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00:00:03.870 --> 00:00:08.680
David Callaway: Good afternoon, everyone. I'm gonna look to my panelists here just to get a com check. Maureen. Can you hear me.

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00:00:08.680 --> 00:00:09.119
Maureen Mazurek: I can.

3
00:00:09.120 --> 00:00:33.470
David Callaway: Excellent. Good afternoon, everyone. Thanks for joining us. My name is Dave Calloway. I'm a professor of emergency Medicine and the Global Health Security officer for advocate health wanted to start out with a quick Thank you, to Camilla and Justin and the whole National Academy of Medicine Staff for continuing to organize these great webinars that are both informative but also driving change across the healthcare system.

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00:00:33.600 --> 00:00:50.969
David Callaway: So today, we're going to have a conversation about mitigating the operational risk for healthcare, sustainability, leadership. We're going to begin with a roundtable discussion, and then we'll open up to audience questions. And our goal today is to further the understanding of how do you operationalize climate risk and planetary health risk

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00:00:50.970 --> 00:00:59.079
David Callaway: into our mitigation strategies and healthcare operations? So I'm joined today by Kelly Mckinney, Nathan Franklin Maureen Masrick.

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00:00:59.399 --> 00:01:21.109
David Callaway: This is an awesome group. They have a very diverse perspective, ranging from academic health systems to private health systems, to a major vendor and supplier. So let's kick it off. I'm gonna ask Kelly, Nathan, and Maureen to do a quick 1 min intro of of who you are who you work for and how you got here. So let's start with with Kelly.

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00:01:22.330 --> 00:01:37.890
Kelly McKinney: Thank you, David. It's great to be here with you and and with Nathan and Maureen. I am an emergency manager. I'm a blue collar working emergency manager here in New York City. I've got into the business about 25 years ago.

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00:01:38.120 --> 00:01:49.318

Kelly McKinney: It's been a it's been a busy 25 years as an emergency manager in New York City. I can tell you that. But you know, and as as

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00:01:50.090 --> 00:02:01.469
Kelly McKinney: as busy as it gets, you keep looking for it to slow down, and it doesn't slow down. It only accelerates so and that that stays true even through

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00:02:01.640 --> 00:02:20.150
Kelly McKinney: through yesterday and today it is a very busy time to be an emergency manager in America. I can just say that. And I have been. I worked for New York City Government for about 10 years at the New York City office of emergency management. I was the chief disaster officer for the American Red Cross.

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00:02:20.540 --> 00:02:25.300
Kelly McKinney: Here in Greater New York, and then I've been here at Nyu Langone, health

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00:02:25.690 --> 00:02:39.491
Kelly McKinney: headquartered on East 34th Street and 1st Avenue Manhattan for 9 and a half years. And this is a, it's. It's an amazing organization to try to live up to. And

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00:02:40.060 --> 00:02:41.380
Kelly McKinney: But yeah, happy to be.

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00:02:41.910 --> 00:02:47.299
David Callaway: Awesome. Thanks, Kelly, and looking forward to hearing your perspective from Gotham. Nathan.

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00:02:50.080 --> 00:02:57.150
Nathan Franklin: Thanks, David Nathan Franklin. I'm the Vice President of external affairs and sustainability for amplify health.

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00:02:57.320 --> 00:03:03.220
Nathan Franklin: Many of you may know us formally as Gundersen health system. We merged with

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00:03:03.430 --> 00:03:21.769
Nathan Franklin: Bellin health, also based in Wisconsin and the up of Minnesota the last couple years and recently have rebranded as amplify

health with our continued commitment to sustainability. So my background is mainly in the political and policy public policy world

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00:03:22.260 --> 00:03:29.750
Nathan Franklin: work for the Governor of the State of Wisconsin for a couple years, among other various political roles.

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00:03:29.860 --> 00:03:33.979
Nathan Franklin: and then transition to the public sector, where I worked for an electric utility

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00:03:34.440 --> 00:03:42.929
Nathan Franklin: for 10 years in government relations, and then also as part of some major utility scale projects, teams.

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00:03:43.150 --> 00:03:50.280
Nathan Franklin: including several renewable supporting direct, renewable projects and renewable supporting projects.

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00:03:50.390 --> 00:04:03.259
Nathan Franklin: I switched over to Gundersen health system in 2020 was a natural fit for the public policy work, and then eventually was entrusted with the sustainability program.

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00:04:03.440 --> 00:04:06.300
Nathan Franklin: That is one of the

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00:04:06.410 --> 00:04:18.830
Nathan Franklin: industry leaders. I think a lot of people are familiar with some of the energy independence that the organization has done, and we're continuing to evolve that through different ventures and projects.

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00:04:20.170 --> 00:04:27.220
David Callaway: Awesome. Thanks, Nathan. We're looking forward to hearing about the the the role of energy and resilience, and Maureen.

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00:04:27.590 --> 00:04:56.549
Maureen Mazurek: Thanks, Dave. It's great to be here. I want to thank the National Academy. I also wanna thank my fellow panelists. And you, Dave, as our facilitator. I'm Maureen Missourick. I'm with Becton Dickinson, also known as Bd. We are one of the world's largest device manufacturers. We we supply about 37 billion devices worldwide annually. So likely we

are part of your supply chain and my fellow panelists we are, and love being partnered with you.

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00:04:56.932 --> 00:05:07.250
Maureen Mazurek: My role I have a I have multi hats that I wear. So I'm the chief sustainability officer. I'm also the chief Environmental Health and safety Officer

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00:05:07.490 --> 00:05:18.069
Maureen Mazurek: as well as physical security and product stewardship. And the way I try to explain my role is the through line across all of that is planet, health or environment.

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00:05:18.430 --> 00:05:38.279
Maureen Mazurek: because there's synergies across all of those. How I got here is I'm an operations person by background. So my degree is in manufacturing and supply chain, and I grew up in operations in the food and ag sector for many years, rose to various levels, including plant management

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00:05:38.280 --> 00:06:01.039
Maureen Mazurek: as well as corporate offices and strategy, and one of the original sustainability leads back in the early 2 thousands. I think I'm really dating myself and made the shift over to healthcare a few years ago, when I recognized the opportunity that Bd. Had and the role that Bd plays in the value chain of healthcare.

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00:06:02.280 --> 00:06:24.419
David Callaway: Great thanks, Maureen, for the intro and for all the work you're doing at Bd. Let's get right to it. So people often joke about going to the hospital in July. I'm an academic physician, and so I've heard it every year for the last 25 years. All these fresh faces, these new doctors right? Never go to a hospital in July. Let me offer a different perspective

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00:06:24.420 --> 00:06:35.899
David Callaway: for this audience about July. So this July, on July 4, th the Guadalupe River rose 20 feet in under an hour, killing 108 people, and causing over 200 million dollars in damage.

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00:06:35.920 --> 00:06:49.320
David Callaway: Reporting suggests that money may have been available for sensors and preventive measures, but it was reallocated or reinvested,

and it's not a judgment. We always make decisions in the moment, but the money was reallocated rather than invested.

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00:06:49.500 --> 00:07:04.830
David Callaway: July 14th to 15th New York City, between 4 and 7 inches of rain pounded down on on the city, flooded the subway, delayed 2,000 flights out of Jfk. And Laguardia, and had a significant impact on mobility throughout the city.

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00:07:04.830 --> 00:07:28.669
David Callaway: And then this week in my neighborhood in the South. I live in Charlotte, in our area around Georgia, North Carolina, and Florida. We're under this rare extreme heat warning, which apparently almost never happens, they get major heat warnings. But this extreme risk to health 11 million people and one dog. My dog was very unhappy this morning at 5 Am. When it was 82 degrees out, and I went to take him for a walk.

36
00:07:28.670 --> 00:07:47.699
David Callaway: So heat, extreme weather, flooding all have significant operational implications to how we deliver health care in our country. And so I'm going to start with you, Kelly. You're an operational leader in Academic Medical Center you mentioned before, and talked a lot about climate risks as growing in frequency and severity.

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00:07:47.700 --> 00:08:02.370
David Callaway: What's your framework for assessing threats and these risks? And then how do you convey it in a way that resonates with leadership that's rightly focused on patient care and financial stability. And in your case training the future medical leaders.

38
00:08:03.950 --> 00:08:18.639
Kelly McKinney: Yeah. And and you know, David, I can. I'll go 1 1. i'll raise your examples. I mean, you talked about heat. We are in the midst of a of a of a heat wave. Right now, heat index in New York City is

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00:08:18.650 --> 00:08:37.209
Kelly McKinney: 105 or more we have tomorrow afternoon. We've got unsettled conditions. As the heat wave moves away, we're going to have a low pressure system move in a frontal wave is going to develop and and stall. It's going to develop along a stalled boundary line

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00:08:37.210 --> 00:09:03.590

Kelly McKinney: with a deep tropical air mass. Is any of this? Is any of this sounding familiar, and several inches of of moisture in that in the atmosphere, and which sets up those flash, flooding conditions that we've seen. And so so Wednesday into Thursday and Thursday afternoon. We're looking at a potential for 3, 4, 5, 6 inches of rain. It's another one of those flooding conditions that we've seen all across the nation. And then

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00:09:04.500 --> 00:09:07.730
Kelly McKinney: on top of that, we've got

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00:09:07.750 --> 00:09:31.890
Kelly McKinney: all this wildfire smoke that's pouring down from Canada. So day before yesterday we had an Aqi that exceeded 100. Right? We have pm, 2.5 levels that are spiking in the atmosphere. And so you know, it's it's this idea of cascading impacts and cascading risks. And so and so you know the the question about frameworks. Right? We we overlay frameworks. We are the

43
00:09:31.890 --> 00:09:52.120
Kelly McKinney: we are the creators of order out of chaos. And so we have to have these orderly frameworks that we rely on in order to confront the chaos, and we have several of them, I mean, in order to assess the risks we've got a what in healthcare it's called an Hva. Hazard, vulnerability, analysis, and we leverage

44
00:09:52.220 --> 00:09:56.789
Kelly McKinney: all kinds of stakeholder partners at a Federal level state level.

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00:09:57.090 --> 00:10:26.440
Kelly McKinney: There's lots of private sector, open source information about risks, and we use that to supercharge our own analysis. Every year we produce our own what we call a key hazards list, which is really all the things that we are preparing for, and we and we meet with our stakeholders. And we ground truth that. And it allows us to focus right? Because we live in what we call a threat. Rich environment. Right? It's New York City and in the Tri-state area.

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00:10:26.747 --> 00:10:31.665
Kelly McKinney: And you know, I I sort of belabored the fact that it was busy, you know.

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00:10:32.350 --> 00:10:43.799

Kelly McKinney: at 6 30 yesterday afternoon, about 10 blocks from here an individual walked into 3, 45 Park Avenue with a high powered rifle right and and started to shoot.

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00:10:43.890 --> 00:10:58.910
Kelly McKinney: and that was that was what we call a job. So we had that job. We worked that we overlaid our orderly framework on top of that chaos in order to perceive what was happening in real time

49
00:10:58.910 --> 00:11:14.970
Kelly McKinney: surface all of the issues and obstacles and threats to our enterprise. Right? We have. We have A. The Tisch Center for women's health is 2 blocks from that from that building we had another huge site. That's that's a block or so away.

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00:11:14.970 --> 00:11:32.360
Kelly McKinney: and we needed to communicate with those folks. We opened a situation room we had lots of stakeholders that we were communicating with in real time, and then we were also keeping our stakeholders informed right we were sending all staff messages to 59,000 people about what was happening

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00:11:32.360 --> 00:11:54.439
Kelly McKinney: and what the risks were, because it occurred at 6 30, which is a half hour before our 7 Pm. Shift change, which is a big move for us. There's lots of our staff are in midtown, either going to work or leaving work. So we maintain that situational awareness and we work that job.

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00:11:54.680 --> 00:12:21.580
David Callaway: Hey, Kelly, this is so, you highlight a very important point for this audience, because my background is an active shooter, and the sign of event as well. And what we've seen is Hvas are always driven by what people remember as the most dramatic event. And so people will perceive someone shooting as a bigger threat for the health system they should invest in this. How do you get them to actually pay attention to the real threat? Which is the climate, the stuff that you just described, I mean the Cdc. And the Public Health

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00:12:21.580 --> 00:12:35.750
David Callaway: Department, new York, just released a report in June. That said flooding is the number one public health threat to New York City. So how do you get your your leaders to listen to that piece of it? Because oftentimes it's not quite as sexy and and attention grabbing.

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00:12:35.750 --> 00:12:55.319
Kelly McKinney: Yeah. And that is the issue. And you're absolutely right, David, that anchoring bias, right? You ask people what the biggest threat is, and it's going to be the last threat, the last hazard, that sort of leaps to mind. And so, you know, our job is not necessarily to focus our leadership

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00:12:55.320 --> 00:13:20.260
Kelly McKinney: on a risk to pull their attention away from delivering the exceptional patient care that we are known for. I mean, you know, there was a big. We just got an email this morning from our CEO about the rankings, and how well this organization does. So we execute the mission or my stakeholders execute the mission.

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00:13:20.260 --> 00:13:44.560
Kelly McKinney: Don't deliver patient care, but I've got the backs of those people that do. And so my job is really is to understand what the range of risks are, and then essentially immerse them. We create awareness, not by talking about ourselves, not by talking about what we do, but talking about what they do, especially in what we call gray sky. So we

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00:13:44.590 --> 00:14:03.309
Kelly McKinney: we try to throw them in the deep end of the pool. If it were, and we use a lot of exercises with with these detailed rich scenarios to say, Okay, put yourself in the moment, act as if, and then what what comes to mind in terms of the things that we need to work on. We do a lot of that.

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00:14:03.620 --> 00:14:28.189
David Callaway: That's that's great, and I appreciate that. So so the framing around the event and the extreme, the extreme events is there moving, left. So again, in our space, oftentimes, we'll say left of bang so left of the event before this, Nathan, you know modern healthcare requires a ton of energy to deliver on the goods right, and I have to imagine in Wisconsin both extreme heat and extreme cold.

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00:14:28.190 --> 00:14:53.490
David Callaway: the unpredictability of damaging storms can create a threat to operational resilience, both financial. If prices are spiking, the operators always care about having a stable financial budget, but also physical. So can you describe your approach, and how amplify, has made a case for energy, efficiency and resilience both from a cost standpoint, but also a continuity of care and a leadership standpoint.

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00:14:55.130 --> 00:15:01.159
Nathan Franklin: Yeah, that's a great framing of that question, David. Upper Midwest.

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00:15:01.698 --> 00:15:05.755
Nathan Franklin: You know the weather volatility is high, right? We recently

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00:15:07.150 --> 00:15:19.919
Nathan Franklin: Within the last week we had heat indices into the 109, 110 range, and it's not unusual for us to get wind chills down 30, 40 below 0. That's an intense swing

63
00:15:21.180 --> 00:15:32.850
Nathan Franklin: and puts a lot of pressure on our on our systems, but also ultimately on our utility bills. You know, one of the benefits we have at amplify health, you know, thanks to the foresight

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00:15:33.070 --> 00:15:42.739
Nathan Franklin: of folks like Dr. Thompson back when when Gundersen 1st got into this was, we're in a relatively mature state at this point when it comes to our sustainability programs.

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00:15:43.130 --> 00:15:58.989
Nathan Franklin: you know. So making the case is a little bit easier when things are pretty much paid for at this point, and most of the projects are, have the folks that who are in our governance structure. They see the proof in the pudding from the last, you know. 1015 years.

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00:16:01.040 --> 00:16:09.679
Nathan Franklin: That being said, you know the from the green, the double grain, as some of our, you know, champions over the years have put it.

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00:16:09.860 --> 00:16:12.629
Nathan Franklin: is an important part, you know, healthcare.

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00:16:12.970 --> 00:16:28.029
Nathan Franklin: a main theme I always hit, regardless of where I'm sitting and who I'm talking to is is health care. It's getting harder and harder for hospitals to make money in healthcare these days. Reimbursement rates from public payers continue to drop.

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00:16:28.650 --> 00:16:37.440
Nathan Franklin: We have reforming of programs like Medicaid, which is going to drive those reimbursements down further and for a large rural

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00:16:37.730 --> 00:17:05.370
Nathan Franklin: health system like amplify health. We have a large number of Medicaid and Medicare patients. So that leaves us in the position of thinking about, how do you make money in ways that don't involve healthcare so that you can continue to serve your patients, serve your communities, serve your missions. And that's where the sustainability program resiliency really steps in. It's having having the projects we have in place to save energy

71
00:17:05.579 --> 00:17:16.289
Nathan Franklin: to offset our energy use and then to drive revenue in ways in the energy markets that help us support our healthcare mission.

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00:17:16.480 --> 00:17:20.110
Nathan Franklin: And that's really, you know, for those who are

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00:17:20.430 --> 00:17:30.499
Nathan Franklin: just getting started in this journey, or thinking about this journey like anything. It's it's hard to imagine what things will look like in year 8, year 10 year 12,

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00:17:30.770 --> 00:17:35.090
Nathan Franklin: and and beyond that, but it really is a matter of

75
00:17:35.600 --> 00:17:43.670
Nathan Franklin: you can't get there if you don't get started. They had to build the model T before they could build the mustang. Gt.

76
00:17:43.780 --> 00:17:50.110
Nathan Franklin: so you really do have to start that journey to start offsetting those costs and building your resiliency.

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00:17:51.450 --> 00:18:07.999
David Callaway: Yeah, thanks. It's a great perspective, because oftentimes the conversation around clean energy or renewable renewable energy or energy efficiency goes something like this 1st cost versus lifetime cost. Hey? We have the capital to invest 30 million dollars. Yes, we understand. There's a

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00:18:08.010 --> 00:18:31.500
David Callaway: 7, 1012. Pick your payback, and it's focused just on the payback piece of it. But what I hear you saying is, maybe healthcare systems need an energy security strategy which looks at just like the, you know other organizations do which says, Hey, look! This investment not only saves us or makes us money, but it, but it creates stability and operational expenses

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00:18:31.500 --> 00:18:43.460
David Callaway: which allow us to buffer against changing payer or declining payer rates in the future. So it's a business investment strategy and an operational strategy together.

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00:18:43.770 --> 00:18:46.439
Nathan Franklin: And I would, and I would characterize it. Another

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00:18:46.920 --> 00:18:55.690
Nathan Franklin: parallel like to draw David is, is to it security, right? Cyber security. You know. We know, you know it's not if, but when

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00:18:55.940 --> 00:19:12.399
Nathan Franklin: in that space that you'll experience some sort of hack, you know, most hospitals are getting hit, you know. Hundreds or thousands of times a day with somebody testing the fences we invest in that because we recognize the risk analysis that's there.

83
00:19:12.810 --> 00:19:26.900
Nathan Franklin: and it's not investing it as in hoping that it'll happen. And I think the same thing has to happen in sustainability. Right? We have to invest knowing energy costs don't go down. Knowing climate risks are not going to go away or become less frequent.

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00:19:27.250 --> 00:19:31.369
Nathan Franklin: and knowing that the impact on our patients and our communities is not going down either.

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00:19:32.340 --> 00:19:55.809
David Callaway: That's a great framing, and certainly give me one of my takeaways here. The parallel between climate risk to both our system operations and our communities and cyber. I mean, I think it's a great, because it is definitely not an if. But when and I think if you go back

to Kelly's point. I think one of the key takeaways is we need to drive data and cost quantification

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00:19:55.810 --> 00:20:21.610
David Callaway: which exists. But we need to put the rigor into it so that we can actually talk about this as a real, real risk. So those are those are great points. Appreciate it, Maureen, over to you. You give us all our stuff so that we can actually take care of patients. Bd major, major, both producer and supplier. Certainly for our system at advocate health, Bd is one of our major partners and and supply chain

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00:20:21.919 --> 00:20:34.920
David Callaway: and they're huge, you know, supply chains, a huge vulnerability for healthcare. We saw it in Covid. We saw it before. Covid with, you know, the disruptions in Puerto Rico, and then Hurricane Helene. How is Bd. Approaching climate related operational risk

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00:20:35.293 --> 00:20:40.526
David Callaway: to supply chain continuity. And and how are you working with health systems?

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00:20:41.532 --> 00:20:45.199
David Callaway: to to do this effectively, because it certainly can't be done in a vacuum.

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00:20:45.520 --> 00:21:12.530
Maureen Mazurek: Thanks, Dave, and really impressed by all of the comments by Kelly and Nathan, I couldn't agree more, and I took down some really great notes around energy security strategy. And I love this notion of a threat. Rich environment. I'm gonna Kelly. Take that and use that, and I'll give you credit for it. But at Bd right? We understand what our role is right. Our role is an enabler. All our role is to enable health systems

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00:21:12.530 --> 00:21:22.409
Maureen Mazurek: and our partners to be successful. And while we've been doing sustainability, related work for operationally, for, you know.

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00:21:22.440 --> 00:21:29.190
Maureen Mazurek: 1015 years, it really became crystallized for Bd

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00:21:29.350 --> 00:21:49.750

Maureen Mazurek: in September of 2027, and Dave mentioned it quickly, and I didn't even tell him I was going to use this example. But that was Hurricane Maria, and at Bd we have almost 80 different manufacturing and distribution centers around the world.

94
00:21:49.890 --> 00:22:11.229
Maureen Mazurek: About half of those are in North America, and 2 of those specifically are in Puerto Rico, and they were significantly impacted during hurricane Maria. And so we did all of the humanitarian work to support our associates who were impacted support the local community.

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00:22:11.230 --> 00:22:20.689
Maureen Mazurek: but we also knew we had a responsibility to you, our customers, to ensure resilient supply.

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00:22:20.940 --> 00:22:35.950
Maureen Mazurek: and so we had some things in place that helped us continue that continuity. We had safety stocks. We had components sitting in in different locations, but those sites were down for nearly 30 days.

97
00:22:35.960 --> 00:23:03.479
Maureen Mazurek: and we knew it was essential to provide critical to health devices, and we were able to do that because we had some some safety stocks in place. We relied on our suppliers, and we had set strong levels of safety stock there. But what we walked away from that with was a greater commitment in understanding the impacts of climate.

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00:23:03.900 --> 00:23:12.989
Maureen Mazurek: And so for our strategy, we really look at 3 areas to ensure that continuity and resilience.

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00:23:12.990 --> 00:23:34.610
Maureen Mazurek: First, st our manufacturing and distribution networks. So we try to provide locally where possible and have redundancies in our system. So not one DC with all one particular product, but spread out in case something is impacted. Secondly, we have redundancy in terms of manufacturing. Where possible.

100
00:23:35.135 --> 00:23:39.339
Maureen Mazurek: We do have a strategy around climate scenarios.

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00:23:39.340 --> 00:23:52.290

Maureen Mazurek: and this was a little bit of a newer exercise for us, because so much of the risk profile generally for businesses like Bd. Is in a 5 year time horizon.

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00:23:52.340 --> 00:24:09.890
Maureen Mazurek: and, as we all know climate is a much longer time horizon so convincing the organization to lengthen that horizon and consider climate as part of the enterprise. Risk strategy was key. We did the same thing with critical suppliers. So that's the second lever

103
00:24:10.080 --> 00:24:25.759
Maureen Mazurek: is our own supply chain we can manufacture. But if our suppliers can't get us the raw materials. Then we run into problems. So we've put on a predictive analytics tool on the front end to help understand our supplier risk and help our suppliers, mitigate those risks.

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00:24:26.250 --> 00:24:50.839
Maureen Mazurek: And then finally, in terms of the supplier piece we've gotten so good at operational excellence building in sustainability into everything that we do operationally. We're taking that same level of knowledge and skill and helping our key suppliers build that out as well. And oftentimes we talk to our customers that that's something that is important. And if you need expertise in that, we can, we can support.

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00:24:51.010 --> 00:25:14.250
Maureen Mazurek: And then, finally, I'll go back to what Dave said. We recognize no one. Entity can do this independently, that there are so many links in the chain and interconnectivities that we've stood up in 2021 a strategy called together, we advance, and that's our 2030 plus sustainability commitments. Those are embedded into the way we run our business

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00:25:14.350 --> 00:25:21.189
Maureen Mazurek: embedded into the way we make our products and embedded into the way that we approach our customers and our suppliers.

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00:25:21.580 --> 00:25:39.949
Maureen Mazurek: So those are the ways that we're going about really taking a catalyzing moment back in 2027, reflecting on it, strengthening our system and our supply chain to better serve you. The health systems that that rely on us every day.

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00:25:41.560 --> 00:25:48.133

David Callaway: Awesome. Thanks, Maria, appreciate it, and and also agree with this planetary health framing. So at advocate

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00:25:48.670 --> 00:26:16.102
David Callaway: we have sort of re we've repurposed our argument around sustainability and climate and all the different words into this planetary health framework which looks at climate change, environmental pollution and biodiversity loss. And both the impact that those have on human health, but also the impact that our healthcare delivery has on those 3 big buckets of work. And that's helped us going back to to Kelly's framing to actually look at the threats. Right? Because

110
00:26:16.630 --> 00:26:37.449
David Callaway: you know too often what we'd hear is people shut off the conversation because they would say, plastic pollution in the rivers isn't a climate issue. You're talking about climate change. And so I I think one framing it to being able to convey. What you're talking about and why it matters, and 3 to your point. What are the levers you can pull to impact change. So that's that's really great. Appreciate it.

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00:26:37.470 --> 00:26:57.420
David Callaway: All right, Nathan, I'm gonna come to you for for a question and for the audience, please feel free to populate questions in the QA. We're tracking all of that. And though we have a dedicated Q&A session at the end, this can be very dynamic. So if you have questions that are popping up, please please put them in the Q&A, and we'll get to them.

112
00:26:57.942 --> 00:27:17.710
David Callaway: So you you talked a little bit about the energy work. And and so this that may be the answer to this question. But what's 1 policy, one specific policy or practice that amplifies put in place, that both reduces emissions or or pollution, but all also strengthens operational continuity. For for your rural health system.

113
00:27:19.960 --> 00:27:25.619
Nathan Franklin: Yeah, I think it's been the evolution. I was thinking a little bit about this, David, when you're talking about.

114
00:27:25.790 --> 00:27:34.690
Nathan Franklin: you know how to advance this work for other organizations, especially if they're getting started. And you know, the 1st generation of our work

115

00:27:34.920 --> 00:27:41.249
Nathan Franklin: and sustainability was off-site, larger scale renewable

116
00:27:41.410 --> 00:27:44.000
Nathan Franklin: projects. You know, we have a couple of our own

117
00:27:44.400 --> 00:27:49.090
Nathan Franklin: wind farms which are kind of the backbone of that. But

118
00:27:49.250 --> 00:28:01.950
Nathan Franklin: in recent years we've evolved or moved towards net 0 type siting as we move into new facilities, revamp old facilities. And we have

119
00:28:02.540 --> 00:28:09.519
Nathan Franklin: hundreds of sites. You know, we have a dozen plus hospitals and 120, some odd

120
00:28:09.750 --> 00:28:25.639
Nathan Franklin: clinic and care sites, and as we build new ones or remodel old ones, the goal is to move those towards being net 0 facilities from a production standpoint which obviously also translate to a carbon footprint as well.

121
00:28:25.780 --> 00:28:38.639
Nathan Franklin: You know, that is, you know, I think, a policy that is part of taking our program to the next level. The large scale utility obviously set, the large scale projects offset a lot of energy use

122
00:28:39.190 --> 00:28:42.039
Nathan Franklin: really help drive revenue and savings.

123
00:28:42.140 --> 00:28:46.899
Nathan Franklin: And so it's a natural evolution of that to then go to having.

124
00:28:47.070 --> 00:29:02.780
Nathan Franklin: You know we have so many clinics across the rural Upper Midwest. And if we can make those sites self-contained one, it protects future costs for energy use. It also supports those communities

125

00:29:03.050 --> 00:29:15.610
Nathan Franklin: and puts on display. You know that we are working to save them. Patient dollars, you know, as energy costs increase. But also it's using that 1st generation

126
00:29:15.730 --> 00:29:20.350
Nathan Franklin: of the work that was done by the Gundersen health system prior to the merger

127
00:29:20.560 --> 00:29:27.999
Nathan Franklin: to build us into that next level, that next level of of evolution for our sustainability. So to me, I think that's the

128
00:29:28.640 --> 00:29:34.260
Nathan Franklin: the policy at this point. That's changing our taking us to the next level.

129
00:29:35.770 --> 00:29:51.819
David Callaway: Great appreciate it. And, Kelly, same question to you, what's an example of policy or practice that you, as emergency manager, are helping to ingrain into the the whole disaster cycle, right, the the mitigation and adaptation. That happens prior to the event.

130
00:29:53.420 --> 00:29:58.410
Kelly McKinney: So we have. You know, we were talking before about frameworks. We have.

131
00:30:00.030 --> 00:30:02.340
Kelly McKinney: You know. A couple of

132
00:30:02.570 --> 00:30:15.669
Kelly McKinney: big concepts for us are are blue sky and gray sky, blue sky being a normal, everyday non activation situation, gray sky being in the midst of a crisis where you're activated. And so

133
00:30:16.140 --> 00:30:20.309
Kelly McKinney: one of our frameworks is a is a 5 step process.

134
00:30:20.430 --> 00:30:35.819
Kelly McKinney: watch, size up, notify, activate, and operate, watch, size up, notify, activate, and operate. So we're always watching 24, 7.

We're watching locally. We're watching regionally, we're watching nationally.

135
00:30:36.120 --> 00:30:55.630
Kelly McKinney: And that allows us to be proactive in terms of those risks and threats that could potentially impact our ability to deliver patient care, research, and education. So an example is yesterday. And this isn't a climate job. But yesterday, with that active shooter right? We saw that

136
00:30:55.690 --> 00:31:23.139
Kelly McKinney: immediately, and we were able to activate and and push out some communication to all of our staff immediately about that threat. And so you can take that same model. And we talked about the flash flooding risk that's setting up for tomorrow. And then Thursday we meet as a team every every day every morning, and we huddle up.

137
00:31:23.140 --> 00:31:44.589
Kelly McKinney: and we do an extensive analysis of the potential for severe weather, and we don't take one forecast. We don't take the National Weather Service Forecast. We have a number of services. We have lots of models that we use ourselves, and we piece together the reasonable worst case scenario. Right? We're not interested in what people think

138
00:31:44.700 --> 00:31:58.149
Kelly McKinney: is going to happen. We want to know what could happen. What is the worst case scenario, and that becomes our our base case. That becomes what we think and act upon. And and you know we we say, and I

139
00:31:58.270 --> 00:32:25.179
Kelly McKinney: I wrote a piece that was in the Daily News this week about, you know, we believe that had that happened in the hill country in Texas, for instance, that the outcomes might have been different. Right? So our job is to be the professional warriors. We're the catastrophe. We're the ones that that activate so that everybody else doesn't act, have to activate for these threats. So so we don't believe people that tell us

140
00:32:25.180 --> 00:32:40.139
Kelly McKinney: that everything's going to be okay. We're pessimists, and we do that on behalf of everybody else. So everybody else can go about their day and not and not have to worry about every risk and threat that could potentially befall them. That's something that we take on board.

141
00:32:41.480 --> 00:32:57.520
David Callaway: I appreciate that. And you know, people used to call me a pessimist because I was in the same work. And I just said, I'm actually an angry optimist. So. But you, you set this up perfectly because so pivoting from the catastrophe? Right? So for some people and some systems

142
00:32:57.900 --> 00:33:19.039
David Callaway: articulating the catastrophe is very effective. But as we look to long term resilience strategies moving this into the here and now, and the regular business operations to build resilience. Maureen. I thought maybe I'd ask you a slightly different question, which is, what have you found to be either an underutilized or underappreciated

143
00:33:19.040 --> 00:33:37.649
David Callaway: tactic for integrating climate risk into your general risk mitigation strategy. And maybe you see it as either you have an example of something that's been very effective, or an example that you think health systems are not doing or suppliers are not doing now that they could do more effectively.

144
00:33:38.410 --> 00:34:06.610
Maureen Mazurek: You know, Dave, that's a great question, and I think there are a lot of things. If I had to pick one thing I would say that many of the things that I talked about a moment ago were about adaptation. Recognizing climate is real, we have to address it. This is an if it's when and preparing for it. So I think that's 1 piece of it. But the other piece of it is the mitigation piece. So how to think about.

145
00:34:06.610 --> 00:34:27.649
Maureen Mazurek: How do we lessen the burden? Lessen the impact? And that's something that over the past few years we've gotten a lot of discipline around in terms of not only operationally how we manufacture, but how we're thinking about creating new products.

146
00:34:27.679 --> 00:34:53.479
Maureen Mazurek: And so we call that design for sustainability. So that's like that next level of thinking is, how do we put less of a burden on an already emburdened planet? And how do we help our health systems have a lighter footprint. So I think that's the piece that is really getting, you know, ahead of things protecting for what's

147
00:34:53.480 --> 00:35:02.789

Maureen Mazurek: potentially going to happen. And then how do we try to try to bend the curve if you will, if everybody does their part in terms of bringing down their footprint.

148
00:35:04.060 --> 00:35:33.529
David Callaway: Yeah, I appreciate that. I'm going to pivot to one of our audience questions here because I love this question because it really invokes in me the angry optimist. So this from Chip, so give give me your best 30 second pitch that you would provide to a more skeptical c-suite or board that hasn't experienced a significant climate event and have responded to funding requests with a response such as X amount of money spent on. This is X amount of money we can't spend on patient bedside, patient care.

149
00:35:34.029 --> 00:35:44.259
David Callaway: I. I have heard this. I have several variations of the response depending upon to whom it's going. But would love to love to hear your perspective on that, and and maybe

150
00:35:44.770 --> 00:35:48.980
David Callaway: I'm gonna stall for 10 seconds while you think about it. And

151
00:35:49.170 --> 00:35:52.689
David Callaway: Kelly, why why don't you start? And then we'll go to Nathan. And then Maureen.

152
00:35:53.390 --> 00:36:05.092
Kelly McKinney: So we don't talk. We don't pitch, we, we show right? So we find that risk and threat, and we and we try to model it as as

153
00:36:06.300 --> 00:36:25.310
Kelly McKinney: in in an interesting way with, we, even, we even create videos around it. We create we, you know, we, we create a simulated operations, briefs and and news reports, and we throw we throw our stakeholders into that into that situation. So, for instance, we

154
00:36:25.310 --> 00:36:48.260
Kelly McKinney: so we have a major executive tabletop exercise every year, and last year it was a power outage that affected the entire Eastern seaboard, combined with a heat wave right. And there are studies that show that there's 1 study that showed that if that happened in Phoenix, for instance, and there was a 3 day power outage combined with a heat wave.

155
00:36:48.300 --> 00:37:11.429
Kelly McKinney: Half of the population could present to the emergency to emergency departments, and 13,000 people could die. So we model that scenario. We model hurricane scenarios, flash flood scenarios, and then we also model the human cause scenarios as well. But and out of those often the C-suite will say, you know, we need to invest in this, or we need to invest in that. And so that's our.

156
00:37:14.140 --> 00:37:15.190
David Callaway: Nathan.

157
00:37:19.250 --> 00:37:20.240
Nathan Franklin: Yeah, but

158
00:37:20.840 --> 00:37:27.759
Nathan Franklin: I would struggle with this a little bit like I mentioned at the top of the talk, you know, in the Upper midwest climate. Events have been

159
00:37:28.570 --> 00:37:31.560
Nathan Franklin: a relatively everyday thing for

160
00:37:32.230 --> 00:37:42.079
Nathan Franklin: ever really right like in through the winter. We have a climate event pretty much every week, whether it's a blizzard or sub 0 temperatures. Winter summers are

161
00:37:42.190 --> 00:38:00.020
Nathan Franklin: are accentuated by heat risks and thunderstorms, tornadoes all that sort of stuff. So I'll probably jump more to the funding side of it, and you know it's not to sound like a broken record, but similar to what Kelly said to show. You know, I guess I'd probably pop a couple charts up one showing

162
00:38:00.280 --> 00:38:08.670
Nathan Franklin: public payer reimbursement going like this, ongoing costs incurred from private payers through preauthorizations and things like that going like this?

163
00:38:08.930 --> 00:38:13.269

Nathan Franklin: And then just painting that picture of what would you be willing to spend today

164
00:38:13.720 --> 00:38:18.219
Nathan Franklin: to save? 6, 7, 8 million dollars a year 10 years from now.

165
00:38:18.750 --> 00:38:22.999
Nathan Franklin: And I, you know that's what our experience has been in this field.

166
00:38:23.170 --> 00:38:27.100
Nathan Franklin: And imagine what you would do with those dollars today

167
00:38:27.560 --> 00:38:33.887
Nathan Franklin: and what we what you know, looking back, looking ahead, you know, watching the trajectory of things.

168
00:38:34.410 --> 00:38:41.880
Nathan Franklin: What would you give to have those dollars 10 years from now, because we just the reality is, we know the cost of providing health care is going up

169
00:38:42.340 --> 00:38:56.269
Nathan Franklin: whether it's coming from climate risks or payer increased expenses or reimbursements, going down to serve our patients and serve our communities and keep those facilities open.

170
00:38:56.800 --> 00:39:02.040
Nathan Franklin: Rural spaces like ours. You know, those things become a priority.

171
00:39:03.050 --> 00:39:04.029
David Callaway: I appreciate it more.

172
00:39:04.030 --> 00:39:06.370
David Callaway: I mean, what would your argument be?

173
00:39:06.750 --> 00:39:19.239

Maureen Mazurek: Well, I try to stay out of these 30 second pitches. Right? That is like the worst possible situation you can get yourself into. Right. What I try to do is

174
00:39:19.240 --> 00:39:41.470
Maureen Mazurek: work regularly with my senior executives, who have to make those tough decisions, do a lot of education, do a lot of pre-selling, so that if I do have to make that 30 second pitch I've already got the support, and the the response I'm getting is, what else do you need? Not? A yes or a no binary right? But what else do you need?

175
00:39:41.470 --> 00:39:47.759
Maureen Mazurek: And so some of the ways that I do that are by meeting each senior executive

176
00:39:47.940 --> 00:40:10.539
Maureen Mazurek: with what's most important to that individual, you can tie anything back to climate risk to sustainability, because all of this is interconnected, whether it's cost, whether it's revenue, whether it's patient care and and better outcomes. There's always a way to tie it back to what they care about most so. For example.

177
00:40:10.730 --> 00:40:37.260
Maureen Mazurek: one of the things that's super important to us at Bd is what I call on stream time keeping our all of our facilities, whether it's an R&D facility, whether there's manufacturing facility, whether it's a whether it's a distribution center, keeping them up and running and and putting out the products needed. For you in healthcare. And so we've had some issues with the grid

178
00:40:37.260 --> 00:40:45.100
Maureen Mazurek: and brownouts or blackouts, right? And it's been a super big challenge, particularly in the summer months.

179
00:40:45.100 --> 00:41:10.090
Maureen Mazurek: And so the way I've positioned it is on stream time and site hardening. That gets me the investment I need in more green energy. It provides resiliency. It gets us to our net 0 targets. And it is a it's an insurance policy, right? So those are just some of the ways that I try to go about. I try not to get into that 30 second conversation, because I've already

180
00:41:10.090 --> 00:41:22.399

Maureen Mazurek: pre-sold in. I understand what those executives find important. I tie back to what we're trying to accomplish to achieve those endpoints. And then one specific example of on stream time.

181
00:41:23.560 --> 00:41:44.729
David Callaway: That's great. And and you know, I find this often as a straw man which is designed to to try to shut down the conversation. And so we use a similar approach to all of you, which I think is wonderful. You've highlighted. You have to understand your stakeholders. So understand. The influencers understand what they care about, have a conversation, and then link

182
00:41:45.157 --> 00:42:10.160
David Callaway: right. The whole climate resilience piece is so broad you can always find a link to what they want to do, whether it's efficiency of action, time in the or whatever it is, there's always a link there, and not being dogmatic. About which point you're you're working on. The other is, you know, again, just for me as ear, Doc, is this whole new language right? And so, Nathan, you talked about this this idea of like Npv. Like net present value. Right?

183
00:42:10.320 --> 00:42:20.359
David Callaway: I have buddies who have Mbas. But like, when you start talking about what is the value of a dollar invested now for the service and the and the value provides 5, 10 years down the road.

184
00:42:20.420 --> 00:42:45.280
David Callaway: you know, getting to understand that language is important, and we try to link it to quality and value. We say, look, we can provide higher quality care generating less waste and better value because we're reducing waste from the system, and that generates operational efficiency. A day offline in one of our hospitals results in X amount of money lost, but also X number of lives impacted. And then again, I'm going to start using this.

185
00:42:45.330 --> 00:42:51.990
David Callaway: This, you know, cyber analogy of like, it's not if. But but when I think that that's a great framing.

186
00:42:52.090 --> 00:43:02.390
Nathan Franklin: Yeah. And David, I want to call out. Maureen raised a good point about the grid and the impacts of the grid. Right? Because so many of what so much of what we can do is a portion of it

187

00:43:02.510 --> 00:43:17.960
Nathan Franklin: right? But at the end of the day we're part of the system right, and no hospital will ever be completely off the grid. When you talk about risk mitigation, you can have a net 0, but systems fail, and we can displace energy, but we can't wholly

188
00:43:18.080 --> 00:43:20.359
Nathan Franklin: produce our own, you know that is

189
00:43:20.680 --> 00:43:24.049
Nathan Franklin: our reality right now, and the impacts on the grid.

190
00:43:24.150 --> 00:43:52.019
Nathan Franklin: You know another pitch a reason to talk about this right from a resiliency standpoint, because artificial intelligence data centers and the pressure that's putting on the grid pressure that's putting on utility scale, energy to drive costs and the vulnerability. You know, the reality of the grid is, it is very exposed. It is a massive piece of technology that runs across every corner of the country. And when you talk about climate risks

191
00:43:52.130 --> 00:44:12.379
Nathan Franklin: and the I mean, every time a hurricane blows through and wipes out power poles. What does that do for a community? What does that do for the long term health of the community? I'm really glad Maureen raised that as an issue, because that's that is an under discussed part of this this conversation that needs, and it needs to be a part of it.

192
00:44:13.090 --> 00:44:14.130
David Callaway: Yeah. It's a great point.

193
00:44:14.430 --> 00:44:14.960
David Callaway: It.

194
00:44:14.960 --> 00:44:27.769
Maureen Mazurek: And you know what, Dave, I I was gonna jump in and say, you know, I tongue in cheek, said I try not to get into those 30 min 30 second pitch conversations. And I truly think that's that's the case. But what if

195
00:44:28.010 --> 00:44:53.080
Maureen Mazurek: we could start educating potential future healthcare leaders on this topic. So it's never that binary do I invest in this or

that? You know, Dave, with Advocate and Bd together, we're looking at that landscape. Of what do future healthcare leaders need in terms of knowledge and capabilities around climate? I don't know if you wanted to mention anything around that.

196
00:44:54.476 --> 00:45:08.120
David Callaway: Well, I mean, I think so. So. 2 things, one going, Kelly or Nathan to your point. I I think that and why I started this out with, it's a straw man. Argument is. There is a ton of stuff that we do in healthcare.

197
00:45:08.671 --> 00:45:11.970
David Callaway: That that would fail. The question of.

198
00:45:12.000 --> 00:45:27.179
David Callaway: would you rather invest in this or or patient care at the bedside? There's a ton of it. And so I think that one of the takeaway points. Here is the more data that we have on risk. And, Kelly, this is in your space. So predicting risk both of cats, rock event, but also

199
00:45:27.210 --> 00:45:47.079
David Callaway: brown out and and supply chain failures. What is the cost associated with that? Being able to have that data? To make a data informed conversations. Then you can start to say on the spectrum of investments. In order to to be mission ready, we need to do these things, and this is where we think the climate investment comes in because I agree, it's I mean.

200
00:45:47.370 --> 00:46:03.770
David Callaway: climate investment may not be the number one priority, but it certainly needs to be handled with rigor and be part of decision making for health system. And you know I appreciate, you know, advocate being so large and Bd being so large. But being in sort of different pieces of the health system.

201
00:46:03.810 --> 00:46:24.699
David Callaway: we need to come together, and the conversations we're having about, how do you, partner? To both strengthen supply chain, but also train future generations of biomedical engineers and clinicians and operators. To start having this framework of thinking about climate risk as they develop new products as they develop new processes. As we look at patient care. I mean.

202
00:46:25.180 --> 00:46:37.340

David Callaway: we, as the end user can try to drive some degree of market signal. But we really need partners on the the manufacturing, the supply and delivery side, you know, to come together so we can do it effectively.

203
00:46:38.398 --> 00:46:42.721
David Callaway: Alright, I'm gonna there are a couple of questions here. I wanna pop in

204
00:46:45.710 --> 00:46:48.790
David Callaway: Oh, so many good ones. Let's see.

205
00:46:53.110 --> 00:47:20.939
David Callaway: let's go with that. So, Jane Jane. This is, I think, a relatively straightforward question. But so question is what what data streams or frameworks are needed for healthcare professionals or health systems to address climate threat multipliers, so is there a gap in the date in our? Is there a gap in the data that exists? Is there a gap in our ability to integrate climate risk data into our operations? Or are we just in a position where our systems haven't actually prioritized the data.

206
00:47:22.890 --> 00:47:27.599
David Callaway: Be some good air, any of you? But maybe, Kelly, we'll we'll we'll kick off with you.

207
00:47:28.550 --> 00:47:34.790
Kelly McKinney: Well, you know I'm not a I'm not a data expert. I'm not an AI expert. I can tell you that from my experience.

208
00:47:35.340 --> 00:48:02.549
Kelly McKinney: You know, there's definitely an early warning data gap in terms of our ability to model these threats and their outcomes. I mean, we. You know, I've been a weather nerd now, for for you know, 20 plus years I mean the business I'm in forces that, and you know our ability to forecast and what the models are can can tell you in my mind is is

209
00:48:02.650 --> 00:48:21.620
Kelly McKinney: is they're becoming less predictive rather than more predictive. And I think it has to do with the variables that are widening in the models themselves. And so we just don't have an ability to say with certainty what the

210

00:48:21.670 --> 00:48:50.670
Kelly McKinney: 2025 Atlantic hurricane season is going to look like I mean there. There's lots of people that do it, and and every other year they turn around and go back to the Hurricane Conference and talked about why their forecast was such a miss. So the long range forecasting is not. It's not a you know, exact science these days. But for me, you know, we we continue to just assume that the worst case is going to happen, and and then we don't have to worry that much about.

211
00:48:51.670 --> 00:49:02.719
David Callaway: So, Nathan and and Maureen, I'm gonna go to you. I'm gonna reframe a little bit. Beyond extreme events data sets exist extreme heat air quality.

212
00:49:02.880 --> 00:49:12.969
David Callaway: Beyond that, like the freakish, not freakish, the increasingly frequent severe events. I I worked with one of our suppliers, and they showed me they have. They have

213
00:49:13.558 --> 00:49:33.100
David Callaway: heat heat maps for every single census tracking and zip code where they operate and the impact that they think that'll have on their ability to pay the bills, pay their electricity bills, but also for their vehicles to move, and their products, like length of product, survivability and warehouses, etc.

214
00:49:33.250 --> 00:49:40.289
David Callaway: as we build this into into operations, is it? We don't have the data or health systems just aren't accessing the data effectively.

215
00:49:43.480 --> 00:49:44.115
Nathan Franklin: Yes.

216
00:49:45.480 --> 00:49:46.210
David Callaway: Yeah.

217
00:49:46.240 --> 00:49:54.440
Nathan Franklin: I would say. You know, I think Kelly hit a lot of this on the head that the volatility that's happening in climate is

218
00:49:55.030 --> 00:49:57.389
Nathan Franklin: is going to make this really difficult, and I

219
00:49:58.130 --> 00:50:04.030
Nathan Franklin: I share the the person who asked the questions desire to want to know this information. You know I

220
00:50:04.140 --> 00:50:14.310
Nathan Franklin: I grew up on a farm in Central Wisconsin, and the old adage was the best way to know what the weather is going to be today is what it was yesterday, and the best way to know what tomorrow's is is what it is today.

221
00:50:15.165 --> 00:50:19.000
Nathan Franklin: There's a lot of truth in that. It's 1 of those edges. I think that holds up.

222
00:50:19.130 --> 00:50:28.089
Nathan Franklin: But that's not a predictive model right like that. That'll cover you for 3 days. But that's not going to tell you what next summer's gonna look like, and how much you want to budget for

223
00:50:28.240 --> 00:50:33.759
Nathan Franklin: air conditioning, electricity use and all that sort of thing. So

224
00:50:34.370 --> 00:50:41.060
Nathan Franklin: you know there's elements here the predictive models of it, you know some of the one of the risks I want to call out there

225
00:50:41.510 --> 00:50:55.360
Nathan Franklin: again. It's a little bit tangential. But you know we're losing weather service across the country. Local weather service cuts being made to national weather service. You know. These are not directly to health care. But at.

226
00:50:55.800 --> 00:51:04.260
Nathan Franklin: And it doesn't just impact our industry. But it impacts a lot of industries. And it's really hard, you know. Say, you're a smaller healthcare system.

227
00:51:04.630 --> 00:51:26.019
Nathan Franklin: So you're outside of in a more rural space. If your local weather station is now corporatized or become part of a

conglomerate, understand business models and all that, but that makes it harder for you just to know what the weather is realistically going to be in the near term, let alone the long term. So these are all things that we have to figure out and navigate.

228
00:51:27.880 --> 00:51:39.719
David Callaway: You're not, Nathan. I know people have the power to control the weather. I'll reach out to them, Maureen, last word, and then we're gonna finish up on one final takeaway question.

229
00:51:39.720 --> 00:51:47.689
Maureen Mazurek: Yeah, I'll be quick on this, because I think Kelly and Nathan hit the nail on the head. There's a lot of data out there, there's a lot of volatility right?

230
00:51:48.235 --> 00:52:01.669
Maureen Mazurek: That's the situation that we're in. I think I'm an eternal optimist, Dave, as you know, I am always the glass is half full, right? I think the opportunity is being better connected, right?

231
00:52:01.670 --> 00:52:26.089
Maureen Mazurek: Sharing information, working on the greatest risks together. So there's no reason why a health system and a device supplier, be it? Bd, be it, somebody else wouldn't share information and say, what are the 3 scenarios that we think are the greatest threat. And how do we de-risk that we do that kind of stuff on all kinds of other risks?

232
00:52:26.160 --> 00:52:40.111
Maureen Mazurek: In my opinion, climate fits perfectly into that type of model. Where you look at the scenarios, you say, what are the greatest likely risks, and then you de-risk them. And in this case, right?

233
00:52:40.930 --> 00:52:42.320
Maureen Mazurek: it impacts

234
00:52:42.460 --> 00:53:06.270
Maureen Mazurek: not only the device manufacturer, but the health system in sort of really profound ways, because it has patient implications, not only with quality of device provided, but patient coming into er as a result of of one of these catastrophic scenarios. Right? So I don't know why we aren't having bigger conversations about this topic collaboratively.

235

00:53:07.660 --> 00:53:10.831
David Callaway: Yeah, it's wonderful. And I I agree it needs it. It.

236
00:53:11.730 --> 00:53:32.618
David Callaway: right? Like, we need to approach this as much as we're purpose. Driven organizations. I think, continuing to address this from a a business standpoint and innovation standpoint, you know, a a future model standpoint are important. So all right, we're gonna to to close it out.

237
00:53:33.100 --> 00:53:41.890
David Callaway: we're gonna just ask you if if you could leave the attendees here with with one key takeaway to take back to their leadership team tomorrow.

238
00:53:41.980 --> 00:53:45.130
David Callaway: What would it be? And, Maureen, I'll start with you.

239
00:53:45.420 --> 00:53:50.409
Maureen Mazurek: Oh, great I have to have one just one, I would say, and the word.

240
00:53:50.410 --> 00:53:51.649
David Callaway: Give me a lot of it. Give me a lot of.

241
00:53:51.650 --> 00:54:18.780
Maureen Mazurek: Yeah, yeah, with a lot of campus. I think the word is. And it's not or it's not. They're not binary decisions. These are and decisions. The way I frame it with my senior leadership team. It's what we're talking about here is being a sustainable business. Don't talk about climate. Don't talk about resiliency. Don't talk about green energy. It's what is going to make us here for the next 50 years. Right? This is certainly a key piece of that. And so that's

242
00:54:19.100 --> 00:54:26.169
Maureen Mazurek: My message is that it's an and it's here to stay, and has to be framed in a sustainable business framework.

243
00:54:27.290 --> 00:54:28.660
David Callaway: Wonderful Nathan.

244
00:54:31.320 --> 00:54:47.270

Nathan Franklin: I would say, look for partnerships. That's been a huge part of the success of our sustainability programs. I'm willing to think of any of them that didn't involve a major partner. You know both of our wind sites. We have major partners on

245
00:54:47.817 --> 00:55:00.210
Nathan Franklin: you know, a lot of our future projects. You know, we have a biomass facility on our clinic. Those are partnerships with local family owned forestry companies that support

246
00:55:00.420 --> 00:55:03.110
Nathan Franklin: and are dependent upon us doing that

247
00:55:03.220 --> 00:55:18.060
Nathan Franklin: we couldn't exist without them. You know we're moving on. What we think is one of the 1st contained microgrids on a healthcare site at our largest clinic in our system that's a partnership with our utility. One of our

248
00:55:18.170 --> 00:55:36.879
Nathan Franklin: wind farms, also a partner with one of our utilities, you know, don't overlook the the possibilities that are there. You don't have to carry this alone. There are experts out there, and you know, major partnerships always help. I mean, we spun out part of our

249
00:55:37.220 --> 00:55:50.230
Nathan Franklin: consulting in anaeration to help health systems do this. And that's based on the fact that people are looking for partners. They're looking for guidance. They're looking for assistance, you know. Maureen's company does that?

250
00:55:50.480 --> 00:55:54.550
Nathan Franklin: And then you have local partners who are also talking about doing this

251
00:55:54.760 --> 00:56:00.769
Nathan Franklin: be in contact, you know, have people whose role it is to build those relationships because you don't know where they'll come from.

252
00:56:01.740 --> 00:56:05.520
David Callaway: That's great partnerships are Key and Kelly. Last word.

253

00:56:06.872 --> 00:56:09.547
Kelly McKinney: You know I would just say that.

254
00:56:10.180 --> 00:56:18.597
Kelly McKinney: If you're a leader in the past, you know you've you've your opinion of crises. Were that

255
00:56:19.090 --> 00:56:30.399
Kelly McKinney: you know, you know they're going to happen. But you've got a great team, and you're just going to roll up your sleeves and and you're going to get through it. And you know that was the opinion before Covid, and I think I think

256
00:56:30.400 --> 00:56:49.259
Kelly McKinney: it wasn't true then, and it's not true. Now, I think a lot of leaders walking around sort of in denial. Now, because of this, we're in this sort of poly crisis age, where it's just like all of the everything's hitting at once, from, you know, the geopolitical to the, to the climate risks to active shooters. And so, you know, they need.

257
00:56:49.360 --> 00:57:03.789
Kelly McKinney: They need the expertise that their crisis managers provide. And so, you know, they delegate they have this massive machine that they that they have built. You know you think about supply chain you think about.

258
00:57:03.790 --> 00:57:28.690
Kelly McKinney: You know the clinical side, and they have experts there that do that for them. But they don't leverage the expertise around crisis management. And they need to build that capability within the organizations because these crises are going to come and they're not ready. They delude themselves that they're just going to get through it when it's going to be nothing but pain and heartache. So they need to. They need to

259
00:57:28.690 --> 00:57:39.490
Kelly McKinney: embrace the future. This poly crisis world that we're in. But there are tools, and there are, there's expertise available. And they need to. They need to leverage that and partner with those

260
00:57:39.490 --> 00:57:42.500
Kelly McKinney: with with an individual within their organization that can do that for them.

261
00:57:43.530 --> 00:57:53.065
David Callaway: That's awesome. Well, thank you for the the comments. So, thanks to all the panelists for the great conversation, and thanks to to the audience for sticking with us and spending time with us today.

262
00:57:53.670 --> 00:58:18.820
David Callaway: this remains an all hands on deck moment for healthcare, and and what I took away from this group was, it's not if, but when it's not, or but and look for partnerships, and then I'll just add my leadership as a contact sport, and it requires action. So you all are leaders titles don't matter. Actions matter for leadership. And so I I appreciate everyone being here.

263
00:58:19.420 --> 00:58:25.120
David Callaway: the recording and slides and resources are for this session. We posted on the the Nam webpage

264
00:58:25.830 --> 00:58:29.909
David Callaway: and we have an upcoming series. Camilla, Camila, do you wanna

265
00:58:30.520 --> 00:58:33.859
David Callaway: add any additional administrative information as we wrap this up.

266
00:58:36.200 --> 00:58:36.980
Camila Anderson: Thanks, David.

267
00:58:36.980 --> 00:58:37.650
David Callaway: Justin, yeah.

268
00:58:37.943 --> 00:58:45.880
Camila Anderson: Everyone. Please feel free to scan the QR code and provide any feedback you have for today's webinar, and thank you all for joining us again today.

269
00:58:47.630 --> 00:58:49.139
David Callaway: Thank you. Everyone have a great day.