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The University of Vermont Health Network FY 2017 Budget

Green Mountain Care Board

August 17, 2016

THE
University of Vermont
HEALTH NETWORK

Overview

- Introductions
- The transformation to population health management
- FY 2017 budget and financial performance
- GMCB questions
- Capital budget
- Our budget is our blueprint
- Questions

Introductions

- **UVM Health Network**
 - John R. Brumsted, MD, President & CEO, UVM Health Network and CEO, UVM Medical Center
- **Finance teams**
 - Todd Keating, CFO, UVM Health Network
 - Rick Vincent, CFO, UVM Medical Center and UVM Medical Group
 - Cheyenne Holland, CFO, Central Vermont Medical Center
 - Marc Stanislas, Director of Finance, UVM Health Network
- **UVM Health Network hospitals in Vermont**
 - Judy Tartaglia, CEO, Central Vermont Medical Center
 - Eileen Whalen, President and COO, UVM Medical Center
 - Philip Brown, DO, Vice President, Medical Affairs, CVMC
 - Stephen M. Leffler, MD, CMO, UVM Medical Center

Mission and Vision

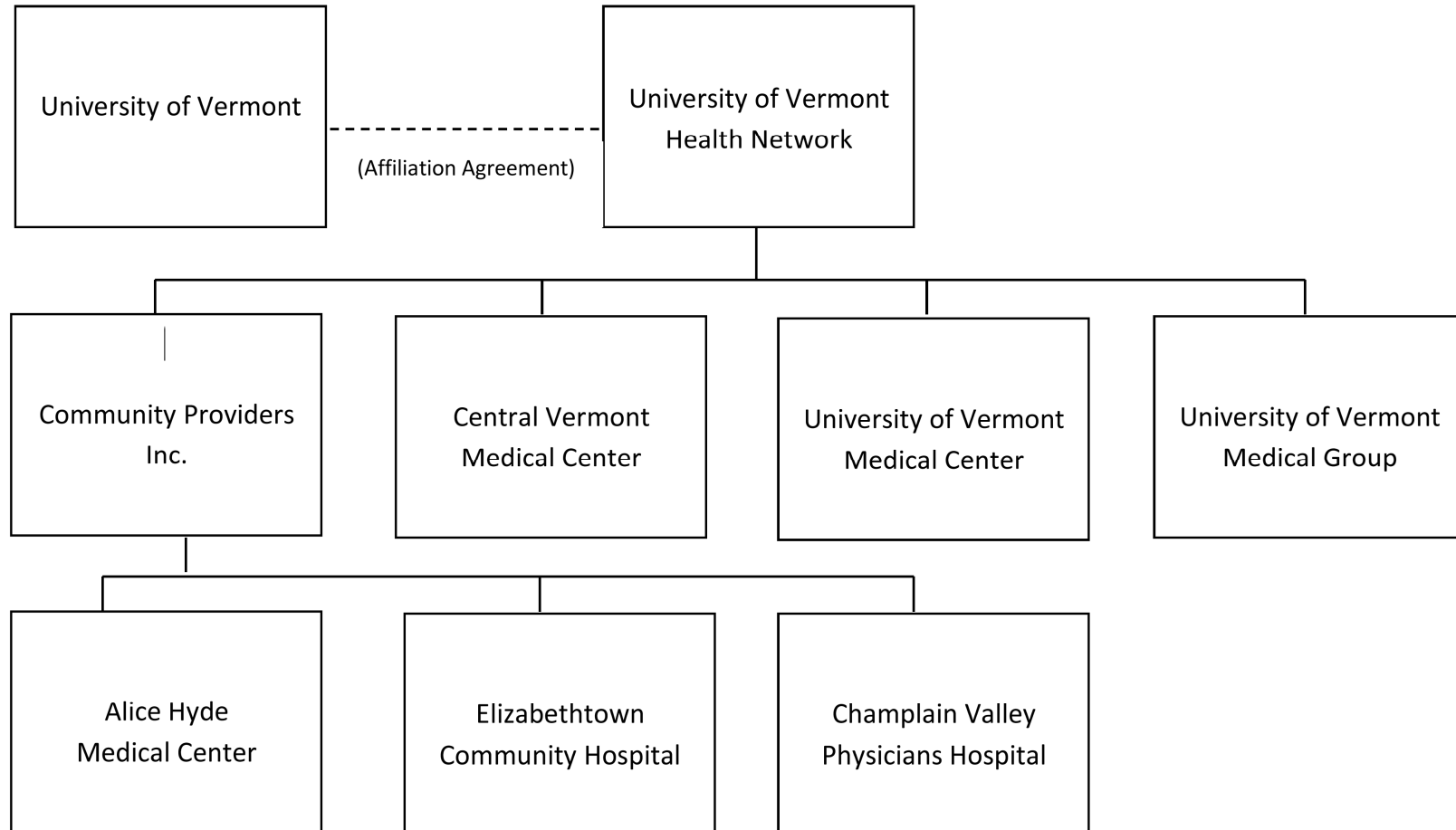
Mission

To improve the health of the people in the communities we serve by integrating patient care, education and research in a caring environment

Vision

Working together, we improve people's lives

Organizational Chart



Health Reform Investments – The Transformation to Population Health Management

Our Commitment

- Last year, we made a bold commitment: working with partners across the care continuum, 80% of our revenue will be linked to quality, not quantity, by 2018
- This requires adopting a population health management strategy focused on ensuring patients receive the right care in the right setting at the right time

Progress

- Enhanced primary care at UVM Medical Center
 - 62% increase in new patient visits since 2014
 - ED utilization rates down – 14.00 per 1,000 patients versus 15.5 per 1,000 patients prior to development of patient-centered medical homes
- Improved mental health care
 - CVMC's investments in Emergency Department space
- Increased treatment for patients with opioid addiction and dependence
 - 55 spoke prescribers thanks to collaborative between UVM Medical Center, Howard Center and Community Health Centers of Burlington
 - Expanded Day One to include Medication Assisted Treatment with capacity for 100 patients
 - Increased Hub capacity

Progress

- “Choosing Wisely” initiatives
 - Lab and x-ray costs down, other initiatives underway
- Expansion of palliative care at both CVMC and UVM Medical Center
- Continued investments in supportive housing solutions for homeless patients
- Continued investments in population health (OneCare Vermont)

FY 2015 Actual Performance

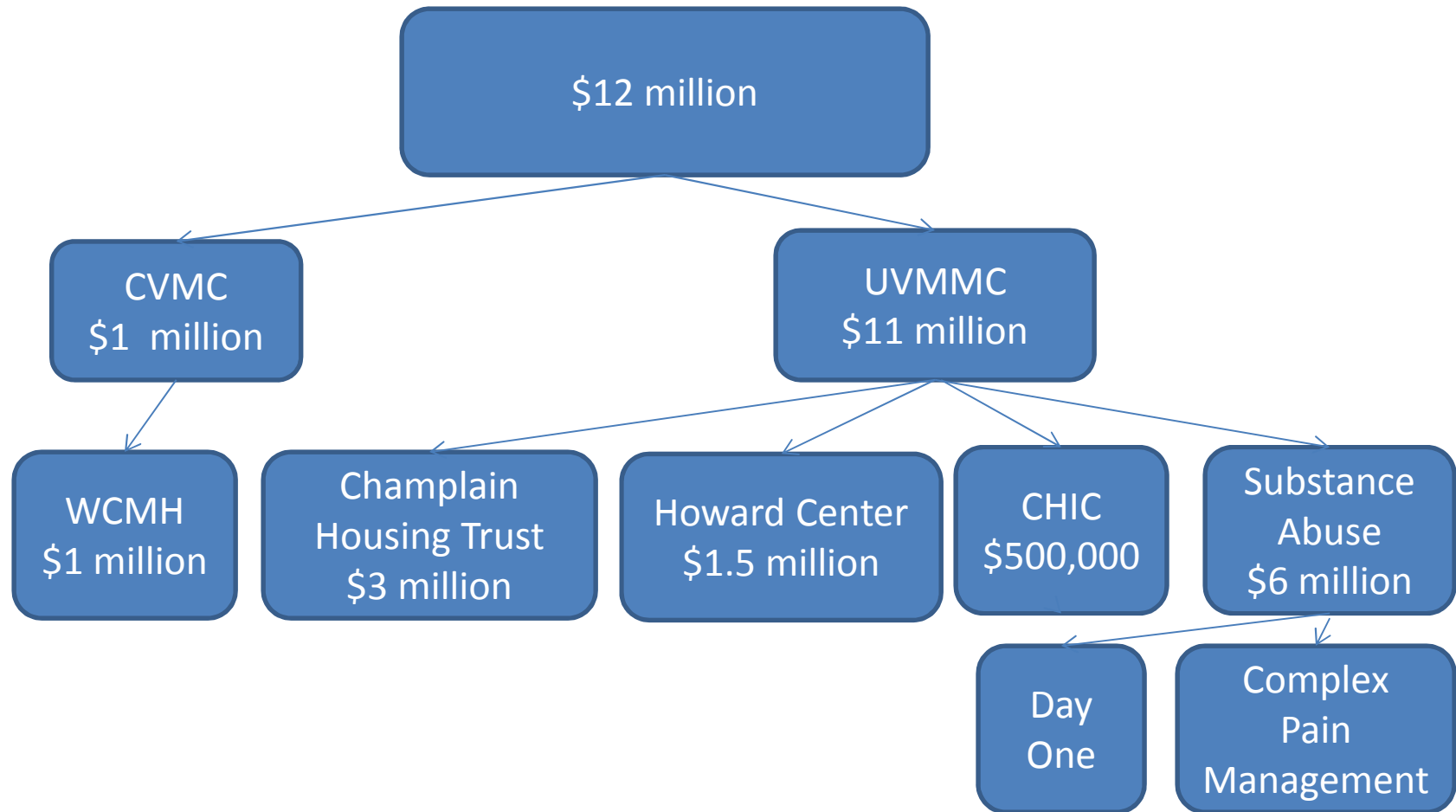
- \$12 million in community investments/population health management activities
 - Housing
 - Mental health
 - Opioid abuse
 - Expanded dental services
- \$17 million back into rates
 - Lowered our commercial rate increase to 3%

UVM Health Network Investment Committee

Steering

- Chaired by Cheyenne Holland and Steve Leffler
- Jeffords Institute for Quality & Operational Effectiveness
- Community Health Improvement
- UVM Health Network board member from the Population Health Committee
- UVM Health Network clinicians
- Finance
- External Relations

Current Cycle



The Value of Community Investments

<https://vimeo.com/177739962>

FY2017 Budget



FY 2017 Budget

UVMHN - VT (UVMHC + CVMC)	FY16 Budget	FY16 Anlzd YTD Jan Act	FY17 Budget
Revenue			
Gross Patient Service Revenue	2,818,450,426	2,810,626,374	2,875,196,503
Total Deductions	1,590,718,154	1,574,032,930	1,583,530,172
Net Patient Service Revenue	1,227,732,272	1,236,593,444	1,291,666,331
<i>% Collected</i>	<i>43.6%</i>	<i>44.0%</i>	<i>44.9%</i>
Other Revenue			
Total Other Revenue	103,160,138	95,584,077	103,519,218
TOTAL UNRESTRICTED REVENUE & OTHER	1,330,892,410	1,332,177,521	1,395,185,549
Total Physician FTEs	623	618	652
Total Staff FTEs (Incl Travelers)	7,035	7,059	7,250
Operating Expenses			
Operating Expenses			
Total Salaries	621,960,529	618,947,211	657,173,209
Fringe Benefits	177,891,509	166,345,872	182,148,322
Total Salaries & Benefits	799,852,037	785,293,083	839,321,531
Non-Salary Expense	479,600,147	474,455,715	504,147,628
TOTAL EXPENSES	1,279,452,184	1,259,748,799	1,343,469,159
INCOME (LOSS) FROM OPERATIONS	51,440,226	72,428,723	51,716,389
<i>Income (Loss) Margin</i>	<i>3.87%</i>	<i>5.44%</i>	<i>3.71%</i>
Non-Operating Revenue	15,595,738	3,202,107	17,127,205
Incl/(Dec) in Unrestricted Net Assets	67,035,964	75,630,829	68,843,594

Note: Provider Tax included in Net Patient Service Revenue

Volumes – Care is Shifting

UVMHC & CVMC	FY13 Actual	FY14 Actual	FY15 Actual	FY16 Budget	FY16 Anlzd YTD Jan Act	FY17 Budget
Discharges (Including Psych, IP Rehab, Newborns)						
Inpatient	26,108	24,299	25,433	24,822	26,043	25,983
CMI (Including Psych, Rehab, Newborns)						
UVMHC	1.60	1.66	1.66	1.66	1.71	1.71
CVMC	1.15	1.18	1.18	1.18	1.23	1.24
Patient Days (Census) (Including Psych, IP Rehab, Newborns)						
Inpatient	139,381	134,451	139,117	136,173	134,643	134,999
Outpatient	29,049	31,905	32,624	31,768	33,822	33,268
LOS (Including Psych, IP Rehab, Newborns)	5.34	5.53	5.47	5.49	5.17	5.20
MISC						
MG MD Worked RVUs	2,696,235	2,770,005	2,869,497	2,883,320	2,881,735	3,055,629
ED Visits	88,627	86,263	84,946	83,072	82,401	85,101
OR Cases	20,565	20,029	19,769	20,110	21,057	20,806

Building the FY 2017 Budget

- We are seeing more patients overall
- The number of services we provide is increasing
- The number of services per patient is decreasing
- “Patient days” remain about the same
- Average length of stay is decreasing
- Our inpatients are sicker (case-mix index is going up)

FY 2017 Budget

- NPR increase from FY 2016 Budget

New NPR to system in FY 2017:

- Inflation/allowable 3.0%
- Health Care Reform (HCR) investments 0.3%

Existing NPR (already in system from FY 2015):

- Off-cycle physician integration 0.9%
- FY2015 Actual increased access 1.0%

- Margin: 3.7%

- 4.0% UVM Medical Center
- 1.9% CVMC

- Commercial rate increase: 3%

Changes in NPR

NPR Increase FY 2016 to FY 2017 Budget		<u>Total</u>	<u>New \$</u>	<u>\$ Currently in System</u>
Inflation/other	3.0%	\$39,394,770	\$39,394,770	
HCR investments	<u>0.3%</u>	<u>\$4,287,167</u>	<u>\$4,287,167</u>	
Subtotal	3.3%			
Off-cycle physician practice integrations	0.9%	\$11,572,932		\$11,572,932
FY 2015 Actuals increased access	<u>1.0%</u>	<u>\$12,432,000</u>		<u>\$12,432,000</u>
Subtotal	1.9%			
Total change budget to budget	5.2%	\$67,686,869	\$ 43,681,937	\$ 24,004,932
Margin target	3.7%			
Commercial rate increase	3.0%			

Changes in Access to Care

- Increased primary care & urgent care access
- Keeping care local
- Medicaid expansion
- Aging population / Medicare

Changes in Access:

Increased Primary Care and Urgent Care Access

- Increased primary care access at UVM Medical Center
 - New providers and our transforming primary care delivery initiative has increased new patient visits by 62% since FY 2014
 - Improved access has produced some early signs of reducing overall utilization
 - ED visits per 1,000 have decreased by 10% since 2014
 - The number of patient contact days (number of days a bill was generated for a patient) per unique patient has decreased by 5.6% since FY 2014
- Increased access at CVMC
 - 2 Express Care Clinics reducing emergent pressure on primary care network – 50% increase in urgent care volume from FY 2015 to FY 2016
 - 17% increase in primary care (including express care) since 2014
 - Successfully concluded 2-year recruits for 2 urologists and 1 orthopedic surgeon
 - Volume increases coming from within HSA

Changes in Access: Keeping Care Local

- UVM Medical Center has experienced 4% growth since FY 2014 in the number of patients from Chittenden County
 - Some growth (2%) in number of patients from other VT and NY counties, **except** Washington County, where there's been a 6% decline
- 25% increase in inpatient volume at CVMC driven by clinical integration efforts within UVM Health Network – keeping patients local versus sending them regionally

Changes in Access: Medicaid Expansion

- Overall, the Medicaid program has seen a 16% increase in enrollment since 2014
 - We have seen a 14% increase in the number of Medicaid patients at UVM Medical Center, and a 16% increase at CVMC
- Some of this increase is a transition from commercial insurance, with the balance coming from new patients to UVM Health Network that in the past had forgone medical care
- Early studies are showing that Medicaid patients in expansion states have better access to health care and are healthier than those in non-expansion states

Changes in Access: Aging Population /Medicare

- Vermont's population is aging faster than the US

Years	2000	2005	2012	2015	2020	2025	2030
VT 60+	16.7%	18.1%	20.8%	22.2%	24.1%	27.1%	29.3%
US 60+	16.3%	17.4%	18.4%	20.3%	22.2%	23.5%	24.7%

- Medicare patients tend to be higher utilizers of medical services
- We have seen a 7% increase in the number of Medicare patients at UVM Medical Center, and a 15% increase at CVMC
- As with Medicaid, some of the increase is a transition from commercial insurance (the number of commercial patients has decreased by 12% at CVMC and by 2% at UVM Medical Center), while the rest is new patients to UVM Health Network

Continued Focus on Reducing Expenses

- Refinancing debt: \$3.1M savings
- Technology to improve productivity: \$805K
- Supply chain: \$1.5M
- CVMC cost-management: \$2M
- CVMC energy reductions: \$130K

- Substantial progress on UVM Medical Center initiative to improve financial performance by \$50M

Net Patient Revenue Trend

- Even with new access points, the aging population and expansion of Medicaid adding new patients and volume, UVM Health Network is well below the national medical cost trend

	FY13 Actual	FY14 Actual	FY15 Actual	YTD May 16 Annualized	FY17 Budget
CVMC & UVMC Net Patient Revenue (\$1,000)	\$ 1,141,575	\$ 1,150,284	\$ 1,219,432	\$ 1,248,260	\$ 1,291,666
NPR % Change	9.5%	0.8%	6.0%	2.4%	3.5%
PWC Health Research Institute Medical Cost Trend	7.5%	6.5%	6.8%	6.5%	6.5%

GMCB Questions



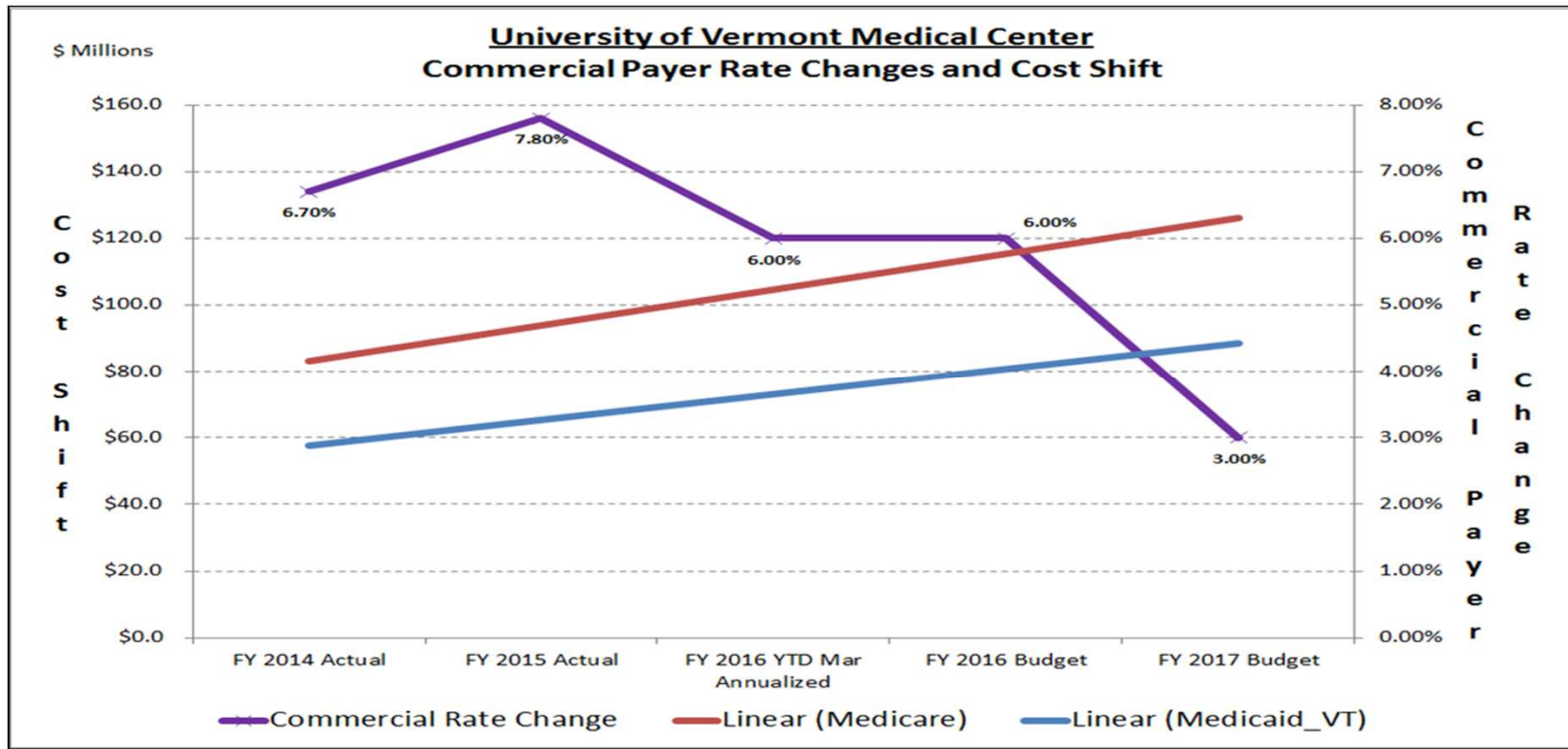
The Budget Narrative and Presentation

- Narrative and presentation are opportunities for us to update the GMCB and the public on the work we do
 - Reviewing CVMC and UVM Medical Center budgets jointly, rather than as two separate sets of numbers, would be ideal
- Timing of analysis/questions

Price Changes vs. Commercial Payment Increases

- Some price changes have an impact
- Many of our payers do not pay on a fee schedule, however
 - We need to negotiate contractual rate increases with those payers, which include are major commercial payers in VT
 - FY 2017 budget includes a 3% increase in these types of payments

Commercial Payer Increase



Off-Cycle Physician Practice Integrations

- The \$11.5 million in NPR from our off-cycle physician integrations is not “new” money, but from parts of the system that have been outside the budget review process

UVMMC

- Transferred on April 1, 2016
- Associates in Orthopedic Surgery
- \$8.7 million of NPR
- 3.6 Physician FTEs
- 4.7 Advance Practice Providers
- 15.5 Non-MD FTEs

CVMC

- Transferred on April 1, 2016
- Green Mountain Orthopedics
- \$2.8 million of NPR
- 2.0 Physician FTEs
- 2.0 Advance Practice Providers
- 8.60 Non-MD FTEs

Inflation/Other Changes

Inflation (in 000s)

Physician salaries	406	
Staff salaries	15,513	
Payroll tax and benefits	12,032	
Supplies (med/surg, pharmacy, nutrition, etc.)	1,495	
Pharmaceuticals	6,020	
Utilities/other	37	
Insurance	639	
	<hr/>	
	36,143	2.8%

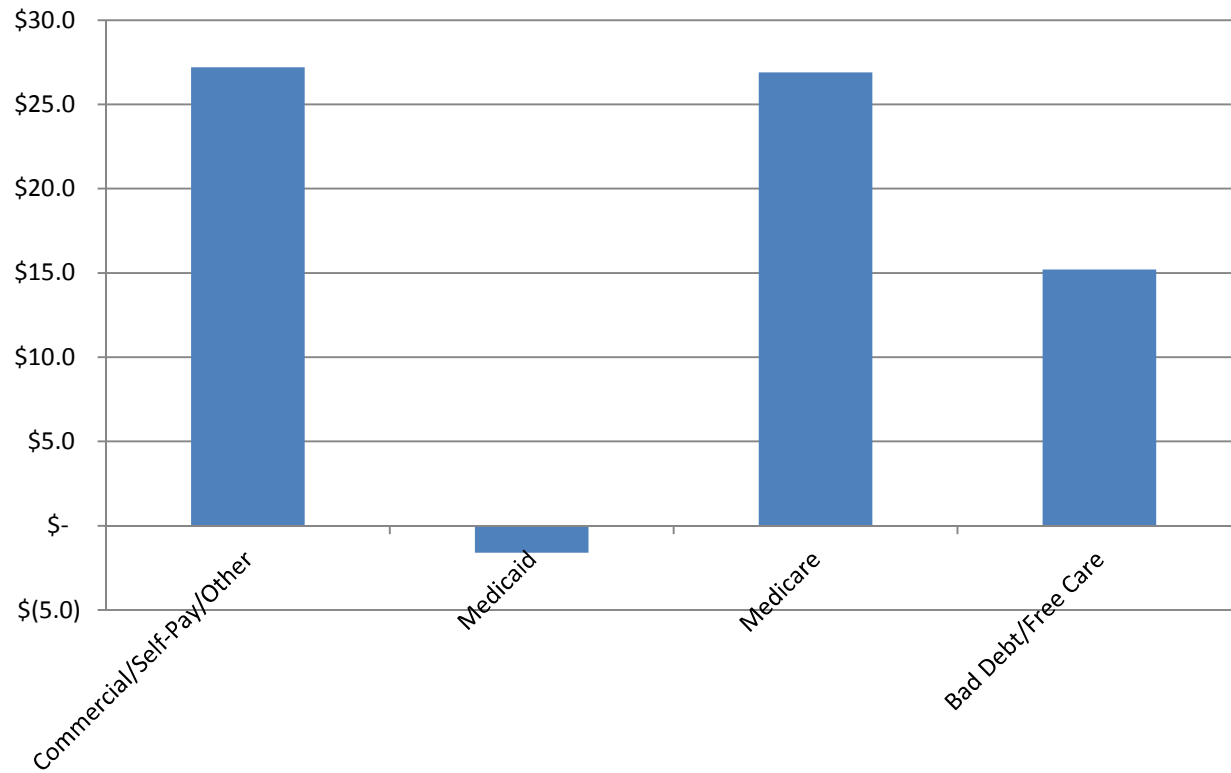
HCR Investments

- Move from FFS to population health management requires continued investment in IT systems
- New investments in opioid treatment services and partnerships with other providers (Howard Center) through the Jeffords Institute for Quality
- HCR investments total well over the \$4.3 million included as part of the NPR increase in this budget
 - Ongoing investments that started in previous years continue
 - Continued expenses associated with newer programs (e.g., expanded dental services, new complex pain management program)

FY16 to FY17 NPR Budget by Payer

The University Health Network							
2016 Approved	\$ 1,300,771,210						
2017 Submitted	\$ 1,368,458,077						
B16-B17 Change	\$ 67,686,867	5.2%					
				<u>Medicare</u>	<u>Medicaid-VT</u>	<u>Self-Pay/Other</u>	<u>Commercial</u>
Commercial Ask Negotiations	\$ 14,885,852	3.0%	\$ -	\$ -	\$ -	\$ 14,885,852	
Rate request (non-commercial payers)	\$ 4,792,761	0%	\$ 4,608,748	\$ (2,091)	\$ 186,107	\$ -	
Utilization	\$ 15,124,564		\$ 8,088,717	\$ 3,635,943	\$ (347,634)	\$ 3,747,538	
Other major program change	\$ 12,972,869		\$ 12,072,890	\$ (7,513,395)	\$ 6,147,173	\$ 2,266,202	
Physician Acquisition or reduction	\$ 11,572,931		\$ 2,143,344	\$ 877,397	\$ 2,205,048	\$ 6,347,142	
Free care	\$ 8,055,984						
Bad debt	\$ 7,159,377						
Dispro share change	\$ 1,390,032		\$ -	\$ 1,390,032	\$ -	\$ -	
Other NPR changes	\$ (8,267,504)				\$ (8,267,504)		
	\$ -						
Total NPR changes	\$ 67,686,867		\$ 26,913,699	\$ (1,612,114)	\$ (76,810)	\$ 27,246,734	

FY 2016 – FY 2017 NPR Increase/Decrease by Payer

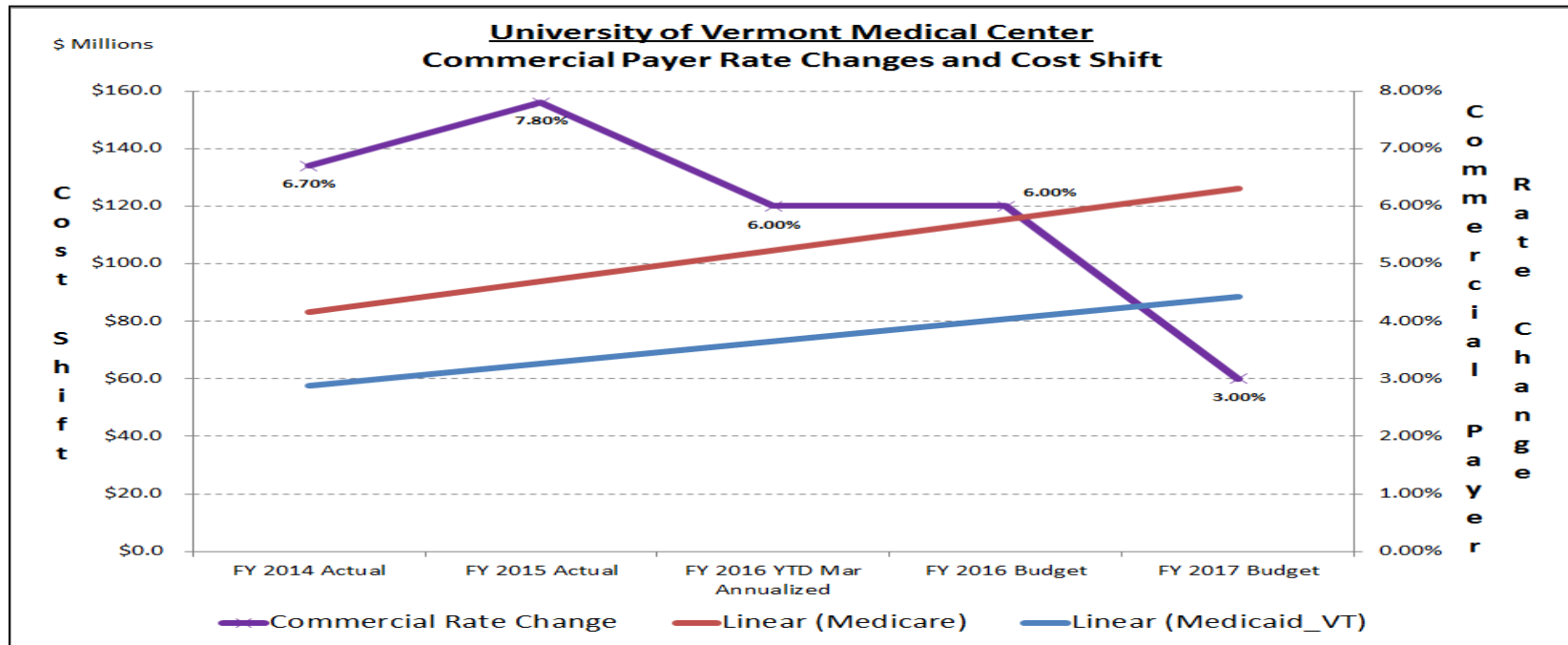


Summary FY2017 Gross & Net Patient Revenue

FY 2017 Budget: UVMHN: UVMHC + CVMC					
\$ in Millions	<u>Total</u>	<u>Medicare</u>	<u>Medicaid-VT</u>	<u>Self-Pay/Other</u>	<u>Commercial</u>
Total Gross Revenue	\$ 2,875	\$ 1,179	\$ 436	\$ 356	\$ 905
Net Patient Revenue after Free Care/Bad Debt/Provider Tax	\$ 1,284	\$ 394	\$ 88	\$ 185	\$ 655.30
Collection % after Free Care/Bad Debt/Provider Tax	44.6%	33.5%	20.1%	52.0%	72.4%
<u>Mix of Business %'s</u>					
Based on: Gross Revenue		41.0%	15.2%	12.4%	31.5%
Based on: Net Revenue after Bad Debt/Charity/Provider Tax		30.7%	6.8%	14.4%	51.1%

Commercial Payer Increase

	<u>Total</u>		<u>Medicare</u>	<u>Medicaid-VT</u>	<u>Self-Pay/Other</u>	<u>Commercial</u>
Commercial Ask Negotiations	\$ 14,885,852	3.0%	\$ -	\$ -	\$ -	\$ 14,885,852



Non-Commercial Payer Increase

	<u>Total</u>		<u>Medicare</u>	<u>Medicaid-VT</u>	<u>Self-Pay/Other</u>	<u>Commercial</u>
Rate request (non-commercial payers)	\$ 4,792,761	0%	\$ 4,608,748	\$ (2,091)	\$ 186,107	\$ -

- Medicare Increases:
 - Inpatient 1.7% - 2.0%
 - Outpatient 1.3% - 1.6%
 - Professional 0.0%
- Medicaid – assumed 0%
- Self-Pay/Other
 - Minimal increase in total, all related to CVMC Skilled Nursing Facility of 3.8%

Detailed schedule on page 10 of FY 2017 Budget Narrative

Utilization Changes by Payer

	Utilization	Medicare	Medicaid-VT	Self-Pay/Other	Commercial
Total	\$ 15,124,564	\$ 8,088,717	\$ 3,635,943	\$ (347,634)	\$ 3,747,538
New Volume	\$ 2,692,564	\$ 3,281,128	\$ 1,606,316	\$ (1,320,133)	\$ (874,747)
FY2015 Adjustment	\$ 12,432,000	\$ 4,807,589	\$ 2,029,627	\$ 972,499	\$ 4,622,285

- Primarily driven by enhanced access points
- \$12.4 million is not new in FYs 2016 or 2017, it has been in the Vermont system since 2015
- \$2.7 million is new from FY 2016 trends
- While net patient revenues may change for Medicare and Medicaid-VT utilization, there is still a growing cost-shift (meaning that the cost of providing the services is greater than the payments received)

Other Major Changes by Payer

	Other Major Program Ch:	Medicare	Medicaid-VT	Self-Pay/Other	Commercial
Total	\$ 12,972,870	\$ 12,072,890	\$ (7,513,395)	\$ 6,147,173	\$ 2,266,202
Payer mix shift	\$ (10,442,240)	\$ 6,650,457	\$ 2,072,640	\$ 1,800,156	\$ (20,965,493)
Rate difference: FY16 Actual to Budget experience	\$ 23,415,110	\$ 5,422,433	\$ (9,586,035)	\$ 4,347,017	\$ 23,231,695

- The \$12.9 million is the combination of payer mix shifts and change in FY 2016 budgeted-to-actual payment rates
 - Payer mix shifts from commercial payers to Medicare & Medicaid-VT had a negative impact of \$(10.4) million
 - Actual collections %s were higher by approximately 0.8% or \$23.4M in FY2016
 - 0.5% or \$5.4 million for Medicare reflects slightly higher payment amounts particularly related to a higher CMI
 - (1.8%) or \$(9.5) decrease in Medicaid-VT, about ½ related to change in PBB payment rates and the other ½ lower than anticipated actual payment rates in FY 2016 compared to budget
 - 1.2% or \$4.3 million in Self-Pay/Other
 - 2.6% or \$23.2 million in commercial payment rates changes

Physician Integration by Payer

	<u>Total</u>	<u>Medicare</u>	<u>Medicaid-VT</u>	<u>Self-Pay/Other</u>	<u>Commercial</u>
Physician Acquisition or reduction	\$ 11,572,931	\$ 2,143,344	\$ 877,397	\$ 2,205,048	\$ 6,347,142

- Was addressed in detail in response to Question 2(b)

Free Care & Bad Debt Change

	<u>Total</u>	<u>Medicare</u>	<u>Medicaid-VT</u>	<u>Self-Pay/Other</u>	<u>Commercial</u>
Free care	\$ 8,055,984				
Bad debt	\$ 7,159,377				

- We now have several years of experience with changes to free care and bad debt since the ACA went into effect
- Do not foresee any major shifts to these trends in the future

DSH and Other Changes by Payer

	<u>Total</u>	<u>Medicare</u>	<u>Medicaid-VT</u>	<u>Self-Pay/Other</u>	<u>Commercial</u>
Dispro share change	\$ 1,390,032	\$ -	\$ 1,390,032	\$ -	\$ -
Other NPR changes	\$ (8,267,504)			\$ (8,267,504)	

- DSH change: \$1.3M is the change in DSH payments from Medicaid-VT from FY 2016 budget to FY 2017 budget. Even with this increase total payments from Medicaid-VT are lower
- Other NPR changes: UVM Medical Center changed our revenue recognition practice for our self-funded health plan (similar to how other VT hospitals, including CVMC, do it) to record revenues on costs

Increase in Acute Admissions

- FY 2014 was a historically-low year for admissions
- A three-year average of FYs 2013, 2015 and 2016 (YTD January annualized) would show flat growth
- Market share shifting within the network to keep care local

	2013 Actual	2014 Actual	2015 Actual	2016 Budget	2016 Jan Anlzd	2017 Budget	3 year Avg (FY13A, FY15A FY16 Jan Anlzd)	Variance to FY17 Budget	
								vs '14 Act	vs 3yr Avg ('13,'15,'16Alz)
Acute Admissions									
UVMHC	19,740	17,820	18,395	17,959	18,768	18,644	18,968	824	-324
CVMC	3,323	3,495	3,877	3,680	4,212	4,131	3,804	636	327
TOTAL	23,063	21,315	22,272	21,639	22,980	22,775	22,772	1,460	3

Increase in Non-MD FTEs

Type	FTE	% Increase
Hospital Operational changes	71	1.0%
Nursing	57	0.8%
Medical Group Expansion of Primary Care and other Services	45	0.6%
Practice Integration	33	0.5%
IT Infrastructure	23	0.3%
Community (Mental Health, Substance Abuse, Etc)	15	0.2%
Accounting Changes (ACO & Security)	(30)	-0.4%
Total	219	3.1%

CVMC's Salary per FTE

- Expenses in FY 2016 have included more “travelers” for both direct-care and nursing management positions than anticipated
 - More expensive than permanent FTEs
- We have already filled some of those positions (mostly nursing management) with permanent staff, and are actively working to recruit more permanent direct-care staff

Mental Health Services – CVMC

- One of four community hospitals that offers inpatient psychiatry services
 - Recent investments in better ED care (including using mental health technicians there)
- Expanding mental health services in the primary care setting
 - SBIRT and Feedback Informed Treatment (FIT) for screening, risk stratifying, treatment referral, and embedded counseling for patients in their Patient-Centered Medical Home
 - Focus on embedding services in the Community Health Teams

Mental Health Services – UVM Medical Center

- UVM Medical Center ED
 - Currently reviewing an upgrade to better treat patients
- UVM Medical Center Day One
 - Clinical and physical expansion to incorporate a Medication Assisted Treatment program for patients with opiate addiction – physical renovation cost of \$54K
 - 3 physicians added, with a 4th in January – including residents
 - Expanding services to inpatients
- UVM Medical Center Inpatient Units
 - Expanded the Shepardson 6 (locked) footprint to Shepardson 5 (unlocked) to improve clinical and staff work areas - \$1.6M
 - Recommissioned one inpatient room on Shepardson 6
 - Finishing final design of rooftop exercise area accessible from Shepardson 6 - \$1.8M
- Increasing Psychiatry Workforce
 - 2 new child psychiatrists in Burlington
 - 2 new psychiatrists to add to the staff of the Vermont Psychiatric Care Hospital this summer
 - Recruiting for an ED psychiatrist and a psychosomatic psychiatrist
 - Recruiting for a 4th psychiatrist at CVMC to expand ECT services and primary care in Berlin

FY 2016 Projections

	FY 2016 YTD May Annualized	FY 2016 Budget	\$ Variance	% Variance
UVM Medical Center	\$ 1,131.7	\$ 1,126.8		
CVMC	\$ 189.9	\$ 174.0		
Physician integrations		\$ 5.8		
FY 2015 increased access		\$ 12.4		
Total	\$ 1,321.6	\$ 1,319.0	\$ 2.6	0.2%

- Using YTD May actual NPR (provider tax removed), with the one-time FY 2015 adjustment and \$5.8 million of FY 2016 off-cycle physician integrations, UVM Health Network is trending towards being within 0.5% of the FY 2016 budget

Capital Budget



Capital Investments

- Long-term capital planning process
 - Reflects regional needs through the lens of UVM Health Network
 - Planning Council vets capital spending across system
 - Focus on meeting patients' needs while eliminating redundancy and duplication of services, increasing efficiency (access, quality and affordability)
 - Financial stability depends on timely and strategic re-investment in people, programs and facilities
 - Capital spending depends on continued achievement of financial goals
 - Rolling five-year financial framework provides flexibility to manage capital spending on a real-time basis

Capital Budget

- UVM Health Network capital spending has been shrinking
- We must prioritize the investments we make
- Our FY 2015 budget anticipated long-term spending over 5 years of \$747.4M; this year's budgeted long-term capital spending is \$601.8M

Long-Term Capital Budget Plans

- Inpatient bed replacement project (multi-year)
- Investments in primary care
- South Burlington buildings (convert lease to ownership)
- Investments in upgrading two dialysis units (Rutland and Berlin)
- Network EHR replacement
- Facilities upgrades (NICU replacement)

Our Budget is Our Blueprint



Delivery System & Payment Reforms

- The commitment to move to 80% value-based reimbursements
- We are fully engaged in ongoing payment reform efforts
 - All-Payer Model
 - NextGen ACO
 - Shifting to risk-based contracts with insurers

How Are We Changing?

- Focus on communities' health needs – our Community Health Needs Assessments and Implementation Plans
- Focus on primary care
- Focus on mental health
- Clinical efforts at improving quality and value

How Are We Changing?

“Getting to Zero” – Patient Safety Movement

<https://youtu.be/d3XkWRjk-CU>

Questions?

