphones to AI fall detection—could be tested and communicated to caregivers. "It allows the clinical team to see what we're trying to show them," says Petro. "If you can't articulate your idea, you don't have an idea."

Petro's ideas include unprecedented ways to use artificial intelligence to care for patients. The Intelligent Hospital Room features AI fall detection—which uses computer vision to determine bed rail positioning and the orientation of the patient—to communicate potential risk to on-floor nurses. "Josh's expertise is helping us revolutionize the way we deliver care," says Brandon Cornuke, Executive Director of the Veale Initiative.

But great ideas alone are not enough—it takes a person attuned to the needs of those around them to create a culture of consensus behind those ideas. "Josh has been able to bridge a gap to the IT world that others struggle to build," says Cornuke. "I cannot overstate how crucial that's been to both our vendors and our internal partners."

When asked what he's most proud of accomplishing on the project, Petro humbly says, "Seeing nurses be able to be nurses again. It's just cool stuff—you get to go home and say, 'This is what happened at work today. And look what technology was able to do to help.'"

> "Without Josh, we'd be light years behind..."
>
> BRIAN NELSON,
> PROGRAM LEAD OF THE VEALE INITIATIVE

Enhanced Improvement Projects

Some of the highest-value problems we face in healthcare are, ostensibly, unexceptional—but they provide meaningful opportunities for positive impact. At the Veale Initiative, we call these opportunities Enhanced Improvement Projects. Two of those projects—decreasing patient length of stay and enhancing recovery from surgery—are pivotal measures that have already improved the health of both our patients and our hospital system.

Reducing length of stay

If there's one problem every healthcare system in the country struggles with, it's the duration of a patient's hospitalization, known as length of stay (LOS). On average, patients have a four to five day LOS—but the longer a patient remains in the hospital, the greater the likelihood their stay will be further prolonged. And a longer LOS doesn't just strain the healthcare system's resources—it's worse for patients, too. Staying in the hospital longer than medically necessary puts patients at risk of hospital-acquired infections, mobility issues, and financial harm.

As one of the Veale Initiative's Enhanced Improvement Projects, reducing LOS has been an ongoing objective. By giving the right patient the right level of care in the right location, we greatly reduce the burden on the hospital system—and improve patient outcomes.

What does this look like in practice? At the bedside, we're optimizing transfers, opting for ambulatory care versus admission when appropriate, and minimizing procedures that are not beneficial to care. We've also implemented interdisciplinary rounds (IDR) processes that explore barriers to timely discharge to alleviate stress on emergency department and post-acute care unit transfers.

Unique to the Veale Initiative approach is that the data points for these measures are not only recorded in dashboards, they're public to hospital staff. "We can drill down LOS by service line, specific physicians, provider classifications, and the patient's discharge destination," says David Northern, Director of Performance Improvement at University Hospitals. "We believe that by being transparent in statistics, it helps staff respond appropriately in terms of optimizing length of stay."

> "Keeping the patient informed about their length of stay is part and parcel to our success."

DAVID NORTHERN
UH DIRECTOR OF PERFORMANCE IMPROVEMENT

The success of the project is already evident in patient engagement scores—with communication noted as a key improvement. Because staff are able to better optimize care, they're also able to better communicate with the patient about their stay. "I would argue that keeping the patient informed about their length of stay is part and parcel to our success," says Northern. "If you give a patient a target for when we're planning to have them discharged home, most patients will rise to the occasion."

Enhanced Recovery After Surgery (ERAS)

In traditional hospital settings, surgery patients are often given very basic directions—to show up for surgery on an empty stomach—without a full picture of what to expect before, during, and after.

> "ERAS helps patients participate in their own care and create an optimal chance for a great outcome."
>
> DAVID NORTHERN, UH DIRECTOR OF PERFORMANCE IMPROVEMENT

Without instruction to do otherwise, many patients take a conservative, low-mobility approach to surgery recovery. "Most people don't get up and move post-surgery, and they decompensate," says David Northern, Director of Performance Improvement at University Hospitals. "And when they decompensate, they have a higher probability for bad outcomes."

Initiated in 2022, ERAS (Enhanced Recovery After Surgery) was created to reduce those poor outcomes. This patient communication program includes four stages, wherein caregivers educate patients on how they can support their own healthy recovery:

Pre-hab

Encourage patient to exercise, cease smoking, and bolster nutrition. Abdominal surgery patients are sent a kit with a nutritional shake to drink a few days before their procedure.

Pre-prep

Invite patient to Road to Recovery, a nurse-sponsored web session to learn about the importance of a healthy diet, physical activity, sleep hygiene, and other factors that impact recovery.

Day of surgery

Ask patient to drink a carbohydrate-rich drink like apple juice up to two hours before surgery (studies show carbohydrate loading improves postoperative comfort).

Post-surgery

Invite patient to eat, drink, and chew gum to initiate digestion. After discharge, encourage patient to prioritize movement and attend all rehabilitative appointments.

The positive impact of ERAS has been far-reaching—and not just with anesthesiologists and surgeons, who benefit from working with patients who are more physically and psychologically prepared. "Patients are hungry for information," says Northern. "They're hungry for a better understanding of what's happening to them and why. ERAS helps patients participate in their own care and create an optimal chance for a great outcome."

Currently, University Hospitals enrolls about 400 ERAS patients per month, in all 13 hospitals across 15 different service lines. And the program has been measurably successful: On average, ERAS has reduced patient length of stay by nearly a day (from 4.5 days to 3.6 days base period).

Looking forward, performance measurement dashboards that compare metrics like readmission, complications, and mortality will continue to inform ERAS protocol as it's implemented throughout UH—with a goal of increasing enrollment from 72 percent to 90 percent over the next 18 months. "We're going to keep working to increase enrollment across departments," says Northern. "The benefits of ERAS are applicable to all."

Our transformational leadership cohorts

By and large, the healthcare system has been operating the same way for decades, especially in its management and leadership practices. Despite the fact that many physicians end up in leadership roles, few have formal leadership training—and thus, their top-down management styles continue to propagate the age-old system. Under this system, change is incremental or non-existent. There is typically not a strong culture of collaboration, nor the necessary tools to drive, track, or implement transformational change.

Within the Veale Initiative, we know solving high-value problems requires transformation. That's why we've developed a management system with transformational leadership at its core—including the introduction of a leadership academy. "Transformational leadership is not simply about tweaking things, nor about carrots and sticks," says Dr. Patrick Runnels, Chief Medical Officer of University Hospitals Population Health and the Veale Initiative. "It's about actually passing power and capabilities to people on the front lines, who are most likely to have the best answers to guide change."

But shifting culture—from one of commanding leadership to emotional intelligence-centered affiliative leadership—can be a challenge. Dr. Runnels says the Veale Initiative's Believe, Belong, Build model (see page 5) has been instrumental in building trust, empathy, and alignment among leaders. "They're the core pieces needed to change culture," he says. "And you have to have all three. That's what it takes to guide change."

The Veale Initiative's first academy cohort, which met from September 2023 to May 2024, included 10 physicians—five family medicine doctors and five surgeons. Through interactive didactics, individual and peer coaching, and experiments in their own work, the cohort explored the merits of affiliative leadership in a value-based care setting. Dr. Runnels says the coaching sessions are crucial to the academy's programming. "The individual coaching is designed to help fellows explore what they want, what drives them internally, and what motivates them," he says. "It also helps them understand what it feels like to be led with a coaching style."

Fellows then practice that coaching style with one another to hone their leadership skills and emotional intelligence. "We have tons of data that shows you get the best performance from individuals—and the highest likelihood of meeting your organization's goals—when the people you lead are in a positive emotional space," says Dr. Runnels. "So what you're ultimately trying to do as a leader is move people into a positive emotional space as much as humanly possible."

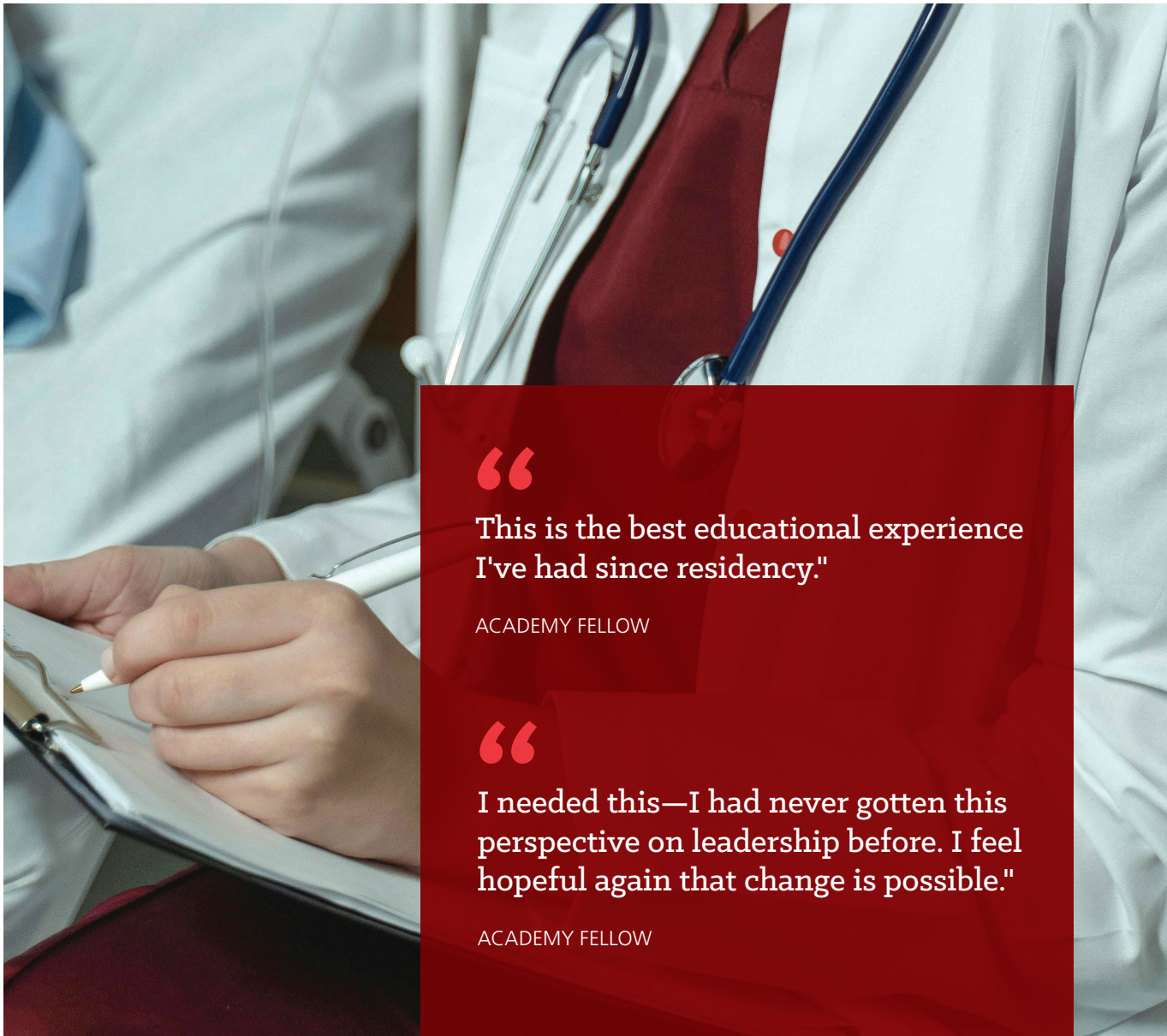
With didactics and coaching learnings in mind, the academy culminates in a transformational project where fellows lead change driven by the Initiative's objectives and key results (OKRs). One fellow introduced value-based care—until that point only focused on adults at UH—to pediatrics with incredible success. Another fellow is working to develop a new clinical pharmacist role, which

will drive management of chronic diseases. And yet two more fellows worked with academy facilitators to write a paper about what drives surgical performance, prompting a major surgical journal to ask the team to curate an entire issue on the topic.

With a second cohort in progress and a list of OKRs ahead, the initiative's process of driving transformational change is just beginning—and it won't always be a picture-perfect undertaking. "This is uncomfortable work," says Dr. Runnels. "When we talk about positive emotions, that doesn't always mean we're all saying everything's great and hugging. What it does mean is we feel really good about the work we're doing and we trust the people we're with."

30 fellows

have completed or are enrolled in the Veale Initiative's transformational leadership academy



"This is the best educational experience I've had since residency."

ACADEMY FELLOW

"I needed this—I had never gotten this perspective on leadership before. I feel hopeful again that change is possible."

ACADEMY FELLOW

Final thoughts

To engage more than 30,000 caregivers across University Hospitals and begin impacting other institutions, we know we need to continue accelerating the Problem-Impact Cycle.

Leveraging the infrastructure we have built, we envision creating a permanent, full-scale, organizational capacity unlike anything seen in healthcare today. This will require a growing team of world-class experts to mature and embed our transformation model, develop a new generation of healthcare leaders, and find and fix the most pressing problems in our industry. We'll also need to broaden and deepen our capabilities in data analysis, clinical focus areas, partnership development, product leadership, and content development. Most importantly, we must continue to dig deep into our problems, leverage our institutional capabilities, and engage like-minded changemakers.

In the coming years, we aim to drive even more value, while solidifying the cultural and administrative transformation that we've begun through the first year of the Veale Initiative.

Given our success to date, we strongly believe this model will thrive in the years to come, transforming UH into a new class of healthcare system—one that heals far more often than it harms, increases value rather than costs, and adapts to meet any challenge.

We look forward to building the future of healthcare together.

Brandon Cornuke

Brandon Cornuke
Executive Director of the Veale Initiative for Health Care Innovation

University Hospitals

Veale Initiative for Health Care Innovation