

FullCircle

Your best life. Our one purpose.

Message from the CEO

Recently, it seems I have been writing about our changes and integration as we Become One with Trinity Health and bring in Genesis Health to the MercyOne family, and this month is no different as we introduce our integration into Trinity's [eAdvocacy campaigns](#).



Learn more about the advocacy policy priorities planned to develop our strategic priorities in this month's newsletter.

As we continue to come together as One – Trinity Health, MercyOne and Genesis – we have the opportunity to leverage our 20,000+ amazing colleagues, experiences and voices across the state to impact positive change at the federal, state and local level through public policy. By speaking with a consistent message and recognizing there is strength in numbers, our representatives hear a strong message when we unite together to send the message. We need every MercyOne colleague, physician and provider to join in on sending the message our health care system in this country needs more supportive policy. Access to care is our principal responsibility as a system of health services, we need policy makers to understand access is at risk based on the policies currently in place and those proposed by leaders in Washington D.C. Please join in on sending the message. [Learn more on how you can help.](#)

Together, we are stronger as one

Bob Ritz
MercyOne President and CEO

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Colleagues please:

- Share job opportunities online [MercyOne.org/Careers](https://www.mercyone.org/careers) Leave an Indeed Review



People

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Performance

People

Process Excellence

We are pleased to share we have selected a leader to support Performance Excellence as we progress in creating a more unified and integrated MercyOne. **Dave Eilers** has been selected as Regional Director of Performance Excellence.

Under Dave's leadership, the newly integrated Performance Excellence structure will bring together both current Performance Excellence teams from Mason City and Des Moines to provide process improvement support and

leadership coaching across the region. This new role will also partner with senior leadership to plan and implement regional transformation priorities, while achieving strategic alignment.

Medical Group

The following directors have been selected to support our divisions moving forward.

NORTH IOWA CENTRAL DIVISION

- **Ali Robertson:** Director of Operations, Primary Care
- **Molly Verstegen:** Director of Operations, Primary Care
- **Amber Jennings:** Director of Operations, Surgical/Medical Specialty

NORTHEAST IOWA CENTRAL DIVISION

- **Missy Santman:** Director of Operations, Surgical/Medical
- **Diane Kohls:** Director of Operations, Surgical/Medical
- **Amy Spooner:** Director of Operations, Primary Care

- **Kasey Szopinski:** Director of Operations, Primary Care

WESTERN IOWA DIVISION

- **Barb Barnett:** Director of Operations, Primary Care & Specialty

EASTERN IOWA DIVISION

- **Dallas Farber:** Director of Operations, Primary Care
- **Kelli Goslee-Frank:** Director of Operations, Medical/Surgical
- **Amy Haiar:** Director of Operations, Primary Care
- **Lori Turner:** Director of Operations, Medical/Surgical

DES MOINES CENTRAL IOWA DIVISION

- **Katie Fredericks:** Director of Operations, Primary Care

- **Kyle Robertson:** Director of Operations, Primary Care
- **Gina Mullen:** Director of Medicine Specialty
- **Gina Runyan:** Director of Operations, Surgical Specialty

Recruitment

Interested in becoming a **MercyOne Ambassador?** Apply now by completing our [online questionnaire](#).

People



Regional Health Informatics Managers

We are delighted to announce the selection of three leaders to support health informatics in the new, integrated MercyOne. After careful consideration and discussion with interested candidates, we have selected the following Regional Health Informatics Managers:

- **Charlie Ellithorpe**
- **Deb Rickard**
- **Deb Rea**



Leader retirements

With mixed emotions, we announce the retirement of **Randy Rubin**, Chief Financial Officer, **Diane Probasco**, Chief Nursing Officer and **Laura Wenman**, Chief Mission Officer.

Randy will be retiring from MercyOne Central Des Moines after more than 24 years of dedicated service. He started his career at MercyOne as a manager, then director and VP of Finance. Prior to joining MercyOne, he worked for several other health care organizations in the finance field.

Diane has been with MercyOne Central Des Moines for more than 38 years. She started her incredible nursing career as a RN on 5S at MercyOne Des Moines Medical Center. Diane progressed to a team leader and manager of Ambulatory Surgery and then moved into the Perioperative Services area as the manager, eventually taking on the market director role. She was named CNO in 2021.

Laura has been with MercyOne Central Des Moines since 2001. She began her career in the area of public relations and marketing and in 2004 moved to the Vice President of Mission. Laura has overseen House of Mercy, Pastoral Care, Volunteers and Interpretation Services for many years.

Above and beyond their professional success, all three of these leaders have left a mark on many of us personally and they will be greatly missed by those that have had the privilege to work with them over the many years. We are excited for what the next chapter holds for the three executives.

Wear the MercyOne brand

New items available on the MercyOne Store



» Find items at [MercyOneStore.com](https://www.MercyOneStore.com)

Purpose



Health Care Week was celebrated May 7-13 and this year's theme was all about embracing the "we" at MercyOne.

We are...
Grateful for you
Stronger together
MercyOne.

All week long, colleagues shared on social media how they are "embracing the we" using the hashtag #WeAreMercyOne. View photos here: [MercyOne.org/MercyOneWeek](https://www.mercyone.org/MercyOneWeek)

THANK YOU Happy Nurses' Day



MERCYONE.

Happy Nurses Day!

On May 6, we celebrated National Nurses Day. Our nurses make a difference in the lives of our patients and communities we serve. We have a sincere appreciation for our nurses at MercyOne each and every day. Thank you, Nurses!

[Watch video of thanks from MercyOne Chief Nursing Officers.](#)

Performance

Congratulations to **Jessica Zuzga-Reed, DO**, MercyOne Central Iowa Associate Chief Medical Officer, on being named the President of the Iowa Medical Society and the recipient of the 2023 IMS Merit Award.



Jessica Nesheim, MercyOne Des Moines Medical Center, has been awarded the Young Alumni Achievement Award for outstanding achievements in her career. This award is given to those who are recognized as outstanding alumni for their accomplishments and contributions to the Drake community.



Joyce A. Vista-Wayne, MD, DFAPA, who works with child and adolescent psychiatry at MercyOne South Des Moines Behavioral Health Care has been elected chairperson of the Iowa Board of Medicine.



Balanced Scorecard

Purpose	April 2023	Year End Target
Cultural proficiency training – all colleagues*	↑ 90%	85%
Racism: A public health crisis – leadership*	↑ 95%	95%
Preventable hospitalizations (all populations)	↓ –	TBD
Preventable hospitalizations (dually enrolled)	↓ –	TBD

*Cultural and Racism Trainings will not include Central Iowa until FY24.

Performance	April 2023	Year End Target
All cause readmissions*	↓ 11.7%	14.4%
Operating margin	↑ -7.3%	0.5%
Primary care membership	↑ 439,840	448,673
OHSA recordable injury rate	↓ 5.45	5.38
Falls with injury rate	↓ 0.76	0.45

People	April 2023	Year End Target
Likelihood to recommend in Acute Care	↑ 63.30%	64.49%
Likelihood to recommend in ED	↑ 59.60%	60.56%
Colleague engagement index	↑ 3.81**	3.90
Number of engagement action plans submitted	↑ 545	456

**Colleague Engagement Score is from June 2022 survey (baseline). Next survey will be spring 2023.

Portfolio	April 2023	Year End Target
Non-hospital/Non-SNF segment annual revenue growth (YTD actual)	↑ 0.0%	8.0%

Key: **On Target** (met target) **Progressing** (above baseline) **Off Target** (below baseline)

↑ We are looking for higher numbers on this metric
↓ We are looking for lower numbers on this metric

MercyOne Balanced Scorecard measures defined

Purpose

- Preventable hospitalizations: AHRQ measure of Ambulatory Care Sensitive Condition (ACSC) inpatient admissions – a defined set of clinical conditions “sensitive” to ambulatory care interventions. Measured monthly (rolling 9 months) for Medicare patients attributed to Trinity Health Medicare ACOs (and for dually-enrolled, who also have Medicaid as a secondary payer). Source is claims data (60-90- day lag) and will be available at Trinity Health and Regional Health Ministry level.
- Racism: A Public Health Crisis –The total percent of managers and above who've completed the course.*
- Cultural Proficiency Training - The total percent of colleagues who've completed the Cultural Proficiency: Our Journey to Health equity course on Pathways or HealthStream.*

*Central Iowa will not be included in FY23.

Performance

- Falls with Injury Rate: The rate of falls with injuries in the acute care environment on a monthly basis per 1,000 patient days utilizing NDNQI definition. IRF measured as number of falls with major injury per 1,000 patient days utilizing CMS definition and national average (#Falls with injury minor or greater/ # adjusted patient days) x 1,000 = Falls with Injury Rate.
- OSHA Recordable Injury Rate: Measured as (number of recordable incidents/FTE productive hours) x 200,000 - excluding recordable incidents related to COVID-19.
- Primary Care Membership: Total number of unique patients seen by medical group primary care providers over the last 36 months. Only includes the following CPT codes: 99204-99205, 99211-99215, 99381-99387, 99391-99397, G0402, G0438, G0439.

- Operating Margin: Measured per the Trinity Health standard as operating income before unusual items divided by operating revenue.
- All Cause Readmissions: Monthly reporting of unplanned all cause readmission to an acute care facility for any reason within 30 days of index discharge. Includes only Medicare Fee for Service beneficiaries.

People

- Total Number of Colleague Engagement Action Plans Submitted: The total number of action plans submitted for work teams with a score below the PG Engagement Score 75th Percentile (4.22).
- Colleague Engagement Indicator Score: Colleague Engagement survey overall score. Note: Scores are collected in the spring of each fiscal year.
- Likelihood to Recommend: MercyOne composite for Acute and ED where percent represents % of top box responses to the "likelihood to/would recommend" survey question. Outpatient services not included in this score.

Portfolio

- Non-Hospital/Non-SNF Segment Annual Revenue Growth: Measured as YTD change in revenue, FY23 compared to FY22 actual; reflects the growth in diversification of our portfolio. Note: This is only measured at the MercyOne System Level, not by each region. Includes business segments: Medical Groups, Urgent Care, Continuing Care excluding SNF, Ambulatory Surgery Centers, Health Plans, Specialty Pharmacy, Population Health and Outreach Labs

More information available at [MercyOne](#)

Fair payment campaign

MercyOne, a member of Trinity Health, is committed to meeting the needs of our communities, but our finances are unsustainable. Since 2019, Medicare rates have increased only 6% while MercyOne's cost per case increased more than 18% across our system. Now, we need help from you to ensure access to care for lowans.

Hospitals are turning over every cost reduction stone. But, it's not enough. Medicare underpayment contributes to longer patient wait times for emergency, surgical, imaging, diagnostic and preventive care. These delays in care can have serious, life-long health implications, and are affecting the overall cost of care. Additionally, our health system is making tough decisions about the viability of key services to sustain our mission into the future.

Congress must do more to ensure the health of

communities. I encourage you to:

- Urge CMS to provide a one-time retrospective payment adjustment for hospitals that addresses 2022 Medicare underpayment when accounting for inflation.
- Improve Medicare rates and stop future cuts.
- Oppose efforts by drug companies to impose more restrictions on the 340B program that will harm access. This has a negative financial impact to MercyOne of nearly \$100 million dollars – none of which are taxpayer dollars contributing to the program.

Please help MercyOne address the financial impact of health care inflation and labor costs, so we can continue to ensure access to care and to care for the common good.



Urge Congress to Address Reimbursement Shortfalls

Fair Payment Sustains the Mission

Aim your mobile phone's camera, scan the QR code, learn more and Take Action!





Jacquie Easley McGhee presented Grow, Baby, Grow MercyOne's maternal health initiative to reduce disparities in maternal outcomes in women of color at American Hospital Association's Accelerating Health Equity Conference this week. Help us thank Jacquie for her commitment to our Mission of health equity and ensuring health care is readily available to all the communities we serve on [LinkedIn](#).



Our Trinity Health Culture



Our Mission

We, Trinity Health, serve together in the spirit of the Gospel, as a compassionate and transforming healing presence within our communities.



Our Core Values

- Reverence
- Commitment to Those Who are Poor
- Safety
- Justice
- Stewardship
- Integrity



Our Vision

We will be the most trusted health partner for life.



Our Actions

As a Trinity Health colleague, I will:

- Listen to understand.
- Learn continuously.
- Keep it simple.
- Create solutions.
- Deliver outstanding service.
- Own and speak up for safety.
- Expect, embrace and initiate change.
- Demonstrate exceptional teamwork.
- Trust and assume goodness of intentions.
- Hold myself and others accountable for results.
- Communicate directly with respect and honesty.
- Serve every person with empathy, dignity and compassion.
- Champion diversity, equity and inclusion.



Our Promise

We Listen.
We Partner.
We Make it Easy.

May is Asian American and Pacific Islander Heritage Month

May is Asian American and Pacific Islander (AAPI) Heritage Month! Throughout the month of May, Trinity Health and MercyOne celebrate and learn about the Asian American and Pacific Islander culture which is represented by our fellow colleagues, patients, residents, participants, and the communities we serve.

In this volume, we delve into culturally proficient care and how the model minority myth harms AAPIs. At Trinity Health, culturally proficient care is defined as the skills, attitudes, knowledge, and beliefs that enable people to work well with, respond effectively to, and be supportive of people in cross-cultural settings.

We advance equity by raising awareness of the issues AAPIs are encountering – issues such as mental health stigma, generational stress, and health literacy. We hope that by sharing resources and strategies, we can collectively help bridge these health inequities in the AAPI community.

Sikhism: A health care worker’s guide

There are more than 25 million Sikhs around the world, which makes Sikhi (also known as Sikhism) the fifth-largest major world religion. However, knowledge about the Sikhi faith, its traditions, and its observances remains quite limited in the United States, particularly among healthcare workers. This [guide](#) aims to provide healthcare workers in the United States with information about issues that Sikh patients might face, how to care for a Sikh patient in a culturally sensitive manner and basic information about the Sikhi faith. The [U.S. Department of Health and Human Services](#) also has resources for providing culturally responsive care for Asian Americans and Native Hawaiian and Pacific Islander communities.

The Model Minority Myth and Medicine: Racism, sexism, and mental health

The model minority myth is a social construct that was created in the 1960s as a result of immigration laws allowing for selective immigration that only included Asians of higher socioeconomic status and professional classes who were more likely to achieve economic success. This resulted in an overgeneralization that Asian Americans achieve universal educational and occupational success. This selective immigration led to a class of Asian Americans with relative economic stability who were broadly perceived as “proof” that advancement by ethnic minority groups was possible if



they worked hard enough.- The model minority myth persists and continues to create a fallacy that Asian Americans do not experience struggle or racial discrimination, leading many Asian Americans to be excluded from research, policy, and practice and thereby rendering their experiences invisible to the broader society. Read directly from the [source](#).

Destigmatizing mental health treatment in Asian communities

This may be shocking to hear, but according to data from the Centers for Disease Control and Prevention, [suicide is the tenth leading cause of death in the United States](#). When broken down by race, suicide is the first leading cause of death among Asian American young adults, which includes those between the ages of 15 and 24. For all other racial groups in this age bracket, it does not affect them nearly as much. If suicide is so prevalent, why is it that there is still such a stigma around mental health?

What are the barriers to mental health treatment for Asian Americans? How can we collectively destigmatize mental health? Read directly from our [source](#) to learn more

Health disparities among Asian Americans and Pacific Islanders

Partly due to limitations of available research, many Asian American ethnic groups have not been represented in existing research. Also, health data on Asian Americans and Pacific Islanders are often lumped into one category, masking the meaningful differences among the numerous AAPI subgroups. The available limited data on the AAPI population, however, points to substantial health disparities within the specific subgroups. To review statistics on AAPI groups, visit our [source](#).

Focused storytelling is based on Our Core Values:

Reverence • Commitment to Those Who are Poor • Safety • Justice • Stewardship • Integrity

Integrity

This is what Integrity looks like ...

After her stroke, Kristi Ruffner tried many therapies to learn how to go through life using her left hand, only to feel frustrated by her lack of progress.

She saw immediate results when Genesis occupational therapist **Mary Gordon** guided her through a virtual reality therapy session. Virtual reality therapy unlocked the progress Ruffner had been in search of since her stroke in 2019. "It has been amazing," Ruffner says. "I'm able to open up my left hand more and am learning how to do things with my left hand. I wish I would have come here sooner."



As virtual reality headsets and supporting technologies advance, Genesis therapists are incorporating virtual reality-based therapy into treatment for a growing number of patients.

Virtual reality therapy exposes patients to more situations and environments, often motivating them to complete more repetitions than with traditional therapy techniques. And those repetitions bring tangible progress. "When you're doing the same action over and over, it really facilitates your brain talking back to your affected limb, and that repetition is really important for neuro re-learning" Gordon says. [See video of virtual therapy session.](#)

This is what Integrity looks like ...

MercyOne Dubuque Medical Center was awarded the Pro Patria and the Above and Beyond award by the Employer Support of the Guard & Reserve (ESGR) for providing their guard and reserve employees additional, non-mandated benefits. **Allison Maas**, one of our colleagues, nominated MercyOne Dubuque for their ongoing support of the service members at MercyOne and in the community. "I nominated MercyOne because of the ongoing support they give, not only the service members employed at MercyOne, but it goes beyond that, they give support to the employee family and the community," she said.

Safety

This is what Safety looks like ...

Baby-Friendly USA, the accrediting body and national authority for the Baby-Friendly Hospital Initiative in the U.S., awarded its international Baby-Friendly designation to **MercyOne Clinton Medical Center** and **MercyOne Clinton North Health Plaza**.

This designation is awarded to facilities adhering to the highest standards of

care for breastfeeding mothers and their babies. These standards are built on the [Ten Steps to Successful Breastfeeding](#) recommended by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) for optimal infant feeding support in the precious first days of a newborn's life. [Read more about our designation here.](#)



Justice

This is what Justice looks like ...

MercyOne Northeast Iowa colleagues raised nearly \$3,000 for the American Heart Association Heart Walk through a May Day silent auction. Departments and colleagues from across the division donated items, including 21 baskets, four wreaths and three quilted blankets. Colleagues then bid on the items during the event on May 3.

“This is such a fun event, and it is rewarding to know that the money raised is going to the American Heart Association,” said **Brandy Cooper**, manager of diagnostic cardiology and an organizer of the event.

“The generous contributions of others will directly impact those that struggle with heart disease by funding research, providing education or disease management.”

Reverence

This is what Reverence looks like ...

In 2017, **Daniel Stroud, DO**, started his medical career at MercyOne Des Moines Medical Center as a patient care tech (PCT) on 6 North. This role led him to pursue a career as a physician and he began his studies at DMU. He completed his classes in 2022 and is currently an internal medicine resident at MercyOne Des Moines Medical Center.



Dr. Stroud told a recent PCT graduating class that being a PCT gave him the tools to connect with everyone involved in care of patients.

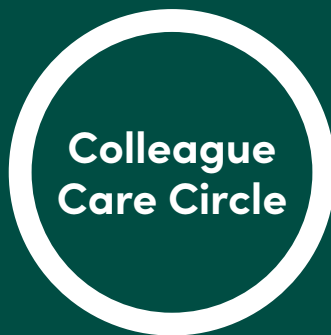
This is what Reverence looks like ...

Every day we see compassionate care in action.

Recently, **Clint Miller** was working on the Rehab Unit at MercyOne Siouxland Medical Center.

He pulled up close to a patient reading him scriptures from the patient’s bible. The patient kept his bible on his bedside table since he had been here, but because of his illness did not have the power to read it.

Clint took the time to pull a chair close to him, lean in and share this sacred moment with him.



Find resources to help your team navigate challenges at **MercyOne**

Stewardship

This is what Stewardship looks like ...

Genesis Health System is working to grow the nursing profession by awarding nursing scholarships and recruiting high school students to Genesis Adventures in Nursing (GAIN) summer camp.

Each year, the Genesis Foundation's Pro-Am Challenge golf outing raises more than \$100,000 in nursing scholarships, awarded during Nurses Week. Nursing units also prepare raffle baskets, with proceeds helping to fund nursing scholarships.

Meanwhile, GAIN Camp aims to attract young people to a nursing career. Campers receive first-hand exposure to multiple nursing experiences, including a mock trauma with an air ambulance landing, a mock birth using a patient simulator, first aid and suturing lessons, and a visit to the operating room to try out robotic surgical technology. A survey of camp participants from 2009 to 2016 showed 67% of respondents pursued a health care career.

[Watch GAIN camp video.](#)

This is what Stewardship looks like ...

Mercy College of Health Sciences raised a historic \$1.2 million to advance their Mission and help transform students into successful health care professionals. The gift was led by Joyce and Terry Lillis with a donation of more than \$250,000 at the inauguration of Dr. Adreain Henry, Mercy College's fourth president on April 14. Read more about the donation [here.](#)



Continuing our Path Forward

Colleague, Physician and Provider Engagement Survey

May 30-June 21



Let's get there together, by charting our path forward.



Survey can be completed in two minutes or less!

Annual Engagement Survey

The annual MercyOne Engagement Survey is here! The 2023 survey will run May 30- June 21. Be sure to watch your inbox for an email from Press Ganey on how to take your survey. As we continue our path forward to Become One, your feedback helps MercyOne be the best we can be.

Integrity & Compliance Program and TogetherSafe: Protecting patients, residents and colleagues

The burden and cost of poor patient safety—a leading cause of death in the United States—has been well documented, and reducing the impact is a major focus for MercyOne. In the U.S., approximately 440,000 people die each year because of preventable medical errors. The annual cost of medical errors to the U.S. health care industry is \$20 billion. Less publicized is the elevated incidence of work related injury and illness among health care workers, and the impacts these injuries and illnesses have on the workers, their families, health care institutions, and ultimately on patient safety. It is not surprising that patient and worker safety often go hand in hand and share organizational safety culture as their foundation. In order to provide safe patient care, we must have safe colleagues.

As one of MercyOne's Core Values, safety is key to our sacred mission of caring for our communities and for each other. To this end, we have set a goal of becoming the safest health system in the United States. We have amplified our efforts on patient and colleague safety through TogetherSafe, our shared journey toward high reliability and zero harm to patients and colleagues.

In 1999, the Institute of Medicine (IOM) stated that a safer environment for patients would also be a Integrity & Compliance Program and TogetherSafe: Protecting Patients, Residents and Colleagues safer environment for workers and vice versa, because both are tied to many of the same



underlying cultural and systemic issues. Hazards to workers because of lapses in infection control, distractions, fatigue, or unfamiliar equipment may result in injury or illness not only to workers but also to patients and others in the institution. Workers who are concerned for their safety or physical or psychological health in a work environment, will not be able to provide error free care to patients. Therefore, efforts to reduce the rate of medical error must be linked with efforts to prevent work related injury and illness if we are to be successful. Several studies have found organizational factors to be the most significant predictor of safe work behaviors. Studies have shown compliance with standard precautions was increased when workers felt that their institution had a strong commitment to safety and when institutions targeted interventions at improving organizational support for employee health and safety. Also, the influence of training and standard safety behaviors and tools helps habits form. This creates a safety culture with common language and expectations to prevent harm. We can only do it with your help.



The Integrity & Compliance Program works hand in hand with TogetherSafe to keep our patients, residents, physicians and other providers, and colleagues safe.

Whether it's maintaining the Integrity Compliance Line or reinforcing safe behaviors, the Integrity Compliance Program and TogetherSafe have your back.

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