

THE LEADER IS ONE WHO,
OUT OF THE CLUTTER, BRINGS
SIMPLICITY...
OUT OF DISCORD, HARMONY...
AND OUT OF DIFFICULTY,

OPPORTUNITY.

Albert Einstein

2019-2020: A PROGRAM YEAR LIKE NO OTHER

This spring, the subject of an MHA CEO Report blog post focused on the role of associations during a crisis. When our members are under pressure, so is the MHA. We are six months into a global pandemic that has killed tens of thousands of Americans. More than 100,000 Michigan residents have been infected with COVID-19, and thousands of our community members have died. The MHA membership has never needed advocacy, information and leadership more. At the same time, we have never valued you – our members – more. This year's annual report is an opportunity to reflect on our highest priorities as a hospital community, the need for consistent leadership and the tremendous member value we strive to deliver every day.

We are proud of every hospital employee across Michigan, and of our MHA staff, for working nonstop for months to protect Michigan patients and communities. The MHA also completed a long set of non-COVID-19 critical strategies and tactics this program year on behalf of our members. We, as the MHA CEO, and as the MHA Board Chairs who have and continue to contribute strategic leadership to the association during this global pandemic – look forward to continuing the 2020-2021 MHA program year with a strong member-association partnership to advance the health of individuals and communities.



Brian Peters
Michigan Health & Hospital
Association CEO



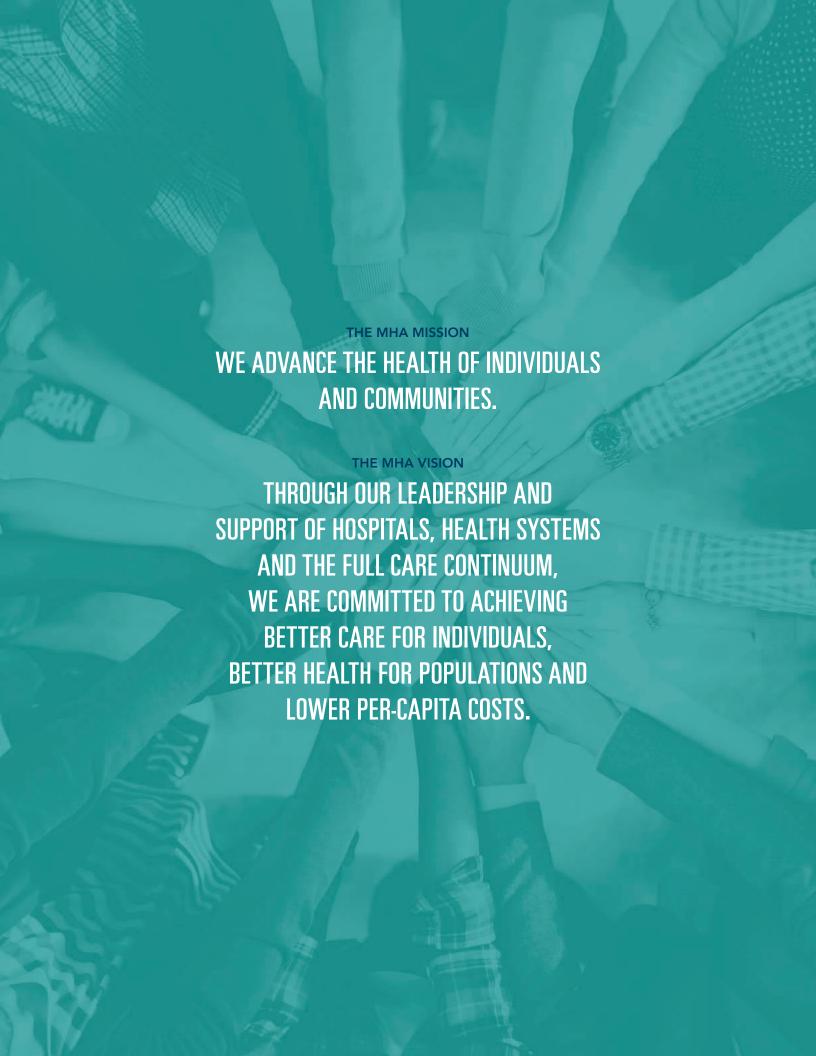
John Fox MHA Board Chair 2019-2020 Program Year Beaumont Health President & CEO



Ed Ness

MHA Board Chair
2020-2021 Program Year

Munson Healthcare President
& CEO



STATE BUDGET

CHARGE: Ensure continuation of appropriations to fully fund the Healthy Michigan Plan (HMP) in FY 2021, including engagement in activities to assist enrollees in maintaining coverage.

ACTION: The HMP is fully funded in current budget proposals for FY 2021.

CHARGE: Ensure continuation of the long-term strategy, negotiated in 2016, to safeguard funding of graduate medical education, rural and obstetrics payments.

ACTION: Funding was maintained for these special pools in the FY 2020 budget. Work on the FY 2021 budget continues. These priorities were included in Gov. Whitmer's FY 2021 Executive Budget Recommendations.

CHARGE: Secure additional general funds to improve outpatient Medicaid payments for hospitals, including raising critical access hospital (CAH) reimbursement to better align with non-CAH hospitals in Michigan.

ACTION:

- The FY 2020 Medicaid budget includes a 42.5% increase to CAH outpatient rates effective January 1, 2020. This is estimated to **bring \$27 million to CAHs.**
- The FY 2020 Medicaid budget includes a 7% outpatient rate increase for all hospitals effective April 1, 2020. This is expected to bring \$50 million to hospitals.

CHARGE: Maximize the benefit from the hospital provider tax (QAAP) programs.

ACTION: The FY 2019 QAAP resulted in a **net benefit of \$1.67 billion for hospitals**, a 9% increase from FY 2018. The psychiatric HRA program was redesigned for FY 2019, resulting in a **net benefit of \$61 million**, an increase of \$37 million from FY 2018.



AUTO NO-FAULT

CHARGE: Identify and secure opportunities to mitigate the impact of the new auto no-fault law, especially related to trauma care, Medicare rates, assigned claims and opt-out provisions.

ACTION: The MHA improved Dept. of Insurance and Financial Services (DIFS) utilization review rules, preventing a significant negative impact on no-fault and the overall delivery of healthcare. DIFS also released guidance on the Assigned Claims Plan to ensure individuals under the plan continued to receive lifetime benefits until July 1, 2020.

of care ces pact on guidance continued

CHARGE: Use data to assess impact on members of changes to the auto no-fault law and to drive advocacy on the issue.

ACTION: The MHA designed a template to survey members to estimate the potential financial impact of the law and shared this data with the MHA membership through a webinar. As a result, the MHA compiled a comprehensive list of proposed changes to the law. The list was shared with the Legislature and the Whitmer administration and will guide our advocacy efforts leading up to the implementation of the fee schedule on July 1, 2021.



CHARGE: Research consumer choices and create an educational campaign to provide clarity on new auto no-fault personal injury protection coverage options, risks and benefits.

ACTION: The MHA campaign, "Drive Protected," launched June 15 and will run through the end of 2020. In just the first six weeks of the campaign, which features a variety of paid and earned traditional and digital media, garnered more than 17 million online impressions and nearly 100,000 website visitors to driveprotected.org.

CHARGE: Coordinate educational information for hospitals to address billing and coordination of benefit issues under new auto no-fault law.

ACTION: The MHA hosted a member webinar to review the key provisions of the new law and the impact on hospitals. In addition, the MHA held three meetings with Level 1 and Level 2 trauma center leaders to discuss reimbursement and billing issues. The MHA also worked through the member CFO workgroup on the financial impact and billing and medicare payment method issues. As a direct result of the COVID-19 pandemic, the webinar for accounting and revenue cycle staff has been postponed until a later date.



ADVOCACY ENGAGEMENT

Number of bills on which the MHA took a position

Number of bills the MHA opposed

Number of MHA-opposed bills that became law

Number of bills the MHA supported

Number of MHA-supported bills that became law

Number of submitted Committee Memos

Number of MHA employee testimonies as of June 1

- 1. BEHAVIORAL HEALTH DATA
- 2. AGE-FRIENDLY HEALTH SYSTEMS
- 3. COVID-19 LIABILITY PROTECTIONS

MEMBER SNAPSHOT



fellows in the 2019-2020 fellowship class

45
active associate members

MHA Endorsed Business
Partners (EBP)

THE MHA SERVICE CORPORATION (MHASC) PROVIDES SERVICES TO HOSPITALS AND OTHER ENTITIES IN MICHIGAN AND BEYOND, WHICH PROVIDE CRITICAL FINANCIAL SUPPORT TO THE MHA THROUGH NONDUES REVENUE. IN 2019-2020, THE MHA INCREASED ITS BUSINESS PARTNER PORTFOLIO TO 12 ENDORSED BUSINESS PARTNERS AND ADDED STATE AND NATIONAL COVID-19 RESOURCES TO ADDRESS CHALLENGES DURING THE RESPONSE AND RECOVERY PHASES. LEARN MORE ABOUT THESE PARTNERSHIPS AND THE BENEFITS THESE COMPANIES PROVIDE MEMBERS AT WWW.MHA.ORG/BUSINESS-SERVICES

ENHANCED DATA AND ANALYTICS

CHARGE: Get member input and advance support for enhanced data platforms, including hospital financial data and payer reimbursement information, to help drive identified advocacy and policy objectives and to position the association/members well for potential data policy initiatives, including the adoption of an All Payer Claims Database (APCD).

ACTION: The MHA Enhanced Data Task Force formed in 2019 and discussed principles and use cases associated with the collection and reporting of enhanced financial data. The group will submit a final report and is recommending to the MHA Board of Trustees that they endorse the collection of claims data from member hospitals.

CHARGE: The MHA Service Corporation Data Services division will develop additional data systems to accommodate financial data in the Michigan Inpatient and Outpatient database.

ACTION: The MHASC is finalizing modifications in their data processing systems that would collect hospital claims data.

CHARGE: Develop data tools and analytic capability to drive improvements in population health, advance advocacy objectives and better serve member operational needs.

ACTION: The MHASC has launched a new initiative that provides an online mapping tool that provides members with the ability to map utilization and services based on socioeconomic factors.



WORKPLACE SAFETY & WELLBEING

CHARGE: Maximize the number of Michigan hospitals submitting Occupational Safety & Health Administration (OSHA) data to the MHA Keystone Center. Analyze and report findings to link prevention efforts to reductions in incidents and provide member education based on these findings.

ACTION: As of September 2020, 55 hospitals are submitting OSHA data to the MHA Keystone Center. A workplace safety dashboard was released for all submitting hospitals in April 2020. Data collected to-date indicate that key areas of opportunity are safe patient handling (reducing employee strains & sprains) and mitigating harm from violent behaviors. A Safe Patient Handling & Mobility webinar series concluded in August and a workplace violence webinar was held in January 2020. Two workplace safety workshops on preventing injuries from slips, trips, falls and sharps (virtual) are were also held in September 2020.



HOSPITAL AND PHYSICIAN INTEGRATION

CHARGE: With input from the MHA Physicians in Healthcare Leadership (PHL) Council, develop a proposal for a physician membership category for consideration by the MHA Board.

ACTION: The background work, draft membership proposal including value to the membership, benefits to physicians and the advantage to MHA as well as a preparatory presentation was completed. This was presented to the MHA Executive committee with approval to present it to the full Board at their April meeting. Due to COVID-19, the proposal was postponed.

STRONGER TOGETHER

330 2019 MHA Annual Meeting attendees 220 2019 MHA Symposium attendees

2019 Communications
Retreat attendees

130 2020 Breakthrough attendees

organizations major webinars

175
participants in member forums

MHA SERVICE CORPORATION (MHASC)

CHARGE: Maximize expertise of the newly formed MHASC board to engage in further strategic assessment and development of programs and services.

ACTION: The MHASC board expanded with five additional appointments, including emerging leaders, future candidates for the MHA Board and subject matter experts. The MHASC board convened the first meeting of its HR Committee to address initiatives related to healthcare human resources management.

CHARGE: Consider the MHA Strategic Action Plan when setting priorities and strategic direction.

ACTION: The MHASC focused resources during the COVID-19 response to assist members with unemployment, data analysis, workplace violence education, financial recovery, staffing, emergency preparedness activities and leveraging/expanding business partner relationships.



PAYER STRATEGY

CHARGE: Grow our relationship with the Michigan Association of Health Plans (MAHP) to advance the Quadruple Aim and mutually beneficial policies, and address issues to enhance the Michigan insurance marketplace.

ACTION: The MHA worked with the MAHP to ease provider administrative burden in response to COVID-19. Efforts included temporarily easing/suspending utilization management programs, expanding telehealth services, and developing a common set of coding and billing guidelines.

CHARGE: Complete work with Blue Cross Blue Shield of Michigan (BCBSM) to modernize the model Participating Hospital Agreement (PHA) to include hospital-supported language.

ACTION: At the MHA Board's direction, efforts began with BCBSM to modernize the model PHA to include language previously supported by hospitals. Model PHA language revisions will be reviewed by the PHA Advisory Committee in October.



ASSOCIATION EFFICIENCY

CHARGE: Continue to fully use association physical resources, graphic services and membership services to maximize efficiencies and offerings to further member engagement, meeting facilitation and education in the most cost-effective manner.

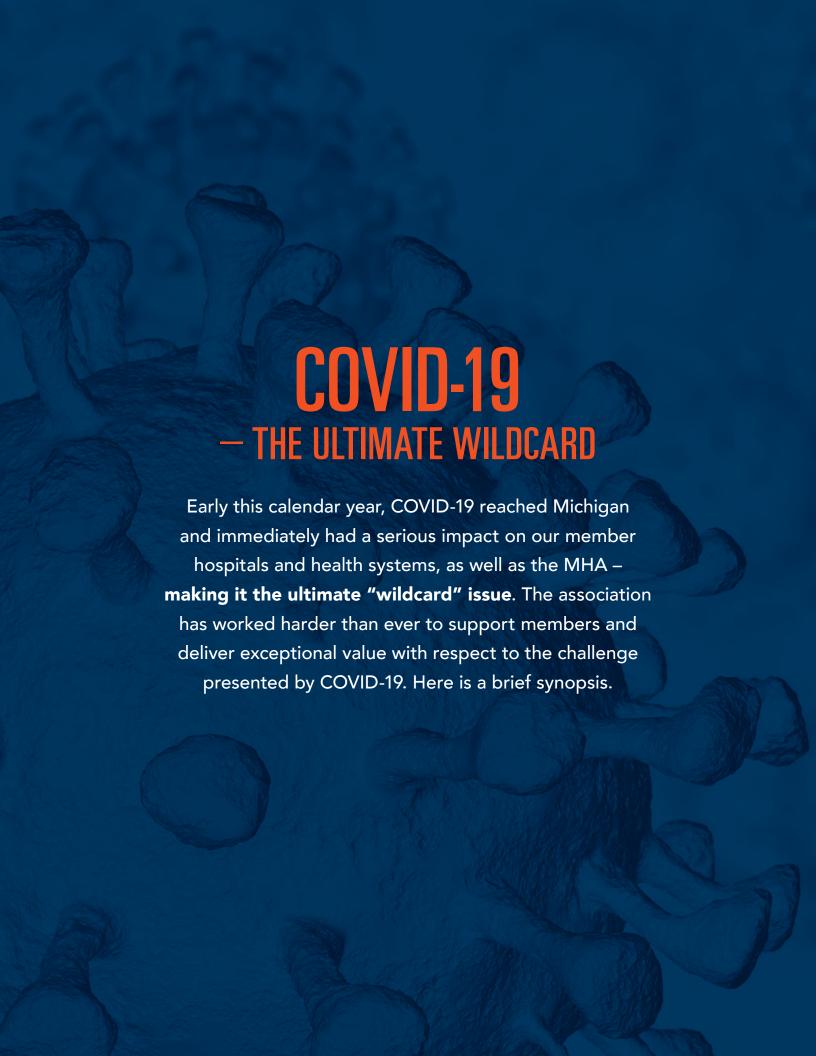
ACTION: The MHA continues to focus on association efficiency, including improving information technology (IT), data security and cloud storage capabilities; increasing its partnership data security work as a founding member of the Health Information Security Operations Center; enhancement of internal human resources information systems for salary and benefit administration, reporting and expense tracking; and implementation of cost-saving measures in printing and mailing processes. In response to the pandemic, the MHA adopted remote work within five days without interruption to IT servers or data security measures. Several employees were crosstrained to support the Unemployment Compensation Program, helping to meet higher-than-ever client demands.



MFAR AND OTHER MHA WORK

Every year, the MHA completes a significant amount of work on behalf of members that is not reflected on the MHA Strategic Action Plan. Whether it's education, safety & quality, publications, communication, advocacy and policy modeling, or internal work to support the association's operations, a lot goes on behind the scenes to support Michigan hospitals. One major example of this in 2019-2020 was the association's fight against the Medicaid Fiscal Accountability Rule, or MFAR, which threatened hundreds of millions of Medicaid dollars for our state and our members.

In early September 2020, CMS announced it will withdraw this rule. If MFAR would have been adopted, Michigan would have needed more than \$600 million in new money to fund the Medicaid program, and provider Medicaid payments would've been cut by \$400 million. The MHA secured bipartisan support to fight MFAR, and collaborated with the AHA and other national organizations and fellow state hospital associations. This withdrawal of MFAR is a victory for our members, and the patients and communities we all serve. Overall, because of our focus on COVID-19 for the past several months, this annual report doesn't reflect several other "wildcard" efforts – but they are critical to your membership value.



STATE AND FEDERAL FUNDING RELIEF

The MHA has successfully advocated for **more than \$5.5 billion** in federal and state COVID-19 funding relief for our members, which includes funding from the Coronavirus Aid and Relief and Economic Security (CARES) Act and Medicare advanced payments, as well as \$25 million in state relief. However, due to the massive loss in revenue hospitals have suffered, members remain more than \$1 billion in the red as a direct result of COVID-19. For this reason, we continue working closely with the American Hospital Association and Michigan's congressional delegation on future funding and loan relief.



ENHANCED FEDERAL MATCH RATE

The Families First Coronavirus Relief Act provided a temporary 6.2 percentage point increase in the federal match rate effective January 1, 2020, through the end of the quarter in which the federal emergency expires. This reduced the hospital provider tax for the two most recent quarters of FY 2020 by **\$29 million**.

STATE, FEDERAL AND PAYER REGULATORY RELIEF

- CMS WAIVERS: The CMS in April approved Michigan's 1135 waiver, which addresses several regulatory requirements related to prior authorizations, alternate care settings and more.
- > **STATE REGULATIONS:** The MHA worked with the Whitmer administration on multiple executive orders and regulatory issues related to access and care to ensure hospitals have flexibility and can expand capacity, increase staffing and more.
- **PRIVATE PAYERS:** The MHA worked diligently with private and government payers to reduce regulatory and administrative burdens as hospitals manage COVID-19. As a result, payers eliminated and reduced many administrative tasks including prior authorizations, utilization management review and more.

DATA REPORTING

Data has been a key MHA focus, including assisting members on reporting to EMResource and federal platforms, ensuring the state's platforms are accurate and functional and more. We are also assisting the Michigan Economic Recovery Council with data strategy.



TESTING, SUPPLIES AND PPE

The MHA played a leading role in securing PPE, testing and other supplies for our members. We developed a PPE burn calculator which is now used by the state, and interfaced with the state, FEMA, and multiple private manufacturers to get PPE to members in need. Testing strategy and supplies remain a key focus as well.

STAFFING, FACILITY CAPACITY AND PATIENT TRANSFERS

The MHA was engaged in the establishment and operations of both the TCF Regional Care Center and Suburban Showplace COVID-19 care sites. We also advocated for Certificate of Need relief, resulting in more than 5,000 new hospital beds coming online, and worked to improve many nursing home transfer issues.

COMMUNICATION

The MHA made constant communication with members a top priority. The MHA provided member updates nearly every evening since mid-March that were opened by hospital staff more than 70,000 times; set up a COVID-19 website and toolkit; conducted hundreds of earned media interviews; launched the #COVID19Heroes branded campaign recognizing Michigan hospital workers; and executed a paid TV and social media campaign encouraging Michiganders to return to hospitals for needed care. Efforts continue on urging Michiganders to wear masks, physically distance, and get vaccinated against dangerous illnesses like flu this season.

For a complete picture of the MHA and hospitals' efforts to fight COVID-19, please read our recently published report, Michigan's Front Line of Defense.



THE MHA HAS SUCCESSFULLY ADVOCATED FOR

MORE THAN \$5.5 BILLION

IN FEDERAL AND STATE COVID-19 FUNDING
RELIEF FOR OUR MEMBERS, WHICH INCLUDES
FUNDING FROM THE CORONAVIRUS AID AND RELIEF
AND ECONOMIC SECURITY (CARES) ACT AND MEDICARE
ADVANCED PAYMENTS, AS WELL AS

\$25 MILLION

IN STATE RELIEF.



AGE-FRIENDLY HEALTH SYSTEMS

CHARGE: Launch an Age-Friendly Health Systems Initiative to address the needs of the elderly population. Identify and share lessons learned by participating hospitals, including improvements in key outcome measures such as readmissions, returns to the ED and patient experience.

ACTION: This initiative launched in October 2019 with funding from the Michigan Health Endowment Fund. The MHA is collaborating with other age-friendly initiatives in Michigan, including the Governor's/AARP Age Friendly Communities effort and the state of Michigan's Aging and Adult Services Agency.

- This work focuses on the 4Ms framework for creating age-friendly environments:
 - What Matters to the patient/family.
 - Medication using age-friendly medications that don't interfere with mobility, mentation or what matters.
 - Mentation preventing, identifying and treating conditions like dementia, depression and delirium appropriately.
 - Mobility ensuring older adults move safely every day to maintain and improve function.
- Of the 20 participating sites, 13 have been recognized by the Institute for Healthcare Improvement (IHI) as Age-Friendly Health Systems Participants, which indicate hospitals and health practices who have formally committed to putting the 4Ms into practice and had IHI review their plans. Of those, nine advanced to the ultimate recognition of Age-Friendly Health Systems Committed to Care Excellence recognition and have shown exemplary alignment with the elements of the 4Ms Framework. These numbers are current as of September 2020.



MATERNAL HEALTH

CHARGE: Develop a statewide maternal health dashboard and drive improvements in severe maternal morbidity and mortality rates by addressing racial disparities in maternity care and increasing compliance with evidence-based obstetrical safety bundles in Michigan birthing hospitals.

ACTION:

- > Statewide dashboard released to Michigan Alliance for Innovation on Maternal Health (MI AIM) hospitals in February 2020.
- > Funding from MDHHS is in place to conduct regional maternal morbidity and mortality "safety sessions" on hypertension in 2020, with a second round in 2021.
- Weekly calls were held for Michigan birthing hospitals during COVID-19 to discuss issues related to the pandemic and COVID-19-suspected or -positive laboring mothers.
- A partnership of the MHA Keystone Center and MI AIM that launched in 2016 continued this past year, which aims to reduce morbidity and mortality for mothers and babies. Forty-eight Michigan hospitals are actively engaged in this initiative.



OPIOID STEWARDSHIP

CHARGE: Decrease the inappropriate use of prescribed opioids statewide and improve access to care for those with opioid use disorder.

ACTION:

- The first cohort of the Midwest Alternatives to Opioids (ALTO) program began January 1, 2019 and concluded December 31, 2019. Alternative to opioid prescribing in emergency room settings went up by 13.38% and opioid prescribing went down by 11.32%. Twenty-two organizations participated across Michigan, Illinois and Wisconsin.
- The MHA Keystone Center is working with the MDHHS and Michigan Center for Rural Health on a CDC-funded initiative to increase provider adoption of CDC's chronic pain guidelines and support safer opioid prescribing practices (Overdose Data to Action grant).

MICHIGAN OPIOID USE BY THE NUMBERS

7.5
MILLION
atients over the

patients over the last 5 years received prescriptions

103.2

prescriptions were written to those patients 5,261

overdose deaths as a result of those prescriptions

IN 2019, THE MHA KEYSTONE CENTER LAUNCHED A MULTISTATE INITIATIVE — THE MIDWEST ALTO PROJECT — TO REDUCE THE ADMINISTRATION OF OPIOID MEDICATIONS BY EMERGENCY DEPARTMENT CLINICIANS WHILE INCREASING THE USE OF ALTERNATIVES TO OPIOIDS (ALTOS).

reduction in opioid prescribing as a result of this initiative

THE MISSION OF THE
SUPERIOR HEALTH QUALITY ALLIANCE IS TO IMPROVE
THE QUALITY OF HEALTH AND HEALTHCARE THROUGH
INNOVATION, EFFECTIVENESS AND EFFICIENCY
IN DESIGNING AND IMPLEMENTING CMS
NETWORK OF QUALITY IMPROVEMENT AND INNOVATION
CONTRACTORS (NQIIC) INITIATIVES THAT
ARE PERSON-CENTERED AND INTEGRATED ACROSS THE
CONTINUUM OF CARE AND SERVICES.

LONG-TERM SUSTAINABILITY

CHARGE: Create a long-term funding strategy for the MHA Keystone Center via the partnership with Superior Health Quality Alliance to address Medicare quality improvement goals and secure appropriate task orders. Identify and pursue additional contracts within Michigan to advance quality & safety priorities identified by the MHA Keystone Center board.

ACTION:

- In February 2019, Superior Health was named as a Network of Quality Improvement Innovation Contractor for the Centers for Medicare & Medicaid Services (CMS). In November 2019, it was awarded a five-year contract to serve as a Quality Innovation Network Quality Improvement Organization in Michigan, Minnesota and Wisconsin. The contract work focuses on improving nursing home quality, improving quality of care transitions, increasing chronic disease prevention and self-care, improving patient safety, and improving behavioral health and opioid misuse.
 - In addition to the MHA, Superior Health includes the Illinois Health and Hospital Association, MetaStar, the Midwest Kidney Network, the Minnesota Hospital Association, MPRO, Stratis Health and the Wisconsin Hospital Association.





- > 98% of dues were renewed for 2020 MHA Keystone Center Patient Safety Organization (PSO).
- One-year contract awarded by the Michigan Health Endowment Fund for the Age-Friendly Health Systems initiative.
- Three-year contract (renewed annually) awarded by the MDHHS for a CDC opioid effort.
- Two-year contract awarded by the MDHHS for the MHA Keystone Center to conduct maternal health safety sessions.





OTHER MHA KEYSTONE CENTER WORK



GREAT LAKES PARTNERS FOR PATIENTS (GLPP) HOSPITAL IMPROVEMENT INNOVATION NETWORK (HIIN)

Sept. 2016 - March 31, 2020



- > Comprised of MHA Keystone Center, the Illinois Health and Hospital Association and the Wisconsin Hospital Association.
 - 316 hospitals across the three states.
- Goal: reduce 14 hospital-acquired conditions by 20% and readmissions by 12% from a 2014 baseline.
- After three and a half years, the GLPP HIIN achieved a total cost savings of \$292,903,501, saved 3,350 lives and avoided 25,204 incidents of harm within hospitalized patients.
- The the MHA Keystone Center and Vlasic & Roth, LLC, developed and launched a certificate program in Implementation Science to facilitate successful implementation of best practices.
- Strong focus on person & family engagement (PFE) to ensure hospitals have one or more patients on a governing or leadership board serving as a patient representative. By the end of the program year, 87% of Michigan HIIN hospitals had satisfied this measure, with strong completion by critical access hospitals; 97% of whom had achieved this goal.
- The MHA Keystone Center launched the Health Equity Organizational Assessment as well as a series of educational opportunities to improve cultural competency within the healthcare workforce. Further, the Eliminating Disparities to Advance Health Equity and Improve Quality Guide was published in July 2020.
- The MHA Keystone Center continued to host sepsis and critical care simulations as well as train-the-trainer events on both topics, which helped educate participants on how to replicate these simulations within their own facility, facilitating local spread. They also hosted a sepsis Twitter chat in September 2020.

Advancing Health Eq MHA KEYSTONE CENTER MISSION

SUPPORTING HEALTHCARE PROVIDERS TO ACHIEVE EXCELLENCE IN THE OUTCOMES DESIRED BY THE PEOPLE THEY SERVE.

MHA KEYSTONE CENTER VISION

ACHIEVING THE HIGHEST QUALITY HEALTHCARE OUTCOMES THAT MEET INDIVIDUAL VALUES.

MHA KEYSTONE CENTER VALUES

EXCELLENCE. INNOVATION. COMPASSION. TEAMWORK.



The MHA Keystone Center launched a new data platform,
KeyMetrics. Hospitals may use the dashboards in KeyMetrics
to identify improvement opportunities and compare
themselves to other hospitals within the state of Michigan
who are participating in the programs and peer groups below:

- > AGE-FRIENDLY HEALTH SYSTEMS ACTION COMMUNITY
- > MIDWEST ALTO PROJECT
- > CRITICAL ACCESS HOSPITALS
- > MATERNAL HEALTH
- > WORKPLACE SAFETY



MHA WORKPLACE SAFETY COLLABORATIVE

- Launched the interactive MHA Workplace Safety Collaborative dashboard in KeyMetrics.
- Data submission for Workplace Safety Collaborative participants increased from 17 to 55 facilities (a 224% increase).
- Bimonthly webinars focusing on safe patient handling and mobility (SPHM) during a pandemic in addition to a SPHM workshop in July 2019.
- In September 2019, MHA held a workplace violence workshop in conjunction with the annual MHA Symposium which featured speaker Monica Cooke discussing how hospitals can create a workplace violence prevention program.



MHA KEYSTONE CENTER PSO

- **> 127 hospitals are in the MHA Keystone Center PSO**, 33 of which are critical access hospitals.
- **> 110,888 safety events** were submitted in NextPlane.
- **> 247 Speak-up! Award nominations were submitted** to the MHA Keystone Center PSO's adverse event reporting platform.
- The MHA Keystone Center PSO officially convened a Root Cause Analysis (RCA) Review Committee composed of eight subject matter experts from various member organizations. This committee will review de-identified RCAs submitted to the MHA Keystone Center PSO to identify common causal factors and harm mitigation strategies.
- > The 2020 MHA Keystone Center PSO Annual Meeting in March focused on safety culture, health information technology, obstetrical harm and medication-related adverse events.
- > The MHA Keystone Center PSO Safe Table this year was hosted in conjunction with the Age-Friendly Initiative and focused on population and geriatric health.

ADDITIONAL KEY ACTIVITIES

> Spectrum Health Pennock received the **2020 Advancing Safe Care Award** for their work on eliminating surgical-site infections. The Advancing Safe Care Award honors healthcare teams within MHA-member hospitals that demonstrate a fierce commitment to providing care to different patient populations, show evidence of an improved safety culture, lead the charge for quality improvement and demonstrate transparency in their efforts to improve healthcare.



Keystone Center Board listings and more visit www.mha.org.