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Heather Schimmers Podcast – Episode 106

Ken Segel:
Listeners, welcome to another episode of Habitual Excellence. I'm Ken Segel, Chief Relationship Officer and Co-Founder of Value Capture. You know, it's a great privilege to be able to host this podcast where we get to hear from leaders who have been in the seat, who are in the seat. And who are using the principles of Habitual Excellence, operational excellence, organizational excellence to lead their organizations in ways that not only make great things happen, but make great things happen that are in corporate… that are in line with our deepest human values and our values for ourselves as leaders. And there is nobody… That epitome… that epitomizes that more in the people that have served under her or with her than Heather Schimmers. Heather, thank you so much for joining us on Habitual Excellence for this episode.

Heather Schimmers:
Oh, Ken, thank you. I feel like we should end it right there.

Ken Segel:
Yeah, well, we're not going to. We're not going to. For those of you who don't know, Heather is the president of Amplify Health, and if you are less familiar with Amplify, it is the, system that has grown between Bellin And Gundersen, and I hope I have everybody's attention now, because those who are paying attention to the actual outcome scores across health systems know that these are Two of our most distinguished health systems nationally in terms of clinical outcomes and population health focus, etc. So the coming together is really significant, and, Amplify has made Heather, head of operations for the whole thing, and that's just, of course, part of what she does. But there's a reason for that. You know, her very distinguished background with Ascension. And, a very special executive and nurse leader. And, Heather, will you start, by just sort of, Sharing a little bit about your career and your path to this moment as a leader.

Heather Schimmers:
Well, I would love to. Thank you for all of those kind words, and I am so proud to be with you today and just share a little glimpse into our world and, how we do some of our work, so… At the core of who I am is a nurse, so thank you for calling that out. I am a nurse, I will always be a nurse, and I am so incredibly proud to be part of the nursing profession. I have held so many different nursing roles, ranging… when I started my nursing career, believe it or not, that was way back when there were too many nurses to be had. I can't wrap my head around that today, but, so I started in a nursing home, which I absolutely loved, but it was heartbreaking for me, and I realized that I am such a relational human that it was really difficult, because none of my patients really ever left the nursing home, and that was very hard for me. So I knew that wasn't my lifelong journey, but then I ventured, dipped my toes into clinic work, into the hospital side of things. But I eventually found my absolute true

passion and love, in the operating room. The day I walked in there is the day I went. this is it. This is where science, my love of science, my love of human beings, watching teamwork at its absolute finest just all collided, and it was… it was kind of a magical moment for me. But I also realized in that moment how wise You have to be with your choices, not only the clinical choices that you make in an operating room, because one wrong move is devastating, but also how much A business lens matters in the operating.

Ken Segel:
Mmm.

Heather Schimmers:
You have to know. Why are you opening that product? And if you do open it and you don't use it, what's the impact to the organization? What's the impact to the patient? I mean, there was so much of that happening that I never really… I don't think a lot of people stopped and thought about. I was fascinated by that. So, I, I just realized at that… at that moment that… The business of healthcare was fascinating to me, because it does have such an impact, and you can't separate the two. There's a clinical component, and there's this business component, and they are so deeply intertwined, and they have to work so well together. So, I will tell you, though, I am not one that has ever chased a title. If you would have asked 25-year-old Heather in the operating room if this is where she'd be sitting today, I think she probably would have laughed at you, because… all she wanted was to do what she loved, take care of patients, and make, a little impact in somebody's life every single day, and I was really happy with that. But what I did realize I was doing is, chasing opportunities. I love to find where things could work a little better, or have we thought about this? And I think that's probably what people realized in me, and so I like to tell everybody I'm actually just a nurse who literally fell in love with the business of healthcare, and I think that has served me very well. So, I think, though, if you ask those around me, truly who I am, I am a wife to my incredible husband, Dave, and a mom to four absolutely exceptional, outstanding young adult humans, but I can't believe I had a little bit of Influence in how they're choosing to live their lives, and it's very fun to watch. I love Broadway, I love good wine, I love great shoes and clothes, and I, probably love a good dance party more than I should, so… but I do genuinely believe, with all of those things I just said, and my leadership style, that, Leadership truly starts with love, and the moment you forget about that is the moment I think, things start to go So, so… At the end of the day, I am a nurse. And I believe that people believe to feel cared for, whether they're patients, whether they're in your community, or the incredible group of leaders that I get to serve every single day.

Ken Segel:
Wow, okay. I am a nurse, and leadership starts with love. And, what more needs to be said, not to mention all those worlds that you balance and harmonize. Fantastic. Okay, well, you are here. Who better, really, to talk with us about this theme of How leaders are using a high-performance operating model, not only to bring the two systems together, but to sort of lead for results today and tomorrow, and in a way that sort of rhymes with love, if you will. So, Heather, can you share a little bit, you know, there's a lot of consolidation going on, there's a lot of leaders moving to new organizations. When did the bell go off for you and your peers that, absolutely critical to achieving the level of success and sustainability that

you expect of yourselves was going to be the development and deployment of a high operating model?

Heather Schimmers:
Yeah, I… I remember it so distinctly. So, I'll just start from the beginning, and I think when I… when I think back to those moments, I think we all understood that bringing together these two incredibly strong systems meant bringing together two very… I mean, they had systems and processes put in place that served them well for both organizations over 100 years legacy strong, right? Just beautiful work being done, but… It became apparent pretty early on that those two different ways of doing the work was not going to serve us well for the future. So, we really had to sit back and be very thoughtful about creating a future that made everyone understand it needed to be shared. It needed to be shared, so we no longer could do incredible work in two different, distinct regions. We had to come together as an enterprise to figure out how work was going to get done. So as we came together, we saw opportunities to learn from each other. Not as easy as you might think, right? If you come together with a merger, there was a… there was some resistance to that, and there still is today, and we're working through all of those things. I do think, you know, from the financial lens, the variation was adding cost. It was, adding extra resources that potentially we could… we didn't need. Our performance. we not only could learn from each other, but we could get better and stronger together, and that literally was the essence of the merger. We are stronger together, and let's show the world that we are, and we are actually starting to show some outcomes with that, which are really exciting. And then I think, ultimately, just creating a much better experience for our team members, for our patients, for every single person that walks through our door, and all the communities that we get the privilege to serve. So we had some big, big things to tackle that we had to figure out how to solve for. We knew that we couldn't make any of those decisions really separating into… or operating in two separate operating model functions. It just wasn't gonna work. So, the need be… behind all of this, we sat down and thought about, what do we need to do? We needed to have a shared way to lead. A shared way to solve the problems, a shared way to make really unsolved decisions, and a shared way, I think this is the most important one, a shared way to align our energy around the opportunities that would matter most for our future, and get everybody rolling the boat in the same direction. And… With the center of all of that being in our mission. We want to inspire people to live their best lives, and that's everybody around us. So that's a big responsibility, and we have that stamped, and show it to the world that that's what we're going to do. So, for me, it means not just building a system, but a system that truly is going to help all people live healthier, polar lives, and help our communities thrive. So that's our responsibility. I will tell you, we are absolutely learning as we go. This is a very fluid process, and I am not here to tell you today that it is perfect, because it is not. And we are hitting bumps in the road all the time. But the best part about this system is we're building it, we test it. And a lot of times we're laughing when we look back and think, oh my gosh. Actually, kind of, I was preparing to chat with you today, I went back into my emails and my PowerPoints, and this took us a long time to get up and running, and my very first, very rough draft of imagining what this operating model could possibly look like, I actually giggled at it when I looked at the PowerPoint, because it is… not even close to what it is today. So it's been iterated multiple times, and we continue every single time to do a debrief on how is it going, is it working, are we establishing what we need to establish in achieving the outcomes that we're setting up to achieve?

Ken Segel:
So, you know, trying to listen carefully, I've heard so many things. First of all, the realization of that there has to be a common way between two systems that actually had already realized that, but then they realized there had to be a combined common way. And, you know, very clear sort of guideposts about what it needed to be, you know, making decisions together, solving problems around what mattered most, you know, and those really clear, thought-through things. So, it sounds like you guys realize you really needed a leadership framework that was clear and agreed upon that you were working toward. And I also heard you talking about improving the system continuously, like, not just setting it and forgetting it. embedded in there. Can you describe a little bit more about, at this moment, and we understand it's not perfect, what is the high-performance operating system? What are its… you know, you've shared a little bit about what it's had to do in the realms it operates in, but what are its principles, what are its parts? Just describe it a little bit, so someone in your seat in another system that doesn't have one yet, or is maybe at 1.0, where you guys are running toward 2.0 can learn.

Heather Schimmers:
Yeah, I love that question, and I'm going to break it down as simply as I possibly can, and if you have any questions about any of that.

Ken Segel:
Sure.

Heather Schimmers:
Drop me and jump in, but, As simply as I can state it, the way I think about this is it truly is our shared way of doing work. So, everybody understands, this is how we get work done in our organization. It gives us just this common framework for, like, setting your direction, for measuring your progress, for solving your problems, and then we actually hold ourselves accountable to it. So… I think about, gosh, way back when, I have this incredible… first of all, everybody should have a thought partner. I have this incredible thought partner in our Chief Strategy and Innovation Officer, Bill Farrell. I call him a mad scientist. He is from outside of healthcare. He, is an entrepreneur at heart, and he challenges us every single day to say, why do you do it like that here? Why does healthcare think you have to do it like this? And he has been so… good for me, and literally, this high-performance operating model started with he and I. One whole side… one whole wall of his office is a whiteboard, and he, as I talk, I love working with him, because as I talk, he's drafting and drawing, and we do this exercise, we've done it so many times together, and that's kind of how this was born. So… we decided we have to start at the basics. You have to think about what are the basics, and so what are our types of work? And I love it, Ken, as you and I have kind of chatted ahead of time, you've used words that are, like, my… oh, this is what I talk about every single day. How do you define this work? You just said. One of your pieces of standard work is to hit the record button. You have to define it. What is your standard work? Right? How do… how do people know? Every single day, this is what you're expected to do, this is how you get it done, it is your responsibility to fix this, to keep it going, and we monitor that standard work with our quality management system. What is that? That is our daily huddle, that is our communication boards, that… All the do and improve work that just keeps happening every

single day, keeps the wheels moving. You've got to have that. Just get it done. You have to do this to get things right. That's standard work. So we constantly are asking people, is that your standard work, or is it maybe moving into another bucket of work? So we define. So, standard work, our next one is called operational priorities. That is when maybe your standard work is starting to hit some bumps, that you can't solve this within your function, and you're finding the need to pull some extra resources, and maybe these resources are a little bit more than what you have acknowledged in your shared accountability model, that You know, IT is a wonderful partner, and we will give you this much time and energy, but when your ass is feeding this, we gotta bump it up. We have to bump that up to an operational priority. So that really helps us meet our scorecard targets. So, people know we're not getting it done in our standard work, we gotta bump it up, and we have a process and a way to get things elevated up to operational priorities, resource that work, and then prioritize it against what I would say is some of our most important work, our strategic work. So, understanding operational priorities and standard work haunt our strategic work. So, our strategic work is really that identified What we have set are our enterprise or our regional, very long range, super high impact. This is what's going to set us ahead in our market. This is what we have to get done. And it will help us just align everybody to our… are aligned pools, so people need to understand that. So that's where we started. Now, you've got these defined work types. What do you do with them? We needed a governance process. We needed a process to figure out, how do you manage all these types of work? How do you make sure people are staying within the boundaries of what we've defined? And, you know, in both regions, I think there was a very different way of handling all three of those types of work, and they weren't clearly defined. So we needed to start the strategic planning. And we really have worked hard to make sure people understand It's an amazing initiative, but it's not for everybody. And not everybody should come into a strategic planning conversation with growth initiatives. It doesn't make a lot of sense. So we worked hard to talk about efficiency and what are you going to gain to be the best operationally functioning department that you can be, but please don't grow. please don't grow, it's actually not great for us. Don't do that. So this mindset shift has been very fun. Interesting. Yeah, it's been interesting to work with leaders who success has always been, I'm going to increase volume in visit types in my budget. Well, can you imagine the shock, having someone like me come in and say, oh, no, you're not? Nope, nope, we're not going to do that. But what you are going to do is change your care model to become super efficient so that we can treat those patients that you're currently treating in the most impactful, cost-effective, highly, high-quality way. So doing all of that, that just helps. So we really started building this model around just clarity, this kind of cadence. Like, we have a cadence. It's like clockwork, how we get things done, it's timed, it's figured out, we have regular, time slots set on. You get this resource for this amount of time. So, what does that mean? You better really identify your execution model. How are you going to get things done? Is this a project? Is it your typical waterfall project? Great. If that's how that works, perfect. Maybe it's Agile. Maybe we need to do daily sprints. Maybe we need to do bi-weekly sprints, you know, whatever it is. We allow the autonomy to the leaders to figure out how you're going to get that done, but what we do expect is you come forward with your outcome. What are you going to achieve? I don't care how you achieve it, just tell us what you're gonna achieve, and then that's where the autonomy comes into play, and people can march and just go and get it accomplished, which has been really fun to watch. And I think at the end of the day, making sure that everybody is so grounded in the purpose and why we're doing this. So for

us, I just keep reminding everyone, we have a lot of people in our communities that want our services. So we need to make sure our access is solid. We need to make sure our outcomes are exceptional, that they are the best they possibly can be. And… The thing I love about this healthcare organization, and actually what drew me here, is our innovation arm. we are innovative, and we are, very comfortable taking some risks in areas that perhaps others wouldn't, that try it. And if you fail, we're gonna be okay, we're gonna be okay, we will pick up, we will try something different. So, it is, Just understanding, that's our purpose, that's what has to keep us grounded. I think compassion at the core of all of that is super, super important, but I think that when you think about the high-performance operating model. It really is built around strategy. outcomes. and execution. How are you going to get it done? So those are the three things we constantly are talking about.

Ken Segel:
And it's interesting to me, you know, because I was listening with… you can't just snap your fingers and have it, so where did you start, and on what, and why, and, you know, where are leaders' minds? You know, strategy, outcomes? you know, execution effectively, especially in times that are so challenging as now. It's great. And I also heard you teaching within there, right? It's not going to be exactly the same, sort of. thought frame, if you will, that we might have always had. So, you set to work teaching. So… I'm gonna ask you… I want to lead into talking more about the leader's role to make it really come alive and sing, and I think… but I want to lead into that by asking you a question. We… most of us have been in health systems around them that… kind of have a way they do things, et cetera, but it's more just the same stuff in a different flavor, and you know, it's not really alive, so what… what would you say, at least in what you're moving toward, but I suspect it already has a lot of elements of it, what sets apart a high-performance operating system that really is alive and vibrant, and that you're shooting for, versus those other ones? What's the difference?

Heather Schimmers:
Hmm. I think… Gosh, people laugh, you're gonna laugh, because you're gonna hear this word coming out of my mouth all the time. It's this outcome obsession. And I truly believe that when you start Your work, understanding very clearly What you want the end to be. That's what the high-performance Operating Model helps us develop. So… when we have all these ideas, right? We've got all this technology, we've got all the fancy stuff that you've entered all into, and then we have this process that you… right? We've got all that, but actually asking the folks in this work that you are telling us is so important and is going to help us move this organization. Clearly define what that means. And guess what? We're gonna look at that and go, Awesome. That is awesome work. Let's figure out now what resources do you need? And we literally will designate FTE people to those projects to get it done, and then we hold people accountable to that, and that's very different than what I've experienced in my career so far. So I would say that's probably the part that, it's hard, it's expensive, it is a risk. you have a lot of FTE that you are putting towards this work that many people will say, like, maybe we could reduce here, and it takes strong leadership to say, nope, we are not, because in four years, we may not feel it right this minute, but in four years, we are going to. And we now have all sorts of evidence of that coming to life, and it's been… really fun to watch. So, I think it's that risk tolerance of our leadership team to be able to say. this is gonna hurt for a little bit, this is gonna feel a little painful, but we know,

we can see that coming out now, and I… I mean, I have some very concrete examples of… of where that's happening. So, good stuff, good stuff coming the way.

Ken Segel:
You know, Heather, as I listen to you talk, again, some of the most accomplished, proven leaders across mass scale that I've listened to that have really had the commitment to put these systems in place, I hear from you both the rigor of focusing on the right thing with the right frame, and then the willingness to take risk and show faith kind of coming together. And you've mentioned this, willing to take risk. willing to commit resources, etc. But it's not just because you're good people and you want to be able to do it, it's tied to what are we coming together here to achieve together, and asking people to be very rigorous in their thinking and to develop their thinking. So, I don't know if I'm getting that right, but it's this balanced, unlocking, if you will.

Heather Schimmers:
Yeah, that's exactly what it is. I just had a fascinating conversation with one of our clinicians that said. very bold and honest, and he came to me, and he said, I'm hearing lots of talk that people are getting confused about the high-performance operating model, and how to get things in there, and how to… and I'm like, thank you, thank you for telling me that, thank you for being honest. And I said, so… Here's where I'm at with that, though, today. This is different. It's a different way to think, and I have challenged our leaders If it's not super clear to you, I'm gonna invite you to block some time on your calendar, and please study it, because it is different, and there is a change component to this, and it might feel a little uncomfortable, and you know what? Your idea Might be brilliant. but might not be brilliant for today. And we have… we have had to say no to some things that weren't being said no to in the past, but we weren't achieving those outcomes. So that is frustration. So I think, you know, that's hard. Those are hard conversations to have, because everybody's got incredible ideas, and everybody's got such passion. You don't go into healthcare if you don't have passion for caring for the human that, at the end of the day, we're impacting. But being logical and sensible about what can you actually get done Why is this the most important thing right now? And getting your team right, our team of over 16,000 people, if we can get them rallied around that, holy cow, that is like a freight train moving down the tracks, and it's… it's fun to watch.

Ken Segel:
Awesome.

Heather Schimmers:
That's the difference.

Ken Segel:
That's exciting. Okay, if that's the difference, let's get into, the leader's role, because these systems are really dependent on that 16,000-person freight train, or the equivalent, or wherever you, but that doesn't happen without the leaders playing a very… Significant, special, committed, dedicated role, and… Can you talk a little bit about… I guess it's part of your… it ends up being expressed in your standard work, but what is your frame about… the things only I can do, only I and my colleagues at the very top of the C-suite, if we… If we do

this, great things will result, and this model will produce what it can for the people of the community. And if we don't, it won't. What are the… what is the leader's most essential roles here?

Heather Schimmers:
Again, I'm gonna make it so simple, and it probably… I mean, those leaders that do this every day are probably gonna laugh at me listening to this, but I do think this is it. Clarity. Be clear. Make sure people understand. be consistent Hold people accountable to the consistency that you've developed within the model. And trust them. Trust those teams to go and get that work done. So I think that is truly, in developing a high-performance operating model, the leader's most critical role. You've got to be clear, you have to be consistent, and you have to have some trust, because you're giving people autonomy to achieve those outcomes that you have said, check, yes, that is important. So I think that's… that's awesome. But then, when I think about our whole leadership team. Everybody has to understand what matters most, and why does it matter most. Everybody needs to be marching in the same direction, and You might walk into the conversation not fully agreeing with that, but you darn well are going to walk out agreeing with it. So we make sure we are in solidarity around those decisions. It might not be your favorite project, it might not be your passion project, but you agree that this is why, and I understand why this is best for the organization and the people we serve. So, being so clear about those things, matters, and that takes a lot of work. That takes a lot of work and energy, but we're getting better and better about that.

Ken Segel:
Well, talk about that work and energy, you know, so… so, how do you sort of make that happen? So, again, I love it. It's a brilliant, clear, simple, you can keep it in mind as you go through your day. it's not so complicated that you can't connect the whole leadership team and others around it, but how do you make it real? What's going to happen in the rest of your day here? How are you going to make the people on the front lines begin to believe it?

Heather Schimmers:
Yeah, I… when I think… when I'm starting to feel like I'm not being effective in my role, I can sit back and say. Gosh, I didn't remove any barriers for the most important people that are touching our patients today. That's a problem. I should be constantly removing those barriers. What's the problem? Why can't we get that done? I'm on it. I've got it. Let me help figure that out. That's, I think, my job, because the moment that I think that I am the person that has the brilliant ideas is the moment I need to be removed, because I'm not. I absolutely am not. But I have the means and some of the power to be able to help them navigate territories that they're just unfamiliar with, so I think that's huge. I also have to listen, right? We have to listen to our frontline staff. They… they get it. They know. They are telling us every single day. What are you experiencing? What would make this feel better? And then use the vision of all of those comments and those statements to be able to formulate a plan, say, I think this is what you're saying, is that right? And just this continual back and forth about Am I hearing you right? Is this really what the biggest pebble in your shoe is? Or, oh my gosh, this has turned into a boulder in your shoe, and we have to figure out how to work that through. And then I think, just, I have to make sure that people have the information seven different ways, 7 different times, which is not easy, right, today,

especially in healthcare. I think, you know, I'm sitting, staring at our hospital right now, and the emergency room is right in front of me, and I often will ground myself as I'm looking out at this view, thinking, is that emergency room doctor gonna see that email? I bet not, because they just saw hundreds of patients today. Like, there's no way he's checking his email for a message from Heather. I am pretty sure about that. So how am I going to get those messages pressed to make sure they get it, they understand the why, and understand the direction we're moving? I am far from perfect at that. We are continuing to evolve and think of new and important ways to do it, but It's getting there, every single day.

Ken Segel:
That's great. I think we're beginning to imagine you in motion, using your framework here, etc. Can you share a few stories? You know, you strike me also as a leader that thinks about, again, teaching and development people and using every bump, you know, to learn from, etc, yourself first, you know, we hear your humility. Can you give us some examples of… you know, connecting up and down the organization, teaching in the sweet suite with examples from the front line, helping the frontline, you know, connect to the business case in the way you did as a 25-year-old nurse. You know, tell us some teaching moments, you know, that have struck you recently, or maybe ones that you've learned from.

Heather Schimmers:
Well, I'm gonna give you an example of… one that went through our high-performance operating model, and just means so much to me, because, like, you know I am a nurse at heart, and so when when I first joined the organization, I joined in the Gundersen region before the merge, and you know, I was… this is… right in the middle of COVID, like, who does that except Heather Schimmers when I did it, and I'm so glad that I did it, because I got to experience walking side-by-side with these folks, like. what is the problem here? What are we really facing with nursing? Because, right, our turnover rate, just like everybody in the country, was going through the roof, we couldn't hire, we were having all these locums coming in, and it just was not working, not working. So I started doing some digging, and I was watching these nurses that care so much about the time that they get to spend with the patients at the bedside. And then I kept thinking. will look at what we're asking them to do. With all the regulatory requirements and our electronic health record that's supposed to save the world that isn't, right? But it's a required piece, we've got to figure out how to use it and use it wisely. So I started investigating. Is there an opportunity to use virtual nursing in a way that others haven't used it? Because you'll hear all the… all the reports that people are moving away from virtual nursing because it didn't help decrease the nursing workforce.

Ken Segel:
Right.

Heather Schimmers:
That is not what we've set forward as our outcome to have with this virtual nursing platform. So, I sat my CNO down, and we really had this great conversation about Okay, I have an idea. I don't know if it's possible, but let's use it. Let's figure out how we can make this Not be an extra financial burden on the organization, but rather tie the outcomes to nursing retention, to quality outcomes, to safety outcomes, all the things And, oh, by the way, I bet we can educate our patients better. I bet our readmissions would go down. I just

have this hunch. Do you think that's possible? Do you think we could do it? Well, when you work with incredible nursing leaders like I get the privilege to do, they grabbed this, they put it through the high-performance operating model, we actually That was right pre-merger. As we merged, we made that one of our first enterprise initiatives, because nursing was struggling across the board. I am so pleased to tell you we are in year… we're entering year four of our strategic plan now, where virtual nursing will continue to stay on our strategic plan, and just keeps getting better every single year. We have some of the the highest nursing retention rates in the country. In the Gundersen region this year, the first time I've ever experienced in my I'm not even going to say how long I've been a nurse, but we had more med-surg applicants than we did physicians. I've never experienced that in my entire career as a nurse in.

Ken Segel:
Wow.

Heather Schimmers:
Fascinating. It's working, it is reducing that administrative burden from the bedside nurse. We did not reduce a single nursing position because of this, but I'll tell you what we have done. We've reduced readmissions. we have… decreased falls. We have increased nurse satisfaction. All the things we set forward to do are coming to life, and we're just chipping away at it, and we're going to fully optimize this tool. That's the other thing we do in healthcare all the time, we buy these solutions. For problems, and we use a tiny, tiny, tiny little bit of the solution. So I said, if we're bringing this in, we are going to fully utilize this tool. It has ambient AI features that will help detect a fall before it ever happens, so now this year we're going to work on turning that on, making sure that our rooms are equipped appropriately. So it's just been really, really fun to watch this come to life, and to just watch our nurses the… when it first went live, I'll never forget, I went and talked to a nurse on the floor, and we use our own nurses to monitor these patients, and we make sure they do both. They do both virtual nursing and bedside nursing, because I think the second you walk away from the bedside, you just lose a little bit of why this all matters. And I had a nurse that looked at me, and she got teary-eyed, and she said. I actually had mine. I have time today to talk about Netflix.

Ken Segel:
Yeah.

Heather Schimmers:
Oh, done. We did it. Yeah. So, pretty disappointing.

Ken Segel:
Pretty profound. We… you know, we could all shed a tear. It is amazing how much time we take from them by not thinking critically about the flows, and how to remove the barriers with them, and empower them, and support them, and… what it means to just be able to do their jobs and succeed in what they set out to do, and why they're in healthcare. So, that's beautiful. Let me ask a follow-up question on that, though. So a lot of places have successes, and people fall in love with the, well, that was… that was that project, or that was virtual nursing. You've said they put it through the high-performance operating model. How do you

remind people that it's the way we're doing this that is leading to this success, if that's a clear question?

Heather Schimmers:
Yeah, that is a very clear question. I, we're getting better at that, with communicating Exactly why we got the outcome we got. And… You know, part of that is helping to validate and justify, hey, when… when we pull you out of your regular day-to-day position to put you on this strategic priority. you can't get pulled back, and that all the temptation is strong, right? People are constantly pulling, hey, I just need you for a little bit over here.

Ken Segel:
Yeah, yep, yep, yep.

Heather Schimmers:
Nope, nope, nope, we can't do that, let's make sure we're staying, staying focused. So I think, helping remind people This is how we get work done, and when we do it well, watch what happens. Like, look what happens. And the pride, like, to watch the pride in these teams that are accomplishing some incredible work. Another thing we went after just recently was, increasing our script capture, and with our pharmacies, with our prescriptions. Yeah. It was bad. It was bad. And we did the math, and we were like, hold on a second, we have some opportunity here, let's really think about this. To watch that improve by over 20 percentile points. To watch the team that did that work take… and every time we talk about it, guess who gets the credit? These are the people that make this happen. I mean, you turn that spotlight right on those people, and it's… they shine, and it's really fun to watch that, and it's happening more and more and more in our organization.

Ken Segel:
Fantastic, fantastic. All right, so, I think, you may have some more applications after… after leaders watch this. They're going to want to come work for Amplify and for you, but, you know, let's start… let's start to, you know, a great high-performance operating model makes a lot possible. And, you know, one of the things, again, as I listen to you, Heather, you know, there's a lot of deep worry in a lot of leaders about the cuts that have already happened, the cuts that are coming. after the election, the general increase in complexity and challenge, of course, opportunity as well. But your dominant tone is an optimistic one, I hear it. And I suspect it's rooted in the operating system, in part. As well as your nature, and Recognizing the power of leading from where you do. But let's talk about that attitude, and what that attitude of, I don't know if it's abundance, optimism, etc, but where is Amplify going? You know, what are the opportunities you guys are chasing that you're public about, and what's the role of the operating system?

Heather Schimmers:
Hmm, well, first of all, you are so right, the name of pressures, because they are real. And we feel them, too. Everybody does. It is… it is a daily game that we just wait, like. Everybody's feeling them. I… You know, healthcare is in a state of flux, and it… it… could… change my perspective easily if I let it, but I'm not gonna let it, because I believe so firmly that We are here for all the right reasons, and we… Clearly, let me… let me just shine the light on… the amount of patients that are depending on us every single day. That's never

going to stop. That's never… people need us. So, we can listen to all this. If you let that penetrate, we're gonna be done. We can't let that happen. So, I, I believe in leading with joy, and leading with love, and making sure that people know you are doing the exact right thing at the exact right time, but I do think this operating model has really, really helped us. To stay steady, to stay focused, to stay super disciplined, but we also now have this ability to pivot, and we can pivot fast, which is… awesome, because that didn't used to happen, so… when you think you're getting money from the state that you plan on having, and that gets ganked out from underneath you, you gotta… you gotta move quickly and figure that out. I was so incredibly impressed to watch how our organization came together, pivoted on a dime, and shift it, and we made up the gap in 3 months. Like, we have the ability to do really hard work, and to make this happen. So I think… the environment, I… when you really think about it. Can't really think of a time that I worked in healthcare that it's been There hasn't been some headwind. they are strong right now, there is no doubt about that, but I think the way we get to control those external factors is just by staying super creative, staying so disciplined, and being bold and brave. Like. I am not afraid. To sit in our executive team with the rest of my incredible peers and challenge us to push pause. I know this is important, I know we need to get this done, but we can't do it right now, because this just got elevated, and we've got to… we gotta zoom in and focus here. So we're getting really good at that, and it's not easy, we have to make some really hard, difficult decisions. But… but that's our practice, and I think that's keeping us… keeping us centered, keeping us focused. And… build an executive team that trusts each other, because it is pretty magical when that happens. We can lean on each other in a way that I have really never.

Ken Segel:
Wow, fantastic. And again, I think it gives all of us energy to hear a healthcare leader, you know, speaking from joy, speaking from optimism, saying, you know, we could let the environment get to us, but if we do, all those people depending on us, you know, will be… serve less well, and I know I take a lot of energy from it. That's great. Heather, I'd be remiss, as we get toward the end of our time together, to not ask, you know, Bellin. Gundersen… You know, you guys were doing population health before the label got attached to, you know, payment formulas and things like that. And a lot of people, you know, I'm a… I don't know if I'm cynical at this point, but there was a lot of rhetoric, there were a lot of careers created, but not a lot of people moving at scale. Even at this challenging time, are you guys keeping a focus on Better serving the populations you serve, you know, with their outcomes and their health status, you know, even with all the challenges today?

Heather Schimmers:
So, you've heard me talk about our goals for our organization, and we have… one of our goals is truly to measure that the people in our communities are living their best lives. Are they truly saying that we have an impact in helping them live their best life? So, yes, population health outcomes remain incredibly central to who we are and what we do. We have an outstanding population health leader, Andrea Werner, who is involved and engaged and has the biggest heart for this work that I ever, ever experienced. I'd love to give you a real-life example, again, of how we use the high performance operating model to bring something to life. So. right now. It just opened, and it was so fun to watch this happen, but we started a brand new lifestyle medicine clinic in the La Crosse region. The Bellin region has one. We are watching. We actually set up a different model, so we're going to compare

and contrast the two models and see Which one is getting the most effective outcomes? Are we truly moving the community towards a healthier lifestyle? So we got this moved through. It is focusing on optimal nutrition, physical activity, restorative sleep, right? All the pillars, the six pillars of lifestyle medicine. The key to this? We're not making a penny.

Ken Segel:
Right.

Heather Schimmers:
Actually, probably gonna lose some money off of this clinic in the first few years, but the mindset, again, is… Being open and willing to take that risk on the front end. to make these tough decisions, to say, this is going to make sense, because we've been here for over 100 years. We have to make choices today that are going to keep us here for another 100 years. I think the most responsible thing we can do is to get our communities healthy on the front end, so they actually don't need those high-end services, that they're not utilizing the emergency room as often as they are today. Let's get them healthy, let's make sure we're giving them the resources and the time and energy that they need around that, so… It is happening that Lifestyle Medicine Clinic just opened a couple weeks ago. We actually had to close the, enrollment, because it filled up in a matter of two weeks.

Ken Segel:
Wow.

Heather Schimmers:
full enrollment, so that's how much our communities are longing for this. They want… they want this work, and it's our responsibility, I think, as a health system to offer it, and we are not backing away from that. But it's hard. It is hard work.

Ken Segel:
Amazing. Amazing. And so, again, so encouraging. I, your, your, your spirit of leadership is working on me, Heather, so… A closing question to you, you know, the way you started was so striking to me. You know, a nurse in the operating room, you know, a nurse first and foremost, well, for those young nurses in their 20s in the operating room today, you know, or any other discipline. What would you say to them about leadership, and the privilege of leadership, and as they think about their experiences, why they might embrace a similar path to you, and what should they keep in mind as they go on their journey?

Heather Schimmers:
Oh, thank you for asking me that question. So, first of all, I still picture myself as that 20-year-old in the operating room. I absolutely do. I remember that feeling every single day, so I don't ever want to take that for granted, and it's… so fun in my own personal life right now. I have a son who is in med school, And he's going to be a general surgeon, and he is spending a ton of time in the operating room, and we get to share these stories, and I get to challenge him to think about things in different ways, so there are still all these 20-year-olds in the operating room that want to make an impact on our healthcare, and so that's so fun for me, but here's what I would tell you. I would tell you to say yes. There is so much… Right now, about, you know, the pressures and your work-life balance and all of the things, but if

you are so passionate about what you do. well, first of all, find what you're passionate about. Find what that is, because then it doesn't feel… Like, extra work, and it doesn't feel like you're getting a burden of things piled on you. You are actually living out your passion, and pretty soon, what has happened for me is you can't separate the two. I can't separate my work life from my personal life because it's who I am. It's just part of who I am, and I have so much admiration for people around me that… just exude that passion and the love for what they do. I can tell people that don't have it. But I can sure feel the people that do, and those are the… those are the difference makers in this world. So, find that passion, and then say yes. Say yes, get uncomfortable. I'll never forget. One of my most favorite leaders of all time came to me one day. I was… I've been in the OR now for years, years, and he said, Heather, I need your help. I have an opportunity for you. I'm going to ask you to take on another clinical department, and I'd like you to run OB. And I looked at him, my eyes must have popped out of my head. I was like, oh, no, no, no, no, I do not… I don't know anything about that. But I went home, I thought about it, and I was like, yes, I'm gonna do it. Well, eventually, that blossomed into more, more departments, more departments. This longing to understand, this helps me understand even more about how our health system works, so… You know, the other piece of that? And I challenge people today, all the time, even my peers, even my friends. If you see a problem, please don't just come tell me about it, but own it. Like, don't wait for someone else to solve that problem. It's now yours. You named it, you identified it, it's now yours. So I have expectations with people to solve it, and those are the people I've watched this. Every single day, those people that are coming to me with solutions are, well, some of my most favorite people to work with, so… I just… just keep going. Don't get discouraged. Don't listen to all this rhetoric about healthcare, and where it's going, and… and how broken it is, because that's on us. Like, let's show them it's not. Show them it's not. Show them what we can do.

Ken Segel:
I love it. I love it. Okay, Heather? I… I think it's fair to say, there's a reason Amplify found you and has put you in the position you are, with their distinguished history of 100 years, and I know I certainly am pretty excited about the next 100 with the pattern that you're setting, and your focus on the high-performance operating model, and you're keeping it rooted in the people you serve, and the people doing that work, and those 20-year-olds in operating rooms and ambulatory clinics. And the services of tomorrow, everywhere around us. Thank you for joining us, and for… And, listeners, you know, you know, please like this, you know, subscribe to the podcast. you'll be able to, you know, learn from Heather and many of her peers long into the future. So, again, thank you, Heather.

Heather Schimmers:
Thank you, Ken. Happy to share the story. Thanks so much.