

2025

ANNUAL REPORT



University Hospitals

Veale Healthcare Transformation Institute



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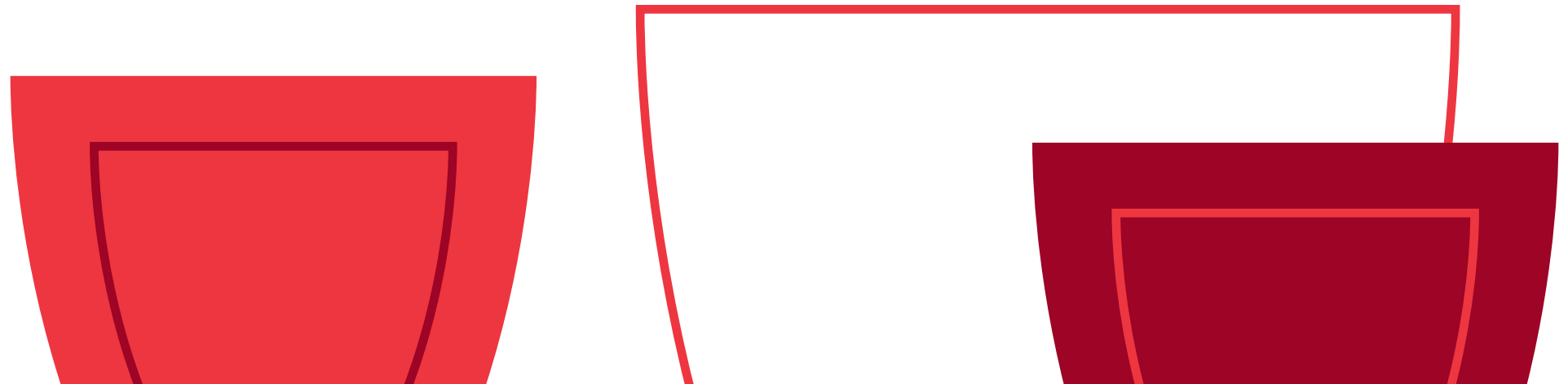
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Foreword

When I reflect on 2025, I'm elated by how far the Veale Healthcare Transformation Institute has come. As you'll see in this annual report, our efforts at University Hospitals and beyond have been nothing short of transformative.

In 2023, the Veale Foundation invested \$10 million using a novel "venture philanthropy" model to create the Veale Initiative for Healthcare Innovation. Our goal was to generate \$150 million in measurable value for UH over five years.

Driving change, let alone making it go faster, is notoriously challenging in healthcare. So, in partnership with UH Ventures and UH's Department of Operational Effectiveness, we built a dedicated team of strategists, designers, clinicians, and administrators to accelerate the Problem-Impact Cycle—the repeatable steps it takes to move impactful projects from problem exploration to experimentation, then to scale.

Enabled by our belief that the secret to great healthcare is love, we also began spreading and

embedding what we call the Believe, Belong, Build framework, priming leaders and their teams to overcome the challenges that all innovators face.

In its first full year, the initiative created \$30 million in returns—\$17 million over our target. Seeing these results, the Veale Foundation committed another \$11 million in 2025, refashioning the initiative into the Veale Healthcare Transformation Institute.

The work we are doing as an institute is powering some of the most ambitious and forward-looking healthcare transformation projects in the country.

For example:

- We are now one of the first hospital systems to have a virtual care team supporting an entire hospital.
- Our groundbreaking work using artificial intelligence is pushing UH to the cutting edge of patient support and engagement.
- We are reinventing and simplifying the way UH ensures our caregivers have the most up-to-date skills and qualifications.
- We have built new tools using large language models with the potential to revolutionize the way organizations find, organize, and manage their most pressing problems.

This fall we hosted the inaugural Intersection Conference, a first-of-its-kind meeting for healthcare transformation leaders. We also developed a new

healthcare leadership curriculum in collaboration with Case Western Reserve University. To support and advance this work, we secured a prestigious \$2.3 million grant from the John Templeton Foundation.

Along the way, we've continued to support critical work to reduce our length of stay, help patients recover after surgery, and improve our emergency department utilization.

To date, we have generated over \$136 million in value for our system, beating our target by more than \$55 million. You'll find some of the stories behind our efforts in the pages of this annual report.

We are extremely fortunate to work with funders, collaborators, and advocates who believe that real change in healthcare is possible and that philanthropy, when wisely invested, can be transformational. With growing momentum, an effective value-creation model, and the help of countless innovators in and outside of UH, the future looks brighter than ever. ▼



With gratitude,

Dr. Peter Pronovost

*Chief Quality and Clinical
Transformation Officer,
University Hospitals*

*President, University
Hospitals Veale Healthcare
Transformation Institute*

Our mission

At the Veale Healthcare Transformation Institute, we are improving value by taking on healthcare's biggest problems—and we're doing so with love at the center.

When most people think of healthcare, love isn't the first emotion that comes to mind. Instead, they think of their own healthcare experiences—often clinical, detached, even othering—and assume successful healthcare innovation must follow the same cold approach.

But we know the opposite to be true. We leverage the power of love within and between people to radically improve health and healthcare. Because when you lead with love, you uplift and connect people. You create a culture that supports free-flowing ideas. You see the value in every voice—and invite all voices to the table to identify better, faster, and more cost-effective solutions.

The result? People feel heard. In a system where care costs too much, harms too often, and changes too slowly, leading with love means people believe (often for the first time) that change is possible. They believe in their team's shared vision to make healthcare dramatically safer and more cost-effective. And together, united, they focus their collective effort where it matters most, transforming healthcare as we know it.

Within this report, we're honored to tell the stories of those Veale Institute teams and individuals—innovators who lead with love to foster deeper engagement, crucial cultural shifts, and better outcomes for those who receive care, provide care, and pay for care.

Their commitment to leading with love will reshape the future of healthcare. ▼



Our transformation: from initiative to institute

When the Veale Foundation invested \$10 million and we launched the Veale Initiative for Healthcare Innovation in 2023, we began building a framework to accelerate healthcare transformation. We also began piloting several projects to tackle high-impact issues: length of stay, surgery recovery outcomes, and nurse productivity and burnout.

This past June, thanks to another visionary commitment from the Veale Foundation, we officially became the Veale Healthcare Transformation Institute. This is more than a simple name change. It means we're being recognized for the value we are creating, and we're being trusted to make an even bigger impact at scale—for those who work within the UH system and for the patients we're here to serve.

With the help of the Veale Foundation's additional \$11 million of support, we now have a stronger, more stable foundation: We're able to expand our efforts with existing projects, take on projects with a longer-term focus, and build robust networks of support within the UH system.

"We believe that innovation comes from the bedside—from the people doing the work," says Veale Institute Executive Director Brandon Cornuke. "It's where the problem identification comes from, and it's often where the best insight comes from in terms of how to solve these problems."

At the Veale Institute, we start by bringing together stakeholders and end users to identify the most impactful problems we believe we can solve—we call these High-Value Problems. Then, we pilot potential solutions, assess their impact, and scale up the solutions that show the most promise.



With our transition to the Veale Institute, we have created four centers that are designed to facilitate every stage of our problem-solving process.

Center for Human-Centered Design:

We help the UH system find, define, and prioritize High-Value Problems. As we explore solutions, we stay focused on the needs of end users—the patients, families, and care teams we're here to help.

Center for New Technology Development:

We create unique tools, frameworks, pathways, and knowledge that help us quickly and efficiently test and implement new technology.

Center for Implementation Science:

Once technological solutions have demonstrated proven clinical value and ROI, we use our expertise and experience to scale them up and expand our impact.

Center for Transformational Leadership:

This ensures we have the infrastructure and culture to drive transformation. Once people *believe* transformational change is possible and feel like they *belong* at the table, they can *build* toward high-impact goals.

"Our centers are places of expertise to support the institution," says Cornuke. "They're here to generate content, learn about the ways other people are doing things, and be a repository of best practices." From creating process maps and presentation decks, to helping build stronger teams and systems, to facilitating and teaching, to exploring and sharing new ideas, each center is here to help support transformative change.

In an effort to speed up our ability to identify and solve High-Value Problems, we've also created special accelerators within three clinical areas that are especially receptive to innovation and transformation:

- Accelerator for Surgical Innovation
- Accelerator for Behavioral Health Innovation
- Accelerator for Primary Care Innovation

Dr. Patrick Runnels, the Veale Institute's newly appointed Chief Medical Officer, will lead this work with our clinical teams.

These accelerators will be key to helping us find and solve High-Value Problems. But, says Cornuke, there's another, equally impactful purpose of their creation: "These accelerators will perpetuate the use of our tools and methodology inside their own specialties. The Veale Institute doesn't necessarily have to be involved for them to be thinking about High-Value Problems, to spool up experiments, to talk about how to evaluate or scale an experiment. We're aiming to enable smaller and smaller teams to use this methodology over time."

The establishment of the Veale Healthcare Transformation Institute reminds us all that our work is more than a passing phase of consideration.

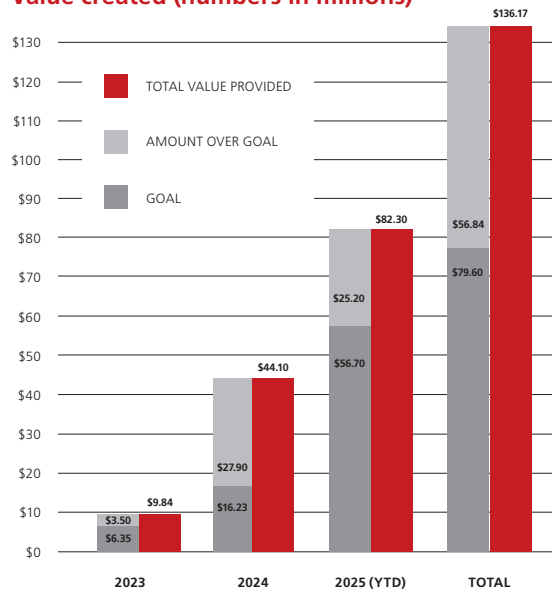
"There's excitement around what we're doing and a desire to make it more entrenched," says Cornuke. "Becoming an institute means that others believe in us. And that means we can build great things." ▼



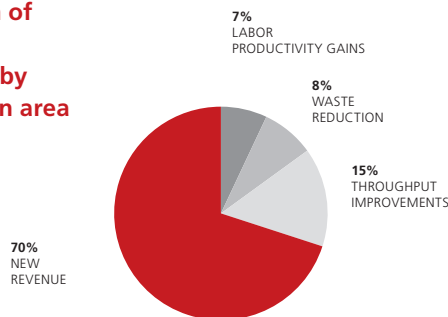
Our impact

At the Veale Healthcare Transformation Institute, we're helping redefine what's possible in healthcare—and accelerating solutions to our industry's biggest challenges. From the value we've created to the positive outcomes we've driven for University Hospitals patients and staff, 2025 has been an exciting year for us.

Value created (numbers in millions)



Breakdown of total value (\$136.17M) by contribution area



What we're working on:

- An average of **12** ongoing High-Value Problem diligence efforts throughout the year
- **2** major system-wide technology deployments
- **2** product development efforts underway

Active projects or High-Value Problem exploration being done with:

- Care connections
- Digestive health
- Emergency department
- Nursing
- Operating rooms
- Outpatient services
- Pharmacy
- Population health
- Primary care
- Radiology
- Urology



Living and Leading With Love

John Templeton Foundation grant expands transformative leadership framework

Healthcare in the U.S. excels at treating people when they're sick, but it also has a lot of flaws, says Dr. Pat Runnels, Chief Medical Officer of the Veale Institute. It's expensive, our healthcare systems are underwater, our workers are burned out, and we lag in the quality of preventive care and chronic disease management.

"Our system is good at what we've always done—but we're pretty bad at change," says Runnels. "Healthcare transformation is key to what we know needs to happen."

But how do you drive transformation in a change-resistant industry?

That's where University Hospitals' Living and Leading With Love framework comes in. Grounded in evidence-based practices and created to address the challenges of working in modern healthcare, improve patient care outcomes, and cultivate trust throughout the healthcare ecosystem, the framework brings a new approach to leadership.

"You must start with believing that people are the answer, and those you lead are the ones who will get you to that good space," says Runnels. "That means including them in what's going on, including them in solving problems, and empowering them with the capabilities and support they need to lead us forward to that new space."

Thanks to a recent \$2.3 million grant from the John Templeton Foundation, the Veale Institute is overseeing the expansion of the Living and Leading With Love framework across the UH ecosystem and beyond.



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The grant will help UH accomplish this expansion in the three below areas.

Extending the reach of training programs

Through the expansion of the Transformational Leadership Academy, the Veale Institute is empowering leaders from all disciplines to create inclusive, psychologically safe cultures. The nine-month program already has seen 30 graduates, and Runnels looks forward to its growth. “If you want to transform a healthcare system, it’s not going to work unless you bring people in, get them on board with what you’re doing, and make ambassadors out of them,” he says.

Creating tools that help drive change

In addition to creating more tools and resources to help teach about leading with love, the Veale Institute will prompt people to actually *use* those resources. Runnels says there are four ingredients to driving learning and adoption: content, cohort, culture, and co-creation. Learning leadership content as part of a cohort, considering the culture you want to build, and taking on a project and understanding you are actually

co-creating the future of your team or organization—all of this together is what will actually move the needle.

To further support adoption of the Living and Leading With Love model, the Veale Institute has created and is already testing an AI tool to help train leaders to lead with love and inspire others to drive change. Measuring everything from the type of words someone uses to their facial expression, the tool gives learners a safe space to practice challenging conversations and receive feedback.

Sharing our approach with other health systems

Through conferences, publications, and education, the John Templeton Foundation grant will amplify the Veale Institute’s efforts to share our approach across national and global healthcare communities.

In September, UH hosted the first-ever national conference on healthcare transformation, inviting healthcare leaders from across the country to explore how leading with love can bring value-based care to the forefront and improve patient outcomes. This past summer, Runnels taught the framework to an online healthcare MBA cohort at Case Western Reserve University. “It was the first time we got to promote this with a group that was entirely non-UH folks,” he says.

Runnels has already heard from healthcare leaders who want to learn more about the Veale Institute’s approach to healthcare leadership, some even expressing interest in consultation.

“Even if they’re skeptical of ‘love,’ they’re really interested in the results we’re getting,” says Runnels. “When you dig into what we’re getting at, what we’re trying to do, that skepticism goes away. We embody what we’re saying. We live it, we’ve done it, and we’re still doing it.” ▼



“

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Connecting with care

Connected Care Team sets new bar for virtual care models

“We have a limited nursing capacity, which drives frustration, inefficiencies, and attrition—and this can lead to needless patient suffering or harm,” says Brian Nelson, Program Manager for the Veale Institute. “How might we implement a virtual care platform to act as a force multiplier for our care teams—and how can we get them more time back?”

These are the issues we sought to address when we piloted a care model called the Intelligent Hospital Room last year. Working with a cross-UH team, we deployed a virtual care platform—Vitalchat—to 136 beds across five units in four hospitals. Using secure two-way video and audio, Vitalchat makes possible a

new, highly promising role on our teams: virtual nurse. During this pilot, UH nurses took turns working virtually, supporting in-person teams by handling admissions, discharges, and other aspects of patient care that are crucial but take time away from bedside care.

Our learnings indicate this model leads to improved caregiver engagement, a better patient experience, and a shorter length of stay. As we sought to scale our impact in the next phase of the project, we asked: How can we apply this model and Vitalchat across an entire hospital? And how can this help drive positive clinical outcomes and increase ROI?

Today, we’ve renamed this work the Connected Care Team initiative, emphasizing the integration of virtual nurses as part of a multidisciplinary team. In July, we reached a major milestone: deploying the model across an entire hospital.

At UH Lake West Medical Center, every inpatient unit, including the emergency department, intensive care unit, stepdown unit, and medical-surgical units, now has 24/7 access to virtual nursing support. It’s one of the first hospitals in the country with a whole-hospital virtual nursing program.

“The moment a patient sets foot in Lake West, they’re greeted by a virtual nurse,” says Lauren Yanus, Platform Lead for the Veale Institute. “That care model follows them throughout their entire hospital stay.”

An important aspect of ensuring this care model works is looking to nurses to drive innovation. “We design *with*, not *for*,” says Yanus of the Veale Institute’s methodology. “We make sure the people who will be doing the work are in the room to design workflows, make decisions, and decide on the path forward. We give them that space to innovate, and they come up with the best ways to use the technology.”



On top of use cases like admissions, discharges, hourly rounding, and fall-reduction measures, nurses at Lake West are identifying additional opportunities to use the technology. Virtual nurses are assisting with patient triage in the emergency department, providing rapid response and code documentation support via the virtual ICU nurse, and helping coordinate patient flow and communication across the medical-surgical and stepdown units.

Though the whole-hospital experiment is still in early stages, results are encouraging, says Yanus: “Lake West is seeing positive trends in caregiver engagement, higher patient-satisfaction scores related to nurse-patient relationships and hourly rounding, and a shorter time from discharge order to patient departure.”

A preliminary analysis also indicates that our work is keeping patients safer: Over six months, Connected Care units with virtual nurses saw a 78% reduction in falls. “While this is an initial assessment, it is extremely promising and highlights the importance of combining technology and care teams to provide better, high-quality care to patients,” says Dr. Brian D’Anza, Veale Institute Clinical Technology Lead.

Ashley Carlucci, UH Market Chief Nursing Officer, says the Connected Care Team initiative has so far been transformative for UH nurses, who have been highly engaged in making it a success—from helping shape workflows and identifying patient care opportunities to sharing feedback that strengthens the model.

“This initiative is redefining the future of nursing,” says Carlucci. “It’s showing that technology can enhance, rather than replace, the human connection in care. The Connected Care Team isn’t just about efficiency—it’s about fostering a strong, adaptable, and compassionate workforce that exemplifies excellence in human caring.” ▼

Project highlight: Virtual patient observer program

Another use case the Connected Care Team initiative began piloting this year is the virtual patient observer program. When patients need specialized attention or monitoring, trained patient observers help keep them safe. Typically, this happens in person, at a one-observer-per-patient ratio. But when hospitals are understaffed and need observers, care teams sometimes have to assign that role to a nursing assistant—pulling them from other responsibilities.

That one-to-one ratio may soon be a thing of the past. With Vitalchat, one virtual observer can safely monitor up to six patients at a time. In addition to generating significant ROI, this approach helps ensure that caregiving teams can stay well-staffed and provide quality care.

So far, virtual patient observers are available throughout Lake West and in certain departments in five other UH medical centers. As we look to scale this program, we’re tracking data like safety metrics and number of patient interventions—and exploring how to standardize the process across the UH system.



78%

reduction in falls
in Connected
Care units

From January to August 2025, Vitalchat and the Connected Care Team initiative have demonstrated a significant budget-neutral impact across participating UH units and hospitals:

- 96 trained virtual nurses and 37 trained virtual patient observers
- Virtual nurses across all units completed 2,106 admissions
- Assuming 30 minutes per admission, that means 1,053 hours given back to bedside nurses for direct patient care
- During the same period, virtual nurses completed 1,891 discharges—giving back an additional 473 hours

Team spotlight: Jillian Lavender



Jillian Lavender, Nurse Manager of the Systems Operations Center, has been a key partner in the Connected Care Team initiative's virtual patient observer program. Helping define how the technology is implemented at the bedside, Lavender works closely with frontline staff, nursing leadership, and technology partners to ensure the model is both clinically safe and operationally feasible.

"Jillian has been instrumental in bridging our early experimental phase with the operational processes that will guide future implementation of the virtual patient observer program," says Lauren Yanus, Platform Lead for the Veale Institute.

Of her work with the Veale Institute team, Lavender says, "What I appreciated most is that every conversation was rooted in problem-solving—not just from a technical standpoint, but from a human one. It never felt like 'their project' or 'our pilot'—it felt like one team rowing in the same direction."

As that team continues to explore how the virtual patient observer program can be thoughtfully scaled, Lavender is excited about helping expand its impact. "When you get to help build something that directly improves safety, supports caregivers, and lays the groundwork for system-wide transformation, it's energizing," she says. "It's incredibly meaningful to be part of this work." ♥

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Jillian’s leadership
and partnership have
been central to the
detailed planning,
coordination, and
ongoing refinement
that make this
experiment possible.”

LAUREN YANUS,
VEALE INSTITUTE PLATFORM LEAD

On the frontier

UH and Hippocratic AI explore new ways to deploy artificial intelligence in healthcare



Across the U.S., our healthcare system is facing a staffing crisis that threatens care quality and access—and projections suggest it will worsen. To truly transform healthcare, we need a solution that supports caregivers without replacing them.

Enter Hippocratic AI, a generative AI platform built specifically for healthcare.

Using a custom-trained large language model (LLM), Hippocratic AI supports caregivers with patient-facing, non-diagnostic clinical tasks. Its voice-based AI agents excel at conversations and can assist with patient education, procedure prep, screening reminders, triage, care coordination across clinical workflows, and more.

Perhaps most important, Hippocratic AI was built for healthcare and optimized for safety. In a resource-constrained industry, it handles low-risk tasks, freeing providers to focus on what only they can do—make

diagnoses, prescribe medications, and exercise clinical judgment. The result: improved patient experience and outcomes, delivered efficiently and safely.

When UH Chief Operating Officer Dr. Paul Hinchey learned about the promises of Hippocratic AI at a conference, he knew it was something he wanted UH to consider. That's why he brought it to the attention of UH Ventures (the innovation and commercialization arm of UH) and the Veale Institute.

"This could be a huge boon for us," says Matt Zenker, Director of Deal Flow and Investment at UH Ventures and chair of the UH AI Council. "But obviously it's new technology, so we need to run this through our process."

Veale Institute Program Manager Brian Nelson says the institute is here to accelerate this process the right way: "With the expertise of our human-centered design team, led by Sara Edwards and Meghan Cochran, we help perform the diligence needed to march solutions like this through the UH approval process."

With the infrastructure and know-how to define and prioritize High-Value Problems, develop frameworks, and scale technology with demonstrated value, the Veale Institute is a natural partner for UH Ventures. Together, they started by identifying a problem to solve—and a use case to test.

Problem: Pharmacy prescription conversion

Today, UH providers send more than 50% of the prescriptions they write to external pharmacies. This doesn't just mean that UH is missing out on a significant revenue opportunity; it limits our visibility into our patients' medication adherence. (Some patients even use multiple external locations to fill their prescriptions, a fragmentation that creates even more unnecessary burden and risk.)

Consolidating fills within UH's network helps improve coordination, adherence, and outcomes—while also capturing revenue that's currently leaving the UH system.

"When patients transition from external pharmacies to UH's pharmacy services, UH sees a positive ROI," says Nelson. "But the greater value to us is that it improves patient care."

To test this use case, UH is having Hippocratic AI's conversational agents call patients who use external pharmacies, explain UH's services, and ask if they'd like to switch. If they agree, a UH pharmacist follows up.

Early results are promising: Between August and October, UH reached out to 9,405 patients, connected with 5,266, and saw 111 transfers of 675 medications. That translates to \$127,000 of monthly new net income, or \$1.58 million of estimated annual new net income—all from a \$10,000 cost in call credits.

Beyond learning about the potential for a highly favorable cost per conversion, the pilot is also validating that patients will engage with an AI agent, and that we can learn and improve based on these patient-agent interactions.

The Veale Institute and UH Ventures see tremendous potential in how Hippocratic AI can seamlessly help with clinical outreach—such as screenings, education, and follow-up calls.

"The sky's the limit in terms of ROI and all the ways we can better utilize our staff," says Zenker. "I'm also excited for more patients to try it and find the value in improving their experience."

Nelson says he looks forward to adding more use cases that fit within UH's strategic priorities, expanding our understanding of how we can leverage Hippocratic AI along with other AI technologies, platforms, and initiatives.

"It's got empathy, unlimited knowledge, and unlimited time," says Nelson. "That combination allows Hippocratic AI to open doors for anything. Nothing else really puts it all together—but this does." ▼

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Hippocratic AI shares our values around safety, compassion, and putting patients first. Together, we're reaching patients between visits, closing communication gaps, and helping clinicians spend more time practicing at the top of their license."

DR. PAUL HINCHEY,
UH CHIEF OPERATING OFFICER



Collaboration-driven innovation

Digital competency project shows power of working across teams

UH Central Sterile Processing Manager Nick Day had a problem: His team's competency assessments—tests to ensure they were staying up to speed with the processes and technology they use to keep patients safe—were primarily done on paper.

"Across multiple sites, we found that competency validation varied widely depending on local practices, available resources, and individual interpretation," says Day. "This resulted in variations in training depth, inconsistent documentation, and limited system-wide visibility into staff proficiency and ongoing development."

Ever the problem-solver, Day began working on an idea for a digital solution and decided to submit it to the Feuer Accelerator, a UH Ventures program that connects caregivers with innovation experts and helps them develop their product for use at UH—and beyond.

Allison Hart, UH Ventures Manager of System Strategy and Innovation, found Day's solution promising for his team and others facing similar challenges. "The idea had potential to disrupt the status quo," she says. "We found an opportunity to improve competency management at UH and across healthcare."

Day's submission won—and, as UH Ventures began working with Day to refine the problem and assess impact, they tapped into the Veale Institute's human-centered

design expertise. So began a highly collaborative project to improve record keeping, safety, and standards—on Day's team, across UH, and throughout healthcare.

Phase 1: Central Sterile Processing

The Veale Institute and UH Ventures teams began by interviewing Central Sterile Processing stakeholders to learn what the competency assessment process looked like, from those who administer the tests to employees taking the test. After identifying issues and creating a list of problems to target, they began co-designing the solution.

"We did a lot of iteration with Nick and his team," says Sara Edwards, Veale Institute Director of Design Operations. "Sketching, wireframes, box diagrams—just co-creating."

Day says that process made all the difference: "The Ventures and Veale teams didn't start by designing features; they started by listening. Instead of building a solution in isolation and asking us to adopt it, they co-designed it with the teams who would rely on it," he says.

Finally, after landing on a concept that would be easy for employees, proctors, and hospital administrators to use, the UH project team, led by Sr. Project Manager Sreeja Sathish, worked with engineers to bring it to life.

In February, the Central Sterile Processing team at Elyria Medical Center tested the new tool. Results were overwhelmingly positive: From reviewing employee history and scheduling assessments to documenting results and communicating progress, the new digital tool eliminated or reduced every inefficiency identified in the old process.

"I'm extremely proud of what we've built together," says Day. "It strengthens patient safety and elevates the practice and professionalism of Sterile Processing, and any other service lines that adopt it."



Phase 2: Nursing

Armed with a prototype and plenty of feedback, the Veale Institute and UH Ventures teams were ready to begin scaling the digital competency solution to serve a much larger group: the 11,000 nurses at UH who also lack a standardized digital competency assessment solution. With nursing's many different locations, technologies, and specialties, there was no one-size-fits-all solution—but that in itself **was** the solution.

"There were a lot of small efficiencies we wanted to improve, but the biggest improvement we made in this phase was we built tools for clinical teams to create and manage their own competencies," says Edwards.

Phase two—with customizable tools that can be configured for each nursing team—is currently being tested at Ahuja and Cleveland medical centers. So far, the feedback about efficiency, likelihood to recommend, and employee satisfaction has been positive.

Holly Ma, UH Vice President of Nursing Professional Development, Practice, and Research, speaks to the project's impact: "By integrating digital competencies, nursing teams gain the tools to strengthen workforce readiness, track progress with data-driven precision, close skill gaps through focused training, and foster a culture of efficiency, collaboration, and transparency across all roles."

Healthcare builds for healthcare

Vish Pasumarthy, UH Ventures Director of Emerging Technologies, celebrates many aspects of the digital competency project. First, it speeds up how UH identifies and acts on areas that need improvement. With up-to-date analytics and insights on where caregivers are in their education and training, UH can quickly address areas where there may be potential for harm.

This product is also more cost-effective, Pasumarthy says. "Oftentimes, organizations waste a lot of money shopping for products. Trials cost a lot, take a lot of time to configure, and if they don't work, it's a waste. We're building something in-house in the interest of creating more efficiency in the organization."

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While the UH Ventures and Veale Institute teams have flexed who takes the lead during various stages, ongoing active engagement by our teams means that our respective expertise manifests as collective support and development.”

ALLISON HART, UH VENTURES MANAGER OF
SYSTEM STRATEGY AND INNOVATION

Pasumarthy sees potential for transformation beyond the UH system, whether it's someday sharing a version of this tool with other healthcare systems, or inspiring others by designing innovative solutions from within.

"You don't always have to lean on external technology to help," he says. "We are proving out that healthcare institutions can make an amazing product for themselves—and maybe even help other organizations. Healthcare builds for healthcare. It's a win-win." ♥



Team spotlight: Sreeja Sathish



UH Sr. Project Manager Sreeja Sathish was instrumental in making the digital competency project a success. “She led the development of the project with remarkable efficiency and focus, ensuring swift progress while maintaining high-quality standards,” says Sara Edwards, Director of Design Operations at the Veale Institute.

Working with a global team wasn’t without its challenges, but the fun, collaborative environment Sathish created, along with a focus on those who would benefit most from the technology, was always front and center. “Sreeja consistently kept our end users at the heart of every decision, delivering real value through thoughtful, user-centered software,” says Edwards.

By co-designing this application alongside end users—the nursing and sterile processing teams—to meet their needs, the project team established trust and saw the process adopted easily and quickly. “The nursing and sterile processing teams are the advocates of this application to other departments who can benefit from this,” Sathish says.

After learning that thousands of caregivers still use paper assessments in 2025, Sathish is happy to contribute to a solution that increases efficiency. “I’m excited to be a part of this wonderful project and help save a lot of time for caregivers so they can focus more on patients,” she says. ▼

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Sreeja consistently kept our end users at the heart of every decision, delivering real value through thoughtful, user-centered software.”

SARA EDWARDS, VEALE INSTITUTE
DIRECTOR OF DESIGN OPERATIONS

Final thoughts

When we launched the Veale Initiative, our goal was to create a permanent, full-scale, organizational capacity that dramatically improved the speed and efficiency with which we solved important problems. Now operating as the Veale Institute, we're seeing that vision start to take shape.

Looking back, I'm inspired by the scope of our efforts and filled with gratitude for the many colleagues who have lent us their time and talent. From clinicians and technologists to administrators and executives, every part of the organization is helping build tangible momentum toward transformational change. Likewise, we are thankful for the many vendors and partners who have helped us along our journey. And, of course, I'm deeply grateful for the Veale Institute team. Transformation is hard work, full of tests and challenges. Their grit and good humor—to say nothing of their talent and collaborative spirit—has made all the difference.

I'm proud that our work sits squarely within, rather than outside, University Hospitals' overall efforts to cut costs, do no harm, and adapt more quickly. The Veale Institute is simply one element in a complex concert of actors working tirelessly on behalf of our patients and caregivers. The stories and metrics we've shared in this report are a result of that collaboration.

With the support of forward-thinking funders like the Veale Foundation and the John Templeton Foundation, we are confident that we will continue to inspire transformation at UH and beyond. ▼



Brandon Cornuke

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University Hospitals

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