HEALTHCARE EXECUTIVE

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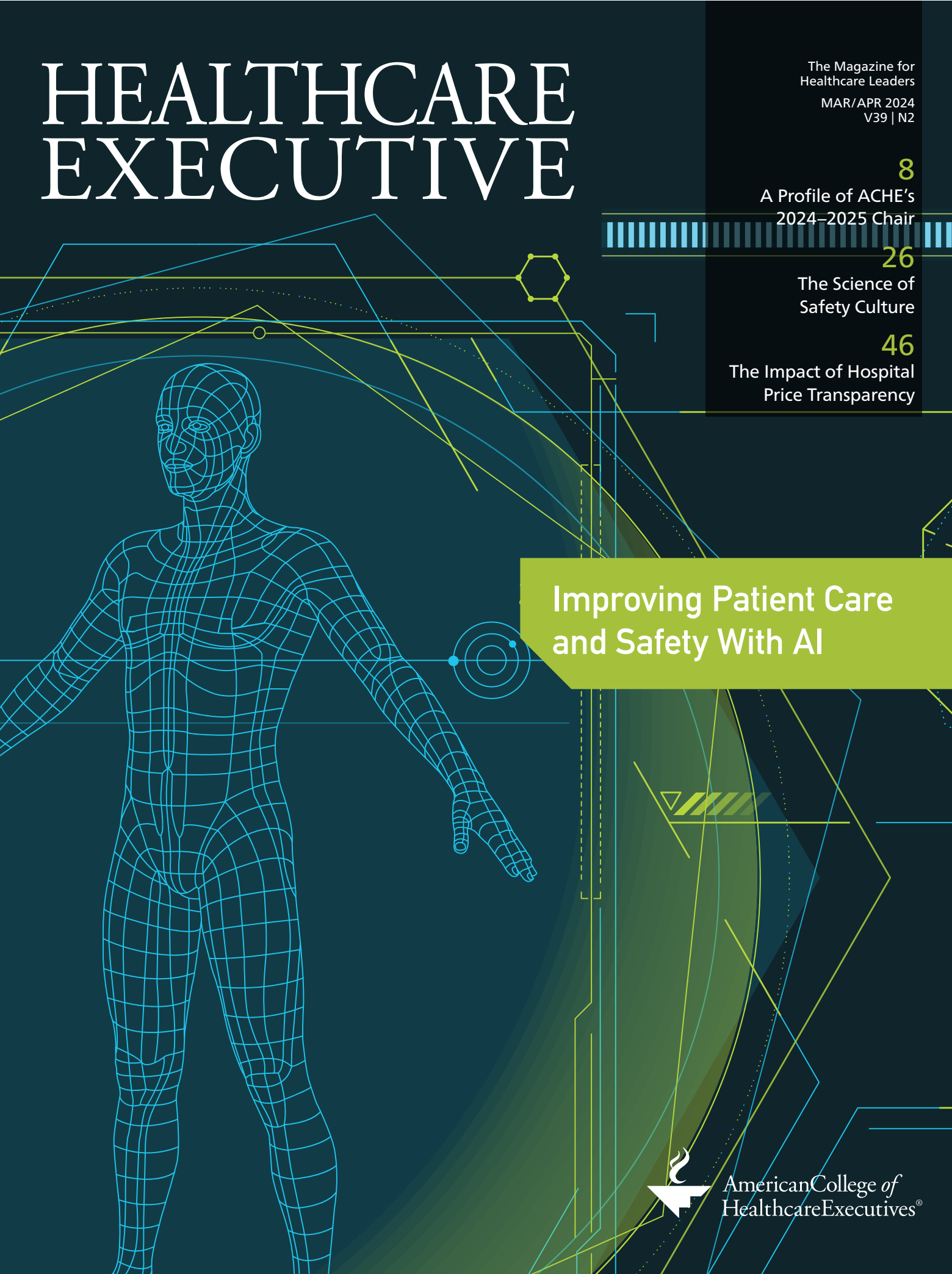

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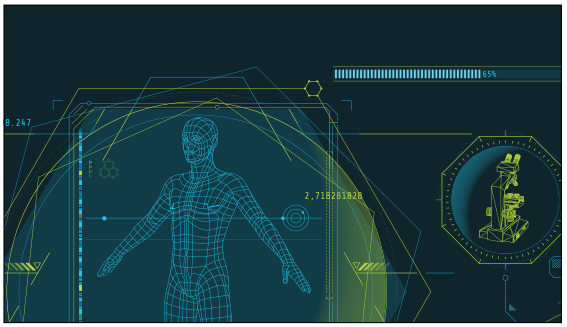

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Artificial intelligence has demonstrated that it can improve patient care and safety by helping clinicians analyze imaging and pathology reports.

Features

William "Bill" P. Santulli, FACHE, will assume office as Chair of ACHE on March 23. He is president, Advocate Health—Midwest Region, Downers Grove, Ill.

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Establishing and continuously improving upon safety culture is a key vital sign for any healthcare organization, and continuing education plays a critical role in the success of such efforts.

Departments

Inside ACHE

Fresh, Exclusive Content

Read the following articles only at **HealthcareExecutive.org/WebExtras**:

Acceptance and Implementation Strategies
Danielle Walsh, MD, FAAP, FACS, a professor of surgery and vice chair of Surgery for Quality and Process Improvement at the University of Kentucky College of Medicine in Lexington, believes there are two big myths about using AI in healthcare: that physicians don't want AI and that patients don't want AI. "AI has the potential to undo much of the frustration of documenting in the EMR through tools such as ambient listening that not only transcribes but interprets and summarizes what is happening in a patient encounter," Walsh says.

Recent *Healthcare Executive* Podcasts

You can find the following interviews and more at **HealthcareExecutive.org/Podcast** or search for "Healthcare Executive" in iTunes or your podcasting app of choice:

In "What It Will Take to Transform Healthcare," **Cheryl Pegus, MD**, and **Marc Harrison, MD**, share how hospitals and health systems can embrace creativity and innovation to transform healthcare.

In "Executive Engagement and the Importance of Communication in Healthcare Leadership," **David Schreiner, PhD, FACHE**, president/CEO, Katherine Shaw Bethea Hospital, Dixon, Ill., discusses executive engagement and the importance of communication in healthcare leadership.

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Randy F. Liss

Thinking Innovatively for Safety and Quality

As use of artificial intelligence ramps up in various industries, a recent Bain & Company survey of health system leaders reveals an interesting finding: Though 75% believe generative AI has reached a turning point in its ability to reshape healthcare, only 6% had an established organizational strategy for it.

Leaders developing that strategy need to consider where AI fits in care delivery, be clear about use cases for AI and ensure that implementation doesn't exacerbate existing issues, said Richard Greenhill, DHA, CPHQ, FACHE, on a recent episode of the *Healthcare Executive* Podcast. "We still need to think innovatively even as we are implementing innovative tools and technology," Greenhill says.

It's clear in our cover story, "Improving Patient Care and Safety With AI" (Page 16), that some hospitals and health systems are already doing that in such areas as cancer detection, informatics and surgical care. Our story demonstrates that even though AI use is in its early stages, its ability to help improve outcomes and streamline care-delivery processes is certainly promising.

Our second feature, "The Science of Safety Culture" (Page 26), looks at care delivery from the angle of the specific safety competencies that organizations have in place. Continuing education, training and system building all point toward safer clinical outcomes, as one provider told us, helping organizations "build a culture and system that impacts the kids and families we serve."

Finally, ACHE has a new Board Chair as of March 23—William "Bill" P. Santulli, FACHE. Our annual profile of the incoming Chair (Page 8) offers a view of his career journey and his priorities for his 2024–2025 term.

I hope you enjoy this issue. As always, if you'd like to share any feedback about it, just send me a note at rliss@ache.org.▲

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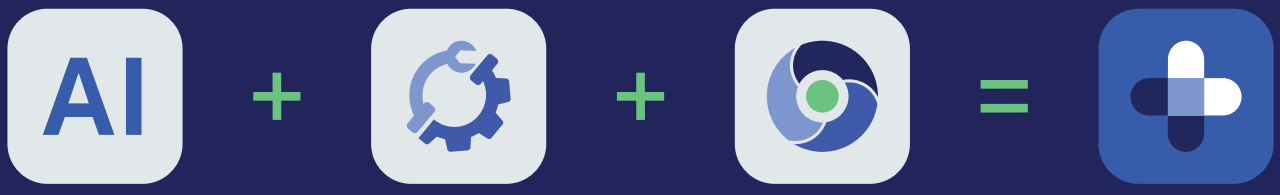

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Deborah J. Bowen, FACHE, CAE

Technology as Transformer

Delivering an unparalleled experience is our goal.

Artificial intelligence's potential dominates conversations about the future of healthcare and all that is possible, not only to improve clinical care for patients but also to help address other challenges such as workforce. Although AI holds enormous promise, the overarching concern is that it can also produce unintended consequences. Advisers carefully note that these powerful tools will require leaders to be thoughtful and intentional about their use.

As with any technology, its ability to transform us and the way we work begins with the end in mind. Goals and intentions need to be clear and account for the delicate balances in play: privacy and transparency, caution and disruption, peppered with how to calibrate the pace of change inherent in the utility of anything new. These are tough needles to thread as leaders look to innovate, while at the same time seeking to ensure that we build technology anchored firmly in the benefits of those we serve.

ACHE, too, though different in scope and reach, is firmly committed to using the best technology has to offer to transform your experiences with us. With the support and guidance from the ACHE Board of Governors, we crafted a plan to provide unparalleled experiences as our Strategic Plan suggests. Our journey outlines an ambitious plan to update our membership customer relationship management system, and launch a new website with refreshed branding and a new digital infrastructure to better customize your experiences. In doing so, we want to ensure that ACHE is your first choice for robust, personalized leadership resources that will help you achieve your goals today and into the future. Our technology transformation is guided by three priorities to help us navigate this journey and stay on course.

Purposeful and personal. In every decision, we are using best practices to create a modern, integrated and personalized digital experience, with you and your needs at the center. Powered by a more agile membership system, our new website will be the entry point, and every visit should be frictionless and user-friendly to enable easy searching, browsing and accessing of customized resources and solutions we offer leaders and organizations. The site will illustrate who we are and what we stand for to inspire busy leaders and propel them forward in their work. Our refreshed branding will be a reflection of you, and we want you to see yourself in the stories we tell with every click and scroll.

Secure and convenient. Privacy and accessibility are priorities as we update our platforms and re-engineer our business. We want to meet you where you are—on mobile or desktop—while providing security and confidentiality at every step. Data-driven insights will support relevant and timely product innovation to enhance the leader journey. Data integrity is a critical piece, and we are working to ensure a leader database with respect for accuracy, consistency and validity, along with privacy and attention to personalization. We envision a system agile enough to accommodate the many ways we serve you and our field but also able to adapt to opportunities for new ways to do business as they emerge.

Evaluated and improved. The ultimate test of our digital transformation is whether it enables us to fulfill our promise to you, and you can help us with that. In the coming months, we will be asking for your feedback about our new platforms and your suggestions to strengthen them. These systems will be effective only if those using them find them valuable; they will evolve based on what you tell us, and we are excited to have you on our journey in developing them.

This transformation will be a focus all year as we work to implement these systems, with design and development underway this spring. Testing and feedback gathering will come in the third and fourth quarters, followed by sharpening and refining as we work toward going live in early 2025. Technology can be a formidable partner, and we look forward to harnessing its power to deliver unparalleled experiences for you. ▲

*Deborah J. Bowen, FACHE, CAE, is president/CEO of the American College of Healthcare Executives (*dbowen@ache.org*).*

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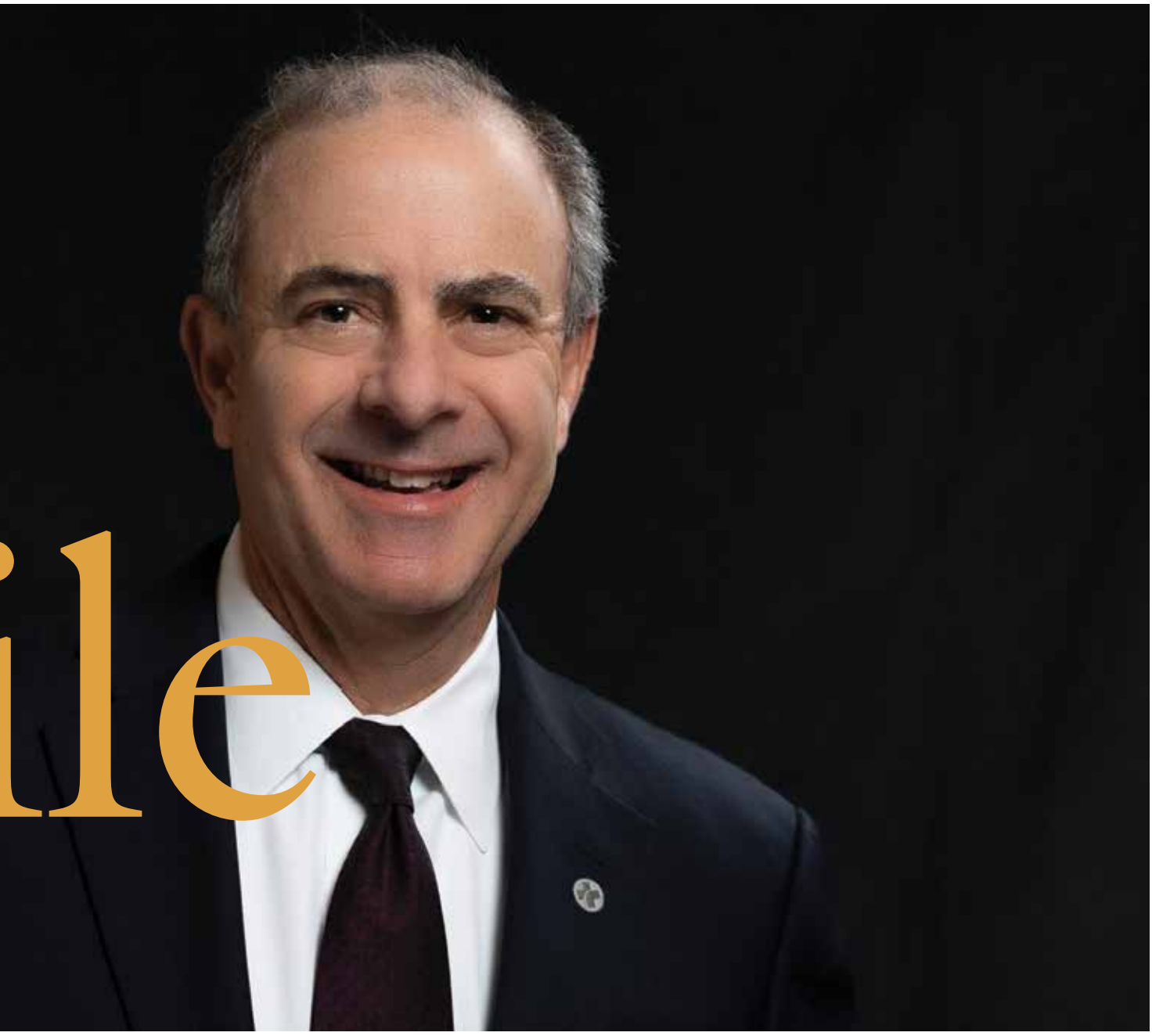
THE POWER OF PARTNERSHIP™

A Profi

of ACHE's 2024–2025 Chair

By Susan Birk

After finishing his undergraduate work in sociology at the University of Notre Dame, **William "Bill" P. Santulli, FACHE**, set his career sights on becoming a sociologist. The New York native credits that early desire to work in academia to the inquisitiveness and zeal for tackling complex problems he'd learned from his father growing up on Long Island.



Though Santulli ultimately chose a different path, those qualities have continued to serve him well through an exemplary career in healthcare leadership that has taken him and his family from the Midwest to both coasts and back to the Midwest.

Most recently, Santulli has served since 2022 as president, midwest region, Advocate Health, Oak Brook, Ill., which was created from the merger of Advocate Aurora Health and Atrium Health. There, he oversees a $14.7 billion operating budget and all delivery system operations, including 27 hospitals, more than 400 ambulatory sites and clinics, and more than 4,000 providers.

Highlights of his tenure at Advocate Aurora Health include: increasing safety event reporting by 84%, increasing the number of people of color in management by 27%, increasing diversity spend by 75% and, from 2017 to 2022, saving the federal government $600 million through one of the most successful Medicare shared savings programs in the U.S.

Colleagues attribute much of Santulli's success to his curiosity, integrity and open, compassionate leadership style.

Curiosity, Compassion, Consensus

"Bill always seeks to understand others and is committed to lifelong learning," observes Jim Skogsbergh, FACHE,

A Profile of ACHE's 2024–2025 Chair

"Bill has a distinguished career in developing leaders to perform at their very highest levels. As Chair of the ACHE board, I have no doubt that he will help to enhance the capabilities of current healthcare executives and the next generation as well."

—Eugene A. Woods, FACHE

CEO, Advocate Health, who has been one of Santulli's most significant mentors and a colleague for 28 years. Skogsbergh served as president and CEO, Advocate Aurora Health, prior to the merger.

Skogsbergh says the strengths as a collaborative team player, team leader and consensus builder that Santulli has shown throughout his career at Advocate, including his earlier positions as COO, Advocate Aurora Health, executive vice president and COO of Advocate Health Care and as CEO of Advocate Good Samaritan, Downers Grove, Ill., will translate seamlessly to his role as the 2024–2025 Chair of ACHE.

Other colleagues agree, pointing to his generosity and approachability. "One of Bill's attributes that I deeply admire is his style of being fully engaged and yet first to celebrate success by sharing the credit with others," says Mark R. Neaman, LFACHE, past ACHE Chair. "This quality makes Bill a wonderful mentor and developer of talent."

Eugene A. Woods, FACHE, CEO, Advocate Health (co-CEO with Skogsbergh), believes Santulli's commitment to operational excellence, anchored in a deep-rooted desire to help people live well, will be an asset to ACHE in a time of transformation. "Bill has a distinguished career in developing leaders to perform at their very highest levels. As Chair of the ACHE board, I have no doubt that he will help to enhance the capabilities of current healthcare executives and the next generation as well."

Santulli's commitment to those values manifests in his 40 years of ACHE participation at the chapter level and as a member of the Board of Governors and its Finance Committee, as well as in the priorities he's defined for his term as ACHE Chair.

Focus Areas for 2024–2025

One of those priorities is furthering ACHE's focus on supporting leaders and organizations in their journey to high reliability, building on the comprehensive safety blueprint developed in 2017 during the term of Charles D. Stokes, FACHE, as ACHE Chair. "We can't rest as an industry until we eliminate serious safety events and patient harm," Santulli says.

Another priority is to help ACHE's 48,000 members continue learning to lead through the lens of equity. "The COVID-19 pandemic shone a spotlight on the stark health inequities that exist in the U.S.," Santulli says. "This, coupled with the effects of institutional racism, underscores how critical it is for healthcare leaders to foster inclusion and equity in our leadership teams and workforces. The richness of having a variety of perspectives helps us make better decisions. When we embrace the power of difference, we perform better."

Santulli credits ACHE's emphasis on diversity, equity and inclusion with helping him sharpen his own focus and accelerate his commitment as a leader to DEI. He believes the lessons he's learned in recent work at Advocate Health will, in turn, help support ACHE's ongoing efforts in this area.

That work has included building DEI into senior leadership incentive plans and goals aimed at, among other things, ensuring that all people have the same access to care and care experience, and closing care gaps.

A third priority is bolstering ACHE's connections with its 76 chapters by undertaking a thorough review and strengthening of the chapter model. "We're going to put a lot of energy into determining how we can do a better job of supporting our chapters," he says.

Finally, Santulli will continue to lead the $1 Million Campaign for the Healthcare Leaders of Tomorrow, launched in 2023. The campaign seeks to raise $1 million in scholarship funds by 2025 to support a diverse pool of talented individuals in pursuing healthcare leadership careers.

According to Jean Abraham, PhD, James A. Hamilton Chair in Health Policy and Management at the University of Minnesota, Santulli's grasp of such issues as workforce shortages, health equity and financial performance, along with his willingness to listen, learn and mentor others, will help him advance ACHE's work developing leaders. "Bill approaches discussions with an open mind, asks excellent questions, encourages broad participation and carefully reflects on the tradeoffs of any decision," Abraham says.

How Healthcare Took Hold

For Santulli, the seeds of a long and diverse career in healthcare leadership germinated while pursuing a master's degree in sociology at the University of Florida, Gainesville. While serving as a research associate in the department of community health, Santulli saw that healthcare could satisfy his desire to contribute to the welfare of society while providing the stimulation and rewards of a complex business environment he had come to value.

"I liked that healthcare offered a nice intersection between supporting the social good and leading a business," Santulli says.

The fact that so much of healthcare leadership involved relationship building also drew Santulli to the field. "As someone who tends to be extroverted, I knew I would like that," he says.

After earning his master's degree in sociology, Santulli's burgeoning interest in the

WORK HISTORY

2022–Present
Advocate Health–Midwest Region
Downers Grove, Ill.
President

2018–2022
Advocate Aurora Health
Downers Grove, Ill.
COO

2003–2018
Advocate Health Care
Downers Grove, Ill.
Executive Vice President/COO

2001–2003
Advocate Good Samaritan
Downers Grove, Ill.
Chief Executive

1999–2001
New England Medical Center
Boston
COO

1996–1999
Central Iowa Heath System
Des Moines, Iowa
Executive Vice President/COO

1993–1996
Central Iowa Heath System
Des Moines, Iowa
Senior Vice President

1992–1993
Central Iowa Heath System
Des Moines, Iowa
Vice President

1989–1992
Valley Hospital/UniHealth America
Los Angeles
Vice President

1985–1988
Good Samaritan Hospital
Puyallup, Wash.
Assistant Vice President

1984–1985
UniHealth America
Los Angeles
Administrative Fellow

1983–1984
Metropolitan Medical Center
Minneapolis
Administrative Resident

1981–1982
Department of Community Health, University of Florida
Gainesville
Research Associate

ACHE HISTORY

Chair, 2024–2025
Chair-Elect, 2023–2024
Governor, 2020–2023

EDUCATION

MHA, University of Minnesota, Minneapolis
MA, University of Florida, Gainesville
BA, University of Notre Dame, Notre Dame, Ind.

CURRENT AFFILIATIONS

Board Member, Renovo Solutions
Board Member, Movn Health
Board Member, Moving Analytics
Strategic Advisor, OCA Ventures

A Profile of ACHE's 2024–2025 Chair

"Bill approaches discussions with an open mind, asks excellent questions, encourages broad participation and carefully reflects on the tradeoffs of any decision."

—Jean Abraham, PhD

healthcare field quickly led him to the University of Minnesota, where he earned a master's degree in healthcare administration with a concentration in financial management. His training there included an administrative residency at Metropolitan Medical Center, Minneapolis, that coincided with the organization's merger with United Hospital, St. Paul.

"I was in the room when a lot of those merger conversations were taking place," Santulli remembers. That early immersion in major strategic decision making, along with his exposure to the tumult of a nursing strike and Medicare's introduction of diagnosis-related groups in 1983, gave Santulli insights into the intricacies of healthcare management that have stayed with him and deepened his interest in the field. "I never looked back," he says.

An administrative fellowship at the HealthWest Foundation, Chatsworth, Calif., soon followed. There, Santulli worked on a pioneering team that developed the first health plan in the country to capitate hospitals that took full risk. Santulli says this experience in health plan innovation with one of the most progressive health systems in one of the most competitive markets in the country taught him the value of challenging the status quo and taking risks as a leader.

Another pivotal moment in Santulli's career was being named assistant vice president at Good Samaritan Hospital, Puyallup, Wash., where then CEO Dave Hamry, LFACHE, took a chance on him—a young executive with virtually no management experience. Santulli says his years in the Pacific Northwest gave him a solid grounding in performance management, executing against operating budgets and other key facets of leadership. "I'm deeply grateful to Dave for giving me a tremendous amount of responsibility at an early age," he says.

After completing his administrative fellowship in 1985, Santulli and Elizabeth Reynolds, who he met while at the University of Minnesota MHA program, married.

"She was in the class immediately behind me," says Santulli. "We met at a school sponsored social function shortly after she started graduate school. After our honeymoon we relocated to Seattle, as she had landed an administrative fellowship at Virginia Mason."

After her fellowship, Elizabeth had the opportunity to lead Virgina Mason's occupational health service until the couple's twin girls were born in October of 1988.

"A couple of months later we relocated to Los Angeles, and Elizabeth became a full time homemaker and has done a phenomenal job of raising our five children and navigating our multiple moves across the country. I would not have been able to devote so much time and energy to my professional life without Elizabeth's incredible support of our me and our kids."

A Partnership Is Born

Over the next decade, Santulli held a series of executive positions with increasing responsibilities at Valley Hospital Medical Center, Van Nuys, Calif.; Central Iowa Health System, Des Moines, Iowa; and New England Medical Center, Boston.

It was when he joined Central Iowa Health System as senior vice president (also serving later as COO) that Santulli first worked with Skogsbergh, who was the system's executive vice president at the time. Thus began one of the most enduring and important partnerships of Santulli's career.

"Jim is one of the best in the industry at building the relationships that are at the heart of healthcare," he says.

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A Profile of ACHE's 2024–2025 Chair

"Bill always seeks to understand others and is committed to lifelong learning."

—Jim Skogsbergh, FACHE

"He's an extraordinary leader and communicator who has coached and supported me on so many levels. I have had the privilege of working with Jim for 28 years—he empowered me to always bring my best self to our organization and to continuously learn, grow and execute."

In 1999, Santulli was named COO of New England Medical Center (now Tufts Medical Center). Santulli notes that the role's multifaceted exposure to the complexity of an academic medical center with a faculty practice plan and a large research budget enriched his knowledge of the field and his perspectives as a leader.

In the meantime, Skogsbergh had moved to Advocate Health Care as COO. Not long after, he and Santulli began discussing the possibility of rejoining forces. Just five months after Skogsbergh landed in Chicago, Santulli followed to lead Advocate Good Samaritan.

When Skogsbergh took the helm as president and CEO of Advocate Health Care in 2002, he asked Santulli to join his team as COO. Santulli remained on board when, in 2018, Advocate Health Care merged with Aurora Health Care, Milwaukee, to become Advocate Aurora Healthcare, and he played a key role in merger and post-merger discussions.

Skogsbergh credits Santulli's successes in large part to his unwavering honesty, respect and inclusiveness, and to his commitment to openness and visibility as a leader. "Bill relates well to others at all levels of the organization and in our communities in Illinois and Wisconsin," he says.

Throughout his career, Santulli has managed to devote time to numerous nonprofit boards, including ACHE and other healthcare associations, civic associations, athletic organizations and health system subsidiary boards. His willingness to listen to differing and opposing opinions on the challenging and divisive negotiation of a revised Medicaid hospital assessment program, when he served as board chair of the Illinois Health and Hospital Association in 2018, helped guide the organization through a difficult time, says A.J. Wilhelmi, the association's president and CEO, and an ACHE Member. Santulli also serves on two investor-owned boards: Renovo Solutions, a healthcare and life science asset management company, and Movn Health, a virtual cardiac rehabilitation organization.

Richard J. Pollack, president and CEO of the American Hospital Association, voices a similar view, noting that Santulli's ability to navigate complexity, synthesize information and communicate rapidly changing protocols helped drive Advocate Aurora Health's nimble response during the COVID-19 pandemic. "Bill's leadership and change management skills helped transform care delivery in ways that will last long beyond the pandemic," he says.

Amid pressing issues of affordability, equity, safety and the need to deliver extraordinary patient and consumer experiences, "healthcare leaders have tremendous opportunities to innovate," Santulli says.

"ACHE is uniquely positioned to help them develop new competencies to navigate this tumultuous time and to redefine health and wellness," he says.

Santulli points to ACHE's quick embrace of the digital environment and development of highly successful virtual offerings for members as evidence. "ACHE's demonstrated ability to quickly transform will continue to serve the organization and its members well. The organization will play a vital role in advancing healthcare management during these unprecedented times. I'm excited to be a part of that."

Susan Birk is a Chicago-based freelance writer specializing in healthcare.

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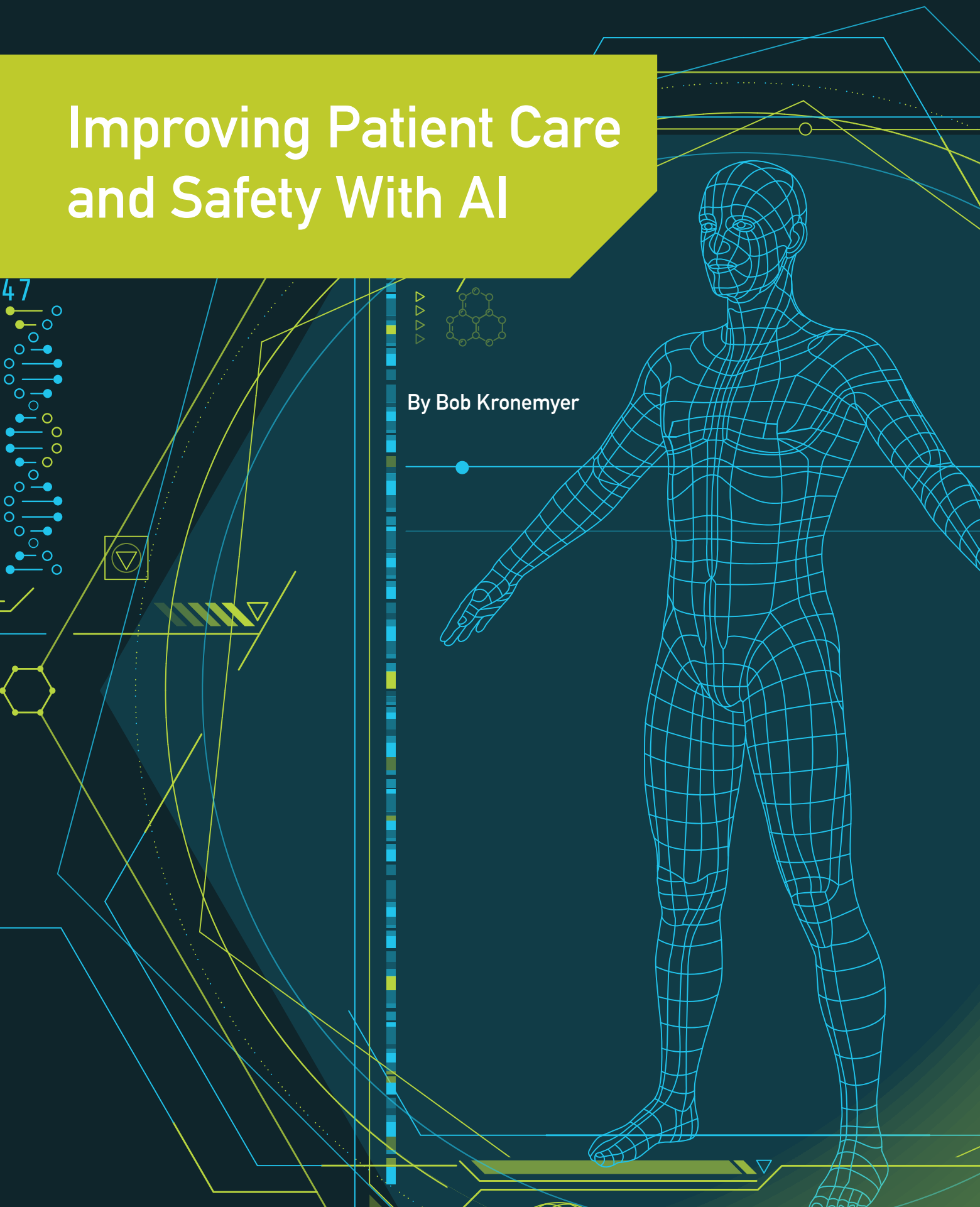

By Bob Kronemyer

Artificial intelligence has demonstrated that it can improve patient care and safety by helping clinicians analyze imaging and pathology reports. Many applications, though, are still in the early stages of development and adoption, especially in the automation of administrative tasks.

"For quality care, I believe AI allows us to augment clinical decision-making," says Sachin Shah, MD, an associate professor of medicine and pediatrics and chief medical information officer at UChicago Medicine in Chicago. He notes there is a sizable predictive analytics and machine learning space that can significantly leverage the large amount of data available. As a result, "we can better identify patterns, predict health issues and customize treatment plans," Shah says.

Achieving that level of precision and personalization at the patient level will help improve outcomes and streamline many care-delivery processes, according to Shah.

Patient safety is also enhanced by AI's capacity to analyze vast volumes of data in real time. "This can lead to early detection of clinical deterioration, intervention ahead of potential adverse drug reactions and an overall reduction of medical errors," Shah says. "Clinicians are alerted sooner that something may be trending in the wrong direction, well before it may become clinically evident."

Visit **HealthcareExecutive.org** for a web extra on this topic.

Improving Patient Care and Safety With AI

AI's Potential

Richard Greenhill, DHA, CPHQ, FACHE, director of the undergraduate healthcare management program in the School of Health Professions at Texas Tech University Health Sciences Center, says high-quality healthcare depends on reliable and accurate processes in the delivery of patient care "to ensure that safety is prioritized for sustainable outcomes. Process variation is the enemy of quality, so the tools of AI are exciting because they can undertake some of the more routine and repeatable processes that are susceptible to the impact of human factors."

The TTUHSC Institute of Telehealth and Digital Innovation was established in September 2023 to create a digital health ecosystem, where technologies such as AI transform care delivery in West Texas. "AI has the potential to unleash new ways of approaching performance improvement and patient safety as we begin to tap into the universe of data that encompasses health—both inside and outside of the delivery system," says Greenhill.

> "For quality care, I believe AI allows us to augment clinical decision-making. We can better identify patterns, predict health issues and customize treatment plans."
>
> Sachin Shah, MD
> UChicago Medicine

Systems thinking is also an important component of quality care. "Systems thinking in care delivery helps us focus on interrelationships in processes to solve complex problems in our quality improvement strategy," Greenhill explains. "This is why we should not ever first blame people when a medical mistake or undesired event occurs. A system produces the results for which it was designed. Thus, a person or a tool, such as AI in our delivery system, can never itself be the focus when an error occurs."

Healthcare facilities must look deeply at the design of how these resources were planned for and supported in their activities, according to Greenhill. AI allows "us to look across interprofessional processes and aggregate datasets to discover insights that we may not have assumed." Examples include early detection via analysis of diagnostic studies, such as radiology and clinical lab, and more quickly identifying high-risk patients based on treatment and disease progression. "AI can assist quality professionals, clinicians and leaders to make sense of the complexities in our systems in managing risks associated with handoffs, care coordination and treatment interventions," Greenhill says.

AI can enhance patient care in everything from ophthalmology to cardiology and pathology/oncology to psychiatry, according to Thomas Fuchs, DrSc, dean of the Department of Artificial Intelligence and Human Health at Mount Sinai's Icahn School of Medicine in New York City. "AI should help physicians to be faster and more effective, do new things they currently cannot do and reduce burnout," he says.

Even before the AI department was established in the fall of 2021, Mount Sinai was testing AI systems in the ICU to alert nurses to patient risk of malnutrition, deterioration or fall, along with reducing false alarms and staff overhead. The AI system takes information from the EHR and various devices in the ICU.

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Improving Patient Care and Safety With AI

Cancer detection. AI has also benefited pathology at Mount Sinai by detecting cancer and grading cancer earlier than before. The institution has developed an AI foundation model based on 3 billion images from 400,000 digital microscopy slides of cancer biopsies and resections. "The model can detect biomarkers to predict what cancer treatment will work for a specific patient," Fuchs says.

Diagnostic imaging assisted by AI holds promise, as well. A retrospective study published online in *European Radiology* in March 2023 concluded that among more than 1,200 breast cancer cases in Norway, an AI system scored 93% of the screen-detected cancers and 40% of the interval cancers with an AI score of 10 (on a scale of 1 to 10, based on the risk of malignancy). Furthermore, the AI system scored all screen-detected cancers and nearly 50% of interval cancers in women with the highest breast density with an AI score of 10. This resulted in a sensitivity of 80.9% for women with the highest breast density for the AI system, compared to 62.8% for independent double reading by radiologists.

Roughly 40% of the screen-detected cancers achieved an AI score of 10 on the prior mammograms, indicating a potential for earlier detection by using AI in screen-reading.

> "AI should help physicians to be faster and more effective, do new things they currently cannot do and reduce burnout
>
> Thomas Fuchs, DrSc
> Mount Sinai's Icahn School of Medicine

Physicians at the Breast Center at Mount Sinai Medical Center believe that the use of AI for detecting new abnormalities in mammograms and MRI scans is promising. They also predict that AI will help radiologists interpret mammograms while reducing the number of false positive interpretations, thus avoiding unnecessary biopsies. However, further research is needed to ensure the technology's reliability and the anticipated benefits.

Informatics. Excitement about the potential for AI led the University of Kentucky to form a multidisciplinary collaborative of physicians, data scientists, biomedical engineers and others to form the Artificial Intelligence in Medicine Alliance. After two years of success in starting projects around radiology, pharmacy and cancer, the alliance merged in 2022 with an innovations program to form the Center for Applied AI within biomedical informatics for even broader AI applications across healthcare and the university. Most AI healthcare initiatives at the university hospital stem from a desire to improve quality of care and reporting, such as better implementing the recommendation from the Society of Thoracic Surgery that a patient take a beta-blocker within 24 hours of surgery. Using tools already developed or in development in one discipline allows center members to more quickly apply solutions to other projects.

A chatbot is being developed at the college that will connect with patients preparing to undergo cardiac surgery. The chatbot would help guide patients on when to take their medicine and help answer questions they may have about the surgery.

Over the past year, there has been a rapid increase in the optimization of administrative tasks completed via AI, including documentation, prior authorizations and revenue cycling. "We are also able to better

communicate with our patients and give our patients more self-efficacy," Shah of UChicago Medicine says. "Conversational AI is very well suited to replace many of the burdensome nonclinical tasks that do not require clinical judgement.

AI offers an opportunity to enhance quality care by augmenting clinical decision-making, according to Shah. "Through predictive analytics and machine learning, we can leverage vast amounts of data to identify patterns, predict potential health issues and customize treatment plans for individual patients. This personalization can significantly improve outcomes and streamline care delivery processes."

Similarly, AI's role in patient safety "lies in its ability to analyze data in real time, allowing for early detection of potential risks such as adverse drug interactions or deteriorating patient condition," Shah says. AI-powered systems can also assist in proactive interventions, thus reducing medical errors and ensuring timely and accurate care, all of which ultimately safeguard patient well-being.

UChicago Medicine is scheduled to begin a pilot study this spring comprising 250 of its physicians to leverage generative AI to streamline and take over much of the clinical documentation.

Some EHR providers include AI algorithms in their products, according to Greenhill. "These tools show promise to augment and enhance work for clinicians," he says. "However, as these tools become more widely used, we need to maintain vigilance about the risk that they pose to patients and processes due to model and data bias."

AI chatbots—automated software applications—can perform many mundane tasks and reduce the burden on staff, physicians and nurses so they can pursue "the meaningful work they signed up to do, such as physicians spending more time with patients," Greenhill says.

> "AI has the potential to unleash new ways of approaching performance improvement and patient safety as we begin to tap into the universe of data that encompasses health—both inside and outside of the delivery system."
>
> Richard Greenhill, DHA, CPHQ, FACHE
> Texas Tech University Health Sciences Center

"If a human does the same task 10 times every hour, he or she is more likely to make a mistake due to a host of human factors," Greenhill says. By contrast, AI chatbots can operate nonstop, requiring neither breaks nor rest. "This is a win in the war on process variation," he says.

Surgical care. Danielle Walsh, MD, FAAP, FACS, a professor of surgery and vice chair of Surgery for Quality and Process Improvement at the University of Kentucky College of Medicine in Lexington, was part of a panel of surgeons who discussed the impact of AI on surgical practices at the American College of Surgeons Clinical Congress 2023 in October. By allowing AI to take over many of the repetitive and rote administrative tasks that burden physicians, "the physician can perform more cognitive decision-making and focus more on human connections and time spent with patients," says Walsh.

Improving Patient Care and Safety With AI

AI will also play a major role in mandatory reporting of quality metrics to governmental and other entities, according to Walsh, freeing up even more staff members to perform more substantial work to truly improve quality of care. A study published online in JAMA Network in June 2023 on resources spent on just measuring and reporting data on 162 unique quality metrics found that an estimated 108,478 person-hours with a personnel cost of $5 million and another $603,000 in vendor fees were required. "Those funds are better spent on interventions than reporting," Walsh says.

AI tools also can communicate with a patient at home to ensure drug adherence, collect feedback on how patients are feeling, and use that feedback to become more connected with the patient in between visits or after discharge from the hospital. "And if you add in digital sensors, we can do tremendous monitoring at home," Walsh says. "During COVID, people at home were at ICU-level care."

A patient with a blood vessel bypassed in the leg, for example, could wear a sock with a sensor at home to detect if blood flow begins to decrease before the blood vessel blocks off again and before the patient develops a blue, painful foot. "AI combined with sensors will allow us to intervene earlier and prevent more serious complications," Walsh says.

> "AI combined with sensors will allow us to intervene earlier and prevent more serious complications."
>
> Danielle Walsh, MD, FAAP, FACS
> University of Kentucky College of Medicine

Looking Forward

As for AI cost, some healthcare facilities already have 5G network capability, along with modern wiring and systems that are compatible with AI, while others will need to invest in infrastructure improvements. "There will also be tradeoffs," Walsh says. "Because AI requires a tremendous amount of computing power, you are not going to be able to run every AI algorithm simultaneously. And as the area grows, you will need to prioritize AI systems that meet the needs of a specific institution and the specific patient population being served."

Which areas of AI to pursue differ by organization and their culture, according to Shah, and are determined by staffing and the ability of teams and leadership to adjust. "There is not necessarily a lot of replacement of human expertise coming, but certainly a lot of reallocating human resources to different work that is ideally more top-of-license work, by automating some of the repetitive administrative tasks and algorithmic work," he says.

However, the quality of the output from AI is contingent on the quality of data entered, "so you need to invest a lot into your data infrastructure," Shah says. "The quality of your data needs to be high."

There are also ethical considerations. "There has to be clear transparency around the decision-making in these models," Shah says. "The concept of algorithmic bias is really important to understand and to ensure we are minimizing. Humans need to be at the center to carefully scrutinize any potential bias by closely monitoring the inputs, the algorithms and outputs to ensure they are not leading to unintended consequences."

Bob Kronemyer is a freelance writer based in Elkhart, Ind.

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Approximately 60 million adult Americans aged >45 years are currently **unscreened for colorectal cancer (CRC).**[1,2*]

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*Based on 2022 USA single-year census estimates for ages 45-85 inclusive and the percentage of unscreened subjects. Does not account for variable screening rates across age ranges.[1,2]

†These data are from a 2019 retrospective analysis of Kaiser Permanente healthcare system patients who died of CRC between 2006 and 2012 (n=1750).[3]

EHR=electronic health record.

References: 1. United States Census Bureau. Annual estimates of the resident population by single year of age and sex for the United States: April 1, 2020 to July 1, 2022 (NC-EST2022-AGESEX-RES). April 2023. Updated December 18, 2023. Accessed December 20, 2023. www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html **2.** American Cancer Society. Colorectal Cancer Facts & Figures 2023-2025. Atlanta: American Cancer Society; 2023. **3.** Doubeni CA, Fedewa SA, Levin TR, et al. Modifiable failures in the colorectal cancer screening process and their association with risk of death. *Gastroenterology.* 2019;156(1):63-74.

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3 Steps to Increase Colorectal Cancer Screening Now

Closing screening gaps requires a multifaceted, patient-centered approach.

Despite progress, large gaps remain in getting patients screened for colorectal cancer, one of the deadliest of all cancers if not caught early. More than 60 million patients in the United States are due for CRC screening, according to the American Cancer Society.

"Colorectal cancer is a preventable disease when caught early, yet it's one of the least prevented forms of cancer," says Travelle Ellis, MD, PhD, director, Health Equity Education, Strategic Partnerships and Medical Integration, Exact Sciences, Madison, Wis. "We are making progress, especially in individuals ages 50 and over. But we're just not advancing fast enough in others."

Closing colorectal cancer screening gaps requires a new, multifaceted approach. Following are steps health systems can take to start getting more patients screened while advancing quintuple-aim priorities such as improving patient care and addressing health equity.

Know Your Metrics

In 2021, the U.S. Preventive Services Task Force added recommending adults aged 45 to 49 (a Grade B recommendation)—in addition to adults aged 50 to 75—to get screened for colorectal cancer. Despite these updated guidelines, 80% of the younger patient population remains unscreened, according to the American Cancer Society. Keeping the newer guidelines in mind, health systems should review their screening data to make sure they're reaching all eligible patients and adjust their outreach programs and care protocols accordingly.

Embrace Shared Decision-Making

Involving patients actively in their care goes a long way toward building trust and loyalty between patients and providers while improving the overall patient experience. It also can increase cancer screening rates. Research has shown that nearly twice as many patients completed colorectal cancer screening when they were given a choice versus being offered the option of colonoscopy alone. National guidelines from the U.S. Preventive Services Task Force and the American Cancer Society recommend healthcare providers offer patients screening choices.

Choice-based, shared decision-making is at the heart of the colorectal cancer screening program at Beth Israel Lahey Health Performance Network, Wakefield, Mass., which created a Decision Aid Tool for providers to use with patients aged 45 to 75. The easy-to-read, two-page flyer (available in multiple languages at bilhpn.org/patient-resources/patient-education/) features information about colorectal cancer screening, including the risks of not getting screened and questions patients can ask their doctors.

In the pamphlet, patients can easily review information about the three main screening options: stool blood test, stool DNA test (such as Cologuard®) and colonoscopy. Two scales are also included to help patients determine their comfort level with invasive versus non-invasive tests. The Decision Aid Tool is sent to patients within 30 days prior to their provider visit, helping them feel more informed and empowered.

"It's about getting the patient's input and feedback and ultimately making it a two-way conversation," says Tim Carey, project manager, Beth Israel Lahey Health Performance Network.

The shared decision-making model has increased screening rates 5% throughout the health system since it was implemented in 2022. In 2021, 68.3% of patients aged 45 to 75 had been screened. In 2022, the screening rate rose to 70.7%, and as of August

2023, the percentage stood at 73.3%. Carey expects the percentage to continue trending upward.

Collaborate With Partners

Like many organizations, Beth Israel Lahey Health experienced a lingering colonoscopy backlog due to the pandemic and workforce shortages. Collaborating with Exact Sciences to offer the noninvasive colorectal cancer screening option, Cologuard®, has increased screening capacity.

"Noninvasive tests are a key to success," Carey says. "Getting our non-high-risk patients into noninvasive tests can help everyone get screened."

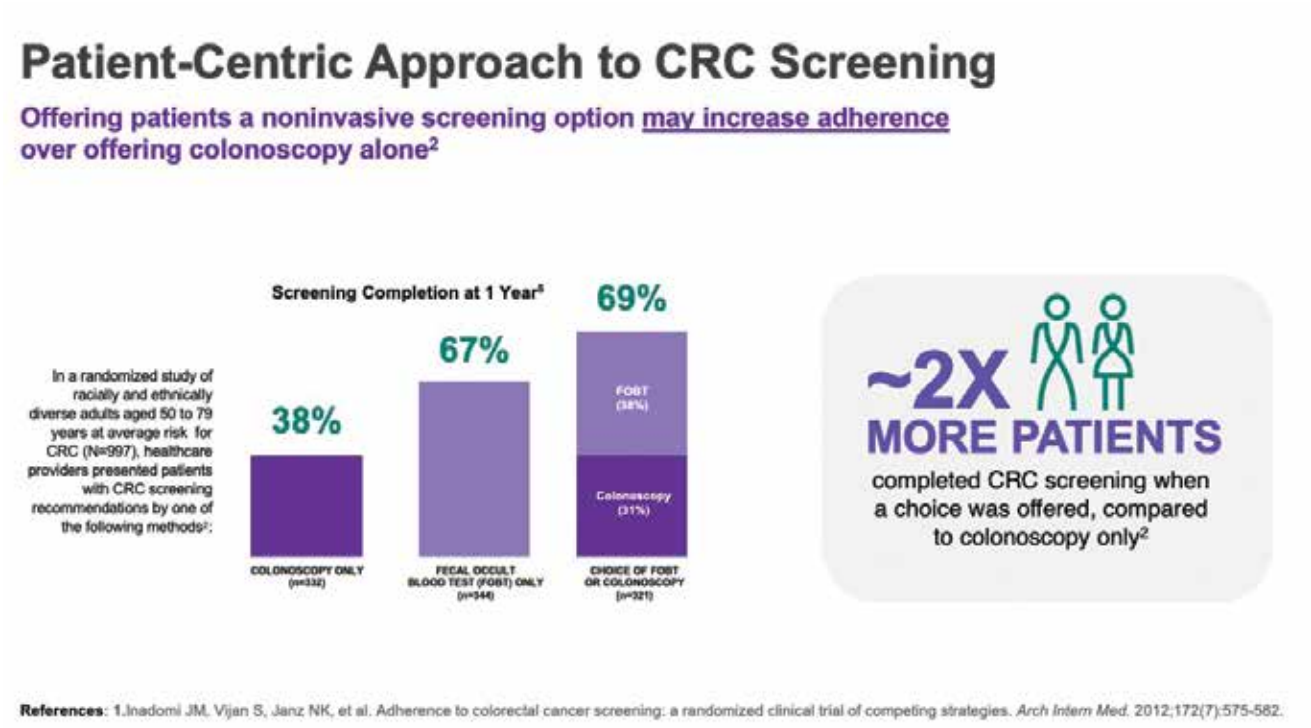
Offering noninvasive tests can reduce structural barriers to screening, which may improve efficiencies and reduce health systems' lab and administrative burden.

"Exact Sciences is a lab company, so we have tests and diagnostics that the hospital or health system doesn't necessarily have to process internally," Ellis says. Patients can have their test delivered to them and complete it at home. A package carrier then picks up the test and sends it to Exact Sciences' lab. After the test is processed, results are sent back to the health system and provider, according to Ellis.

Collaborating with knowledgeable partners also helps organizations achieve a key quintuple-aim-related priority—health equity. Exact Sciences' dedicated health equity team works with the company's health system partners to provide tools and resources that support equity initiatives, such as community outreach programs that ensure vulnerable patients are included in screening efforts.

"We look at the data and work together to ensure patients aren't being left behind, and we engage them in a language that speaks to them in a culturally competent way," Ellis says. "These factors are important as we think about the future of healthcare because it's a team sport, and we want to be on that team."

Carey adds that it's vital for health systems to learn from one another and to keep patients at the center of their efforts to increase colorectal cancer screening. "It's about how we can all come together to improve this process, so the patient always benefits," he says.



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*References, footnotes and supporting documentation to be found on **ache.org/ExactSciences**.*

For more information, please contact Lindsay Reed, Director, HIT Marketing, Exact Sciences, at lereed@exactsciences.com.

EXACT SCIENCES

The Science of Safety Culture

An Organization's Approach to Safety Is Only as Strong as Its Competencies

By Ed Finkel

As part of its approach to instilling a comprehensive patient safety culture through continuing education, MedStar Health, Columbia, Md., has built an extensive internal simulation program over the past two decades with three large simulation labs, a mobile simulation center and vans that bring simulation equipment into its hospital and outpatient environments.

Known as MedStar Health Simulation Training and Education Lab, or SiTEL, and part of the MedStar Institute for Innovation, the team at this facility creates and delivers simulations, interactive online training and continuing professional education products used across the healthcare system and by organizations in more than 40 states.

In that range of settings, the clinician simulates a variety of emergency scenarios to train personnel in team communication and to verify that front-line workers know what they need to do, how and in what order. For example, MedStar Health simulates the first five minutes after a patient goes into cardiac arrest, with a focus on ensuring muscle memory and a second-nature performance of all the key resuscitation steps.

"Simulation allows us to ensure that all the key steps get done correctly, without any impact on actual patients," says Rollin "Terry" Fairbanks, MD, senior vice president and chief quality and safety officer at MedStar Health and executive director of MedStar Institute for Quality & Safety. "Conducting simulations in the actual patient care environment allows us to optimize sometimes subtle process issues; such as, if someone calls to the service associate and asks for equipment, we learn whether the service associate knows where to find the equipment."

The Science of Safety Culture

MedStar Health also trains around childbirth-related emergencies using these techniques and facilities. "This makes sure the team acts in the highest competencies when things are quickly changing, and there needs to be a good team environment," he says. "One thing we'll do is, we will have someone artificially introduce a simulated error into the care they're doing, and we train them in how to respond to that error." The mantra of MedStar Health SiTEL is, "If you put patients first, don't try first on patients."

Establishing and continuously improving upon safety culture is a key vital sign for any healthcare organization, and continuing education plays a critical role in the success of such efforts, both at the 30,000-foot level and in building specific competencies.

Needed expertise includes root cause analysis, human factors engineering, systems and individual approaches to error, and openness to report incidents—and the use of an incident reporting system to do so.

Rigorous evaluations of whether that continuing education is becoming successfully infused at the individual, department and systemwide level is essential to visibility into whether a true safety culture has taken root.

Investment in continuing education pays off exponentially in regard to safety outcomes because safety is a key driver of outcomes in all other domains, says Steve Kreiser, partner, strategic consulting, at Press Ganey, who heads up the safety and liability team and is an ACHE faculty member. "If leaders are focused on keeping patients and employees safe, and keeping the organization safe from harm to their reputation, and harm financially, what you're doing as a leader is twofold," he says. "You're identifying a system problem that needs to be fixed, so everything works better. But you're also engaging your front line. ... They see the positive outcomes of the leader focusing on addressing problems and issues, which builds trust and makes them feel their voice matters. They get energized when they see problems being corrected."

Leaders must be aware of the ever-changing science behind safety, and that's the crux of continuing education, says Steve Mrozowski, FACHE, CPPS, vice president, external peer review and patient safety, Chartis Clinical Quality Solutions. A corollary to that is "recognizing that the old ways of punishing people for making mistakes," are not effective or constructive, he says. "There are almost always systems contributors, and we need to advance into a fair and just culture."

Mid-level leaders in quality and safety need to have much more intimate exposure to the "nitty-gritty nuance behind safety culture," Mrozowski says. "There are always new publications out about that," he says. "All too often, quality and safety, while a noble effort, are just a few of the things that keep a leader awake at night. The issue is prioritization: How do they keep it on the front burner?"

"Simulation allows us to ensure that all the key steps get done correctly, without any impact on actual patients. Conducting simulations in the actual patient care environment allows us to optimize sometimes subtle process issues."

—***Rollin "Terry" Fairbanks, MD***
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The Science of Safety Culture

Mrozowski says education programs need to be constructed comprehensively and at two levels: one for leadership and a second for bedside caregivers. "Whether it's a nurse or someone who works in food service, it's incumbent on both leaders and bedside caregivers to have some foundational knowledge of safety science," he says. "We've created safety bundles of expected behaviors for leaders and caregivers. From a prioritization perspective, it's mandatory for that to work well. And it should be ongoing."

Safety involves people, teams, processes and technology, and safety design must first anticipate risks and hazards, then ensure that front-line workers are optimally prepared for their roles, Fairbanks says. Continuing education ensures that front-line workers "understand basic safety strategies," he says.

Tying safety outcomes to educational programs, however, is a difficult task, says Mrozowski, but it's not impossible.

Typical safety results in reduction of patient harm via a metric such as a serious safety event rate (rolling one-year average of serious safety events for every 10,000 adjusted patient days). Organizations that implement high reliability principles and tools have often demonstrated reductions in serious safety event rates of up to 80% within the first few years of their HRO journey.

MedStar Health has trained all 32,000 associates in high reliability, including nurses, physicians and other caregivers. "Healthcare is so complex," says Fairbanks. "Empowering our people taking care of patients to recognize, proactively, when there's a risk or hazard, and ensuring that our operational leaders know basic safety mitigation strategies, is the way to ensure we learn about the hazards before a patient can be harmed."

MedStar Health uses clinical practice guidelines from internal and external experts to determine best practices and uses leadership communications to ensure everyone knows them, Fairbanks says. For some of the most critical knowledge areas, the healthcare system partners with an e-learning system built on cognitive science principles that fosters rapid learning and long-term retention.

"This system has been a game-changer for us," he says. "It has a unique approach, which is non-encumbering to those who already have the knowledge, but it detects and corrects the small group who have confidently held misinformation, an issue that often causes barriers in healthcare improvement efforts. Traditional training programs miss that group of people. We call it knowledge engineering."

Children's Wisconsin, Milwaukee, has adopted national standards over the past decade around core elements of safety training for leaders and front-line staff, says Chris Spahr, MD, chief quality and safety officer. That's led to applying a just-culture approach, "ensuring that leaders and front-line staff are approaching safety issues, errors and events within their day-to-day work, with a critical eye for identifying where system issues are. And then having individual accountability for our performance, depending on the issue at hand," he says.

The underlying theme has been to create an environment of psychological safety through the training and education that Children's Wisconsin has rolled out, with a focus on promoting a willingness to speak up and report errors when they occur. The reporting of safety issues by front-line staff is critical to identifying the system improvements necessary to provide the safest care, Spahr says.

Scott Turner, Children's Wisconsin president and COO, and an ACHE Member, says creation of the organization's "At Our Best" culture has been its North Star, providing a common language and set of concepts that align every provider and employee to the organization's values, guiding behavior in day-to-day work. Children's Wisconsin has implemented a provider and staff culture engagement survey that Turner calls probably the single most significant input in terms of driving efforts and methods of engagement.

The hospital also instituted monthly rounds with a dedicated team of vice presidents who share their reactions in real time with the departments that host them, Turner says. "It's like a box of chocolates from 'Forrest Gump': you never know what you're going to get," he says. "We react in real time. How you choose to respond is a real element of our culture. We do targeted follow-up as needed."

Since it initiated its overall safety program 10 years ago, of which leader and broader organizational safety training was a part, Children's Wisconsin has seen year over year increases in its culture of safety survey results, according to Spahr.

"This is an organizationwide survey of our staff and providers who provide care," he says. "Example areas of survey assessment include organizational commitment to safety, communication of critical safety information, teamwork and effectiveness of error remediation processes."

Root Cause Analysis and Human Factors Engineering

The most significant challenge Press Ganey tends to notice with respect to root cause analysis and human factors engineering is that leaders whose work doesn't focus mostly on safety and quality tend to think those goals are primarily the responsibility of people in those "areas," Kreiser says. However, senior leaders should feel an obligation to roll up their sleeves, too.

"They need to get into the hard work of identifying errors and the causes of those errors," he says. "When they identify root causes, they need to identify root solutions, and corrective actions, and make sure they're sustained for the long term. Safety and quality don't have the manpower and resources to do so. Operational leaders have that capability."

At Chartis, the concept of root cause analysis has morphed in recent years from simply figuring out why and how a particular incident happened to charging leaders with determining how things go well and putting in place a culture of proactive learning, Mrozowski says. It's digging deep into the how and why behind safety issues, he adds.

"From an educational standpoint, it's about recognizing that this is not just the quality department or the safety department at the hospital, but human resources, the medical staff leadership, all of those [departments] need to be aligned," Mrozowski says. "That exposure at conferences and through continuing education helps to bridge those gaps for organizational leaders."

Human factors engineering—the design of highly reliable systems that ensure people, process and technology work seamlessly together—is an entire professional training track provided at centers of excellence around the country, Kreiser says.

"If organizations want to dive deeply into that topic, they have to tap recognized experts," he says. "We've worked with a lot of healthcare organizations who have hired human factors engineers in their process improvement or safety and quality departments. They can see gaps in technology, equipment and process integration with people."

Such engineers can be great resources in coming up with effective corrective actions, but senior leadership needs to be involved to ensure that what is needed to implement effective corrective actions are in the budget, Kreiser says. If they're not, "we didn't identify a true root solution," he says.

MedStar Health also has focused on human factors engineering, a discipline that has been key to safety improvements in other high-risk, complex industries, such as aviation and nuclear power. Within the healthcare context, this minimizes the need for training to some degree because optimal design of computer systems and medical devices makes them intuitive—and thus easier to do the right thing and harder to do the wrong thing, Fairbanks says.

The organization has a large research-funded human factors safety science

group that has helped infuse this type of knowledge throughout the health system. "The nice thing about healthcare, compared to many, many professions, is that roles are highly standardized," he says. "Nursing school, medical school, other healthcare professional training programs have consistent curriculum and training around the country. Board certification is consistent. But there are things about medicine that evolve. ... We take very seriously keeping practitioners up-to-date."

Children's Wisconsin has approached training for core safety concepts like root cause analysis and human factors engineering from the standpoint that not every employee has to become an expert, Spahr says. "We focus more on teaching how the principles we apply through a root cause analysis can be used by a local leader or unit and can be applied in their day-to-day work."

Approaches to Error

Building both systems and individual approaches to error starts with a common cause analysis that determines what types of errors are most frequent, Kreiser says. Look at the last 20 or 30 events of harm and determine what human and system failures are leading to events, lining them up like proverbial pieces of Swiss cheese to see where the holes show up most often.

"Every layer represents a human error or a system problem," he says. "People didn't have the knowledge or skills, or they're not paying attention because they're rushing, distracted or interrupted. Or they're not communicating, or not using critical thinking or don't have good situational analysis. Or you don't have a culture where people are comfortable speaking up. Then there's compliance errors—are people choosing not to comply? ... Maybe they don't see the need to comply, don't have leaders reinforcing expectations, don't have awareness of potential risk factors, or don't see other people complying."

The first step in training around approaches to error is delving into the data to understand why. Then an organization's top leaders must deliver evidence-based training in a classroom, for two to four hours at a stretch, to groups of 25 to 30 employees across different disciplines, Kreiser says. Ideally, physicians and staff would attend together, and top leaders deliver the training. Training in these kinds of smaller groups, led by leaders, creates the conditions for better discussion, adult learning and trust, he says.

"Leaders need to facilitate this kind of training. Not just the quality and safety crowd, or the folks who work in organizational learning," he says. "Those folks are well-qualified, but if I see the ICU manager, or the pharmacy director, or chief nursing officer, or chief medical officer, or CEO leading me through evidence-based safety training directly related to our data, I'm all in. I take it to heart. Especially when I hear the examples of the science of how and why we make errors, and how we're harming patients."

Efforts to digitize continuing education and gamify, shorten and condense it can work in certain situations, he adds, "but there's no substitute for human interactions, led by people I work with and for. That's the secret sauce."

> **"We focus more on teaching how the principles we apply through a root cause analysis can be used by a local leader or unit and can be applied in their day-to-day work"**
>
> ***—Chris Spahr, MD***
> *Children's Wisconsin*

Building a Reporting Culture

Continuing education is also central to building a "fair and just" reporting culture with a sense of psychological safety in stepping forward to acknowledge safety-related issues and incidents, Kreiser says. "They have to know if they make an unintended error, they're not going to be punished," he says. "We want to coach and counsel people not to make those errors in the future." However, he adds, "if they choose to disregard safety-related policies and procedures recklessly, that demands a fair consequence."

Building trust and consistency in how leaders respond can improve error and event reporting, especially in conjunction with an easy-to-use electronic system to input and then aggregate information, Kreiser says. "You need good data analysis on where individual errors are occurring, and what are the system contributors," he says. "Rich data can give us insights to identify corrections and system improvements to make."

Leaders also must understand how to deliver feedback constructively, in a way that will build a culture of open reporting and lead to solutions, Mrozowski says. "All too often, we hear people don't want to speak up because they don't know what happens to their report," he says. "Investing in pure leadership skills in delivering feedback bleeds over into this space, as well."

Useful incident reporting systems are also foundational, Mrozowski says. One organization for which he formerly worked created a department dedicated to patient safety and harm reduction and during its first year saw about a 295% increase in safety reports. "By redirecting the focus, and a leadership desire for that kind of transparency and learning, we were able to get a threefold increase in the number of people willing to speak up," he says.

MedStar Health teaches its leaders competencies around psychological safety, such as specific approaches and words that will create an environment that ensures associates feel safe elevating risks they see, Fairbanks says. "We also train our safety leaders in how to conduct effective event reviews, to ensure that we're learning about all of the factors that might have led to an event, and to ensure that the mitigations put in place are both effective and sustainable," he says. And then there are the aforementioned simulation trainings.

From safety culture surveys, Children's Wisconsin learned that for the most part, front-line workers were willing to speak up about incidents, but they weren't necessarily seeing communication coming back to them to close the loop on how issues were addressed to improve the care, Spahr says. This is the current area of focus for the organization's safety program and training.

Children's Wisconsin has trained leaders "to effectively utilize the information the front-line staff is telling them through safety event reports, to address issues as they are able and escalate as necessary to higher levels," he says. "And most importantly, Children's has developed better processes to share back with teams that have reported the safety events what they're doing about them … how their reporting has led to active safety efforts that we've been able to prioritize."

The hospital's "just culture" emphasis has moved the needle from who's at fault when an incident occurs, to a focus on what happened, with a formal analysis about both system process issues and individual performance issues, Spahr says.

"The idea is not a blaming culture—but it's certainly not blame-free, either," he says. "We go through a thoughtful process for analyzing and reviewing each event, ensuring we aren't pointing the finger at someone—but understanding why a mistake happened, what was going on in the environment and how the system was designed. That is one of the core components of training for leaders throughout our entire organization. And it's not an 'opt-in.'"

Evaluation of Continuing Education Impact

To know whether your continuing education programs are making

their desired impact requires leading, real-time and lagging measures of effectiveness, Kreiser says. Leading measures can take the form of surveys that cover perceptions about safety issues and the organization's commitment to correcting them.

"If I feel it's safe for me to report, speak up and stop the line, six months from now, when I'm in a situation where I see the need to stop, speak up and report on an error, that can stop something from tumbling out of control. That can result in a great catch, saving-the-day moment—that's one measure," he says.

Real-time evaluation consists of process measures that revolve around how an organization is training people in the science of safety and measuring human error, Kreiser says. Lagging indicators of safety education success will always be the improvements in safety outcomes such as reductions in patient harm events, employee injuries, infections, pressure injuries and falls.

MedStar Health drives improvement through deep leadership engagement, Fairbanks says. The organization measures outcomes and holds itself accountable, with monthly reports to the leadership team and quarterly reports to the board of directors quality committee. For example, these reports include the organizational key quality performance indicators, such as catheter-associated infections, and the organization holds itself accountable for continuing to reduce those, he says.

Children's Wisconsin continues to evaluate the performance of its underlying systems, Turner says, ranging from the systemwide harm index to the openness of its reporting culture to whether the shift toward full-circle reporting continues to occur. Spahr says that, ultimately, education, training and system building are all pointing toward safer clinical outcomes.

"We want to build a culture and system that impacts the kids and families we serve," he says. "We do report transparently, both internally through our board as well as our network [of children's providers]. We're not going to compete on safety [with other providers], on a culture or outcomes perspective. We're all in this together. That's been so foundational to our work. We don't want to be doing this alone."

When Chartis works with organizations to see how they evaluate educational outcomes around safety, they tend to start with, did we eliminate or reduce instances of harm, Mrozowski says. But delving into the component pieces of building a patient safety culture, for example, an evaluation of education around human factors engineering might ask, "Did we actually evaluate how humans are interfacing with their environment?"

One example of a factor to consider in that regard is the geography of work process space, Mrozowski says. When it comes to medication administration, if the medication room isn't anywhere near the supply room that contains syringes and needles, that requires a redesign, and "you can do pre- and post-intervention assessment," he says.

Evaluating the impact of education on overall patient safety could be done with an annual or biannual safety culture survey, Mrozowski says. "It addresses a lot of the stuff around openness to reporting and event reporting," he says. "And also, teamwork. Do I see solutions happening because of escalating concerns? The results of surveys have to cascade and be visible to the front line, but also to the board and C-suite. So we're framing elements of the education rather than just a rinse-and-repeat of what we've done before."

Mrozowski believes education around safety competencies needs to be expanded and underscored in the healthcare field. "There can always be more, but organizations have to invest," he says. "The return on investment is always there."

Ed Finkel is a freelance writer based in Chicago.

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Partnering for Laboratory Success

Today's environment is not an easy one for health systems to go at it alone.

In fact, there has never been a better time than now for provider organizations to engage in strategic partnerships. The right partners can help maximize resources, streamline operations and ease the financial strains that have been amplified in recent years. Hackensack Meridian Health, Edison, N.J., knows this very well, having benefited from a strategic partnership, specifically in its journey to optimize laboratory services.

Achieving a Standardized Approach

One of Hackensack Meridian Health's main priorities when seeking a laboratory partner was standardization of laboratory processes and practices across the health system. Hackensack Meridian Health is New Jersey's largest health system with 18 hospitals, more than 500 patient care locations and the Hackensack Meridian School of Medicine. Prior to partnering with Quest Diagnostics in 2021, each of the system's hospitals had its own lab protocol, making it difficult to achieve the efficiency and process improvements the health system desired.

"Having Quest leadership in our labs and collaborating with us allows for a more uniform, standardized holistic approach versus each hospital acting independently," says Barbara Burch, vice president, Network Laboratory Services, Hackensack Meridian Health.

In addition to standardizing processes, Quest Diagnostics also helped the organization upgrade and structure its lab equipment. Having an external perspective helped align stakeholders when making decisions about equipment or processes and kept the whole team laser focused on its goals.

"The partnership provides the health system with the focus its project needs and a group that is responsible for driving the team to solution design, working through differing opinions and then ultimately being accountable for executing the plans," says Michael Lukas, senior vice president, Health Systems, Quest Diagnostics, Secaucus, N.J.

Leaning on a Breadth of Knowledge

For COO Mark Stauder, a main goal for Hackensack Meridian Health in updating its laboratories was having a best-in-class diagnostic information services organization as a strategic partner.

"It was important so that no matter what topic we were addressing, be it a strategic plan, equipment standardization or esoteric testing, we had a national leader who could give us their experience and perspective on what they've seen across the country and help us create

the right path forward," he says. "We're always benchmarking against best practices for lab access, quality of lab testing and economic efficiency of patient management."

In its collaborations with health system partners, Quest Diagnostics draws on the global perspective it has thanks to its large, national laboratory footprint and network, but then customizes its approach to fit a health system's unique needs, according to Lukas.

"When we think about collaborating and strategic partnering with systems, it means delivering different capabilities based on what their specific needs are, which is important for long-term success," he says.

Improving Patient Care

The increased efficiencies achieved across Hackensack Meridian Health's labs have had direct, positive impacts on patient care.

"Looking at the total package of standardization of processes across the network, as well as upgrading and installing new equipment, it has all dovetailed into us meeting the defined key performance indicators that directly impact our patient care," Burch says.

The health system has experienced decreased turnaround time from receipt of a sample in the lab to getting results to the clinician. The laboratory initiatives also have improved the organization's test utilization—helping steer clinicians to the correct test—which has improved clinical decision-making in some cases, according to Burch.

The health system's Lab Stewardship Committee, which was formed in partnership with Quest Diagnostics, has helped usher in several other quality and process improvement projects that positively impact patient care, including one focused on rethinking the timing of lab draws to avoid disturbing resting patients.

"All these initiatives help us measure our goals across the entire network and work toward a strategic goal to better meet the needs of our clinicians so they can better treat our patients," says Burch.

Keeping an Eye on Costs

Optimizing clinical quality, patient experience and cost-effectiveness are the keys to success, according to Stauder, whether the organization is a multibillion-dollar health system or a community hospital. To help it control laboratory services costs, the organization has an annual capitated agreement with Quest Diagnostics around total lab cost.

"It's a shared-risk model between us and Quest, with Hackensack Meridian Health's risk getting refreshed annually," Stauder says.

A governance committee, which includes members from Quest Diagnostics and Hackensack Meridian Health, reviews spending to keep costs in check.

"In the laboratory field, things do not stay static," Burch says. "So, while we do have this forecasted capitated rate, if something changes during the year, such as we need additional tests or equipment that weren't part of that forecast, the governance committee oversees the process. This helps us avoid a spend creep where you add a little bit of this and a little bit of that, and the next thing we realize we have spent more than we intended."

For Hackensack Meridian Health, all these benefits underscore that in today's environment, healthcare organizations are often stronger with a strategic partner.

"I think that health systems are realizing that in today's complex world, in many, many cases, we are much stronger when we partner with expert content providers than when we try to be an expert content provider ourselves in all these areas," Stauder says. "For us, that has been a national laboratory partner with good, mutual sensitivity and concern about each other's success and finding ways to work together to provide the highest clinical quality at the lowest possible cost."

For more information, please contact Michael Lukas, senior vice president, Health Systems, Quest Diagnostics, at HealthSystems@QuestDiagnostics.com.

The use of the word partner is not intended to imply a legal business entity, but rather a working collaboration between the parties.

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Monday

Noelle Russell
Accenture/AI Leadership Institute

Transforming Industries, Safeguarding Trust—The Responsible Use of Generative AI in Healthcare, Finance and Retail

Picture a world where AI revolutionizes healthcare, accelerates financial services and redefines retail experiences. The potential is astonishing, but realizing it demands a careful balance between harnessing generative AI's power and maintaining ethical standards. Noelle Russell explores the responsible use of generative AI in enterprise, with a specific focus on healthcare, finance and retail.

Tuesday

Richard J. Pollack
American Hospital Association

Stacey Hughes
American Hospital Association

AHA Policy and Politics Update

Take a deep dive with the American Hospital Association into the intricate and shifting world of healthcare policy and politics. As hospitals and health systems continue to face unprecedented financial- and workforce-related challenges, efforts to protect patients' access to care and coverage, enhance health equity, and drive health system transformation are at the forefront of AHA's efforts with Congress and the administration.

Moderator: **Frank Sesno**, Former CNN Correspondent, Anchor and Washington Bureau Chief

Harry S. Saag, MD, FACP
Walgreens Health

Kameron Matthews, MD, JD, FAAFP
Cityblock Health

How Disruptors Are Transforming Healthcare Access and Affordability

Though many health systems are embracing innovations to bring care directly to patients in their homes and communities, healthcare disruptors are forcing hospitals and health systems to reevaluate decades-old paradigms. Join leading experts from organizations pushing the envelope in healthcare as they discuss how healthcare delivery models are evolving to meet consumer demands, how retailers are shifting the landscape of healthcare, and the way these shifts will fundamentally change the U.S. healthcare system moving forward.

Hot Topics

The 5 Hot Topic sessions at Congress highlight best practices in some of the most critical areas of healthcare leadership.

Zachary Karabell
Author of *The Leading Indicators* and *Inside Money*

The Case for (Edgy) Optimism

Too much sway is given to the belief that things are getting worse and not enough credence is given to the many ways the future may grow brighter and get better. From technological innovation to healthcare breakthroughs, the present and the future may be in better shape than we perceive. Karabell's case for optimism in terms of politics, economics and culture is a vital ingredient in recognizing the opportunities that abound—and seizing them.

Wednesday

Cheryl Pegus, MD
Morgan Health Ventures

Marc Harrison, MD
Health Assurance Transformation Corp.

Transcending Change—What It Will Take to Truly Transform Healthcare

Despite formidable challenges, there exists a tangible opportunity for healthcare systems to not only survive but thrive. Join us for a dynamic discussion about the future of healthcare, with two leading experts in the field. They are uniquely positioned to illuminate strategies for health systems to stay ahead in the competitive healthcare landscape and to demonstrate how authentic collaboration among technologists, caregivers and investors can revolutionize healthcare.

Jason Lesandrini, FACHE

Linking Ethics Resources to Patient Safety

How safety and quality leaders can benefit.

Quality and patient safety are at the top of every healthcare organization's list of strategic goals. Though the safety and quality journey is a continuous process, little work has connected ethics to the goals of patient safety and high-quality care. One notable exception is the work of John J. Donnellan Jr., LFACHE, who has connected the core ethics principles of autonomy, beneficence, nonmaleficence and justice to the Institute of Medicine's quality aims. For example, the work of ethics programs and consultants in promoting shared decision-making among patients, families and providers achieves the aim of patient-centered care.

Despite the lack of information about how patient safety and quality teams can collaborate with ethics consultants to achieve their shared goal of high-quality, safe patient care, safety and quality teams undoubtedly encounter ethics issues in their work. The following examples highlight the kinds of ethics issues these teams see and how using ethics consultants can benefit.

Day-to-Day Practice

Patient safety and quality officers play pivotal roles detecting and remediating healthcare delivery deficiencies to optimize outcomes and minimize preventable harm. This affords them a unique, first-exposure vantage point to ethical tensions arising at the front lines of care. For instance, breached confidentiality around inadvertent health worker exposures to possible illness or other harm prompts complex risk-benefit balancing between patient privacy and employees' health interests. Other complex situations, including patient nonadherence, reveal difficult trade-offs between self-determination rights and a duty to avert public health threats. Finally, resuscitation contrary to documented do-not-resuscitate orders requires ethics analysis for the prevention of future unwanted cardiopulmonary resuscitation.

Yet, safety and quality personnel may lack fluency in either identifying or resolving such dilemmas. On the other hand, clinical ethics consultants possess specialized competencies in distinguishing ethical dimensions and their resolution. Hence, partnerships between patient safety/quality and clinical ethics services can strengthen organizational responses. Bidirectional referrals for emerging incidents with ethical undertones and ethics case trends that have attendant safety/quality implications offer complementary risk prevention.

Furthermore, joint quality/ethics reviews of aggregated data present additional opportunities to recognize previously obscured patterns of ethical uncertainty meriting systemic action. On the front end, cross-disciplinary cooperation fortifies detection and mitigation of ethically complex yet preventable adverse events. On the back end, shared analysis better informs policies, workflows and cultural changes addressing ethical contributors. Ultimately, quality and safety goals stand to be gained from clinical ethics integration.

Establishing formal pathways linking ethics resources to quality and patient safety efforts can enhance the journey toward high-quality, safe patient care.

Unanticipated Outcomes and Disclosure

Medical errors are alarmingly common, with estimates suggesting that harm affects around one in every 10 patients seeking hospital care, according to a July 2019 study in the *BMJ* titled "Prevalence, severity, and nature of preventable patient harm

across medical care settings: systematic review and meta-analysis." Errors result from communication breakdowns, inaccurate diagnoses, equipment malfunctions, falls and countless other factors. Resulting health impacts on patients range from temporary discomfort to permanent disabilities, lost quality years or hastened mortality.

As part of continuous improvement efforts, organizations are moving toward systematic processes to proactively address these unanticipated outcomes and errors with patients and families in a transparent and compassionate manner outside of the adversarial, judicial setting of lawsuits. These processes and programs involve actions such as communicating unanticipated outcomes or events to patients and families quickly after they occur; conducting rapid quality and safety investigations using just-culture principles; and providing an explanation, apology and communications to patients and families about how to prevent the unanticipated outcome going forward. Research shows that implementing a robust program leads to an increase in patient trust and overall provider satisfaction while decreasing patient compensation and insurance premiums, according to a 2017 article in the *Journal of the American Medical Association* titled "Patients' Experiences With Communication-and-Resolution Programs After Medical Injury."

These unanticipated outcomes and errors provide the perfect opportunity for quality, patient safety and ethics teams to collaborate. Specifically, using an ethicist's skills to work with clinical teams, patients and families is a reasonable opportunity. For example, clinical ethicists are experts at communication. Their skills in mediation and "working the gray"—approaching issues involving vast ambiguity or uncertainty—provide great insight and value during conversations taking place among providers, patients and their families. Clinical ethicists can serve in either a coaching role for the team or in a more active role with the clinical team in disclosing the unanticipated outcome.

Though the safety and quality journey is a continuous process, little work has connected ethics to the goals of patient safety and high-quality care.

In addition to working with the team during the disclosure process, there is opportunity for ethicists to engage with the quality and safety teams during the root-cause analysis process. Ethicists are good at asking questions to ensure understanding and can assist with identifying underlying ethics issues that require attention through policy change or education.

Incident Reporting Systems

Patient safety and quality leaders, as well as other health system staff, routinely track incidents and near misses in care delivery to reveal opportunities for systemic improvements. Though such events inherently signal quality processes that require strengthening to prevent harm, careful ethical analysis frequently uncovers complex ethical tensions entangled within adverse outcomes or unreliable standards of practice. Ethicists can support quality officers in recognizing and reconciling moral dimensions in reported incidents.

Numerous ethics issues that patient safety and quality officials are asked to address are hidden within these incident reporting systems, such as communication challenges in patient care and consent issues. These types of issues are ripe for collaboration between ethics and patient safety and quality departments. For example, a quality officer could receive a case in the incident system regarding an incapacitated patient being restrained for an extended period to protect them from harming their surgical site. While there is a quality/safety component to the care being provided, an ethical component on balancing patients' freedom with protecting the patient from harming themselves exists. Navigating such conflicts relies on ethical discernment alongside clinical expertise. The ethicist can help the clinical team navigate the ethical component of using restraints, establishing an ethically acceptable course of care for the patient.

Overcoming barriers around clinical quality and patient safety teams' awareness of ethical dimensions and relevant ethics resources persists as an open opportunity. Establishing formal pathways linking ethics resources to quality and patient safety efforts can enhance the journey toward high-quality, safe patient care. ▲

Jason Lesandrini, FACHE, is assistant vice president, ethics, advanced care planning and spiritual health, Wellstar Health System, Marietta, Ga., and founder and principal of The Ethics Architect (jlesandr@gmail.com).

Matt Heywood

An Expansion Mindset for Rural Health

Improving rural healthcare requires seeking new opportunities.

Opportunities exist for health systems to expand care delivery beyond a model centered around an urban headquarters. But in the "middle of nowhere," there's a delicate balance between access and quality. With inflation increasing, rural providers try to keep wages competitive, but labor shortages can lead to rural hospital closures. And internet access issues affect these hospitals' ability to reach a population that is often older and sicker than the rest of the country. Within these dynamics, having an expansion mindset can make all the difference.

Opportunities exist for health systems to expand care delivery beyond a model centered around an urban headquarters.

An expansion mindset means looking out for community and opportunities. The Centers for Disease Control and Prevention has highlighted the great need for additional attention and resources to improve outcomes for rural Americans. There are tremendous opportunities for health systems to expand into the communities around them—and to realize that those investments can sustain them, too. At Aspirus Health, Wausau, Wis., an expansion mindset has increased the health system's vibrancy and outlook in three main ways.

Investing in Transformative Partnerships

Aspirus Health has had great success partnering to expand its capabilities into adjacent markets to reach patients more effectively. In recent years, it partnered with neighboring hospitals, added four critical access hospitals in Michigan's Upper Peninsula and expanded its southern Wisconsin access points. In 2021, Aspirus Health acquired seven hospitals and 21 clinics from Ascension Wisconsin, bringing cardiac, orthopedic and other important services closer to patients than ever before. Previously, neither system could establish enough scale to provide the quality of services that were needed to serve rural communities. And these communities deserve better than that.

Recently, Aspirus Health signed a letter of intent to affiliate with St. Luke's, Duluth, Minn., a system operating two hospitals and dozens of care sites in northeastern Minnesota, northwestern Wisconsin and the western Upper Peninsula of Michigan. Both systems' visions aligned for a future with healthier rural communities in their collective area, which requires maintaining quality care and access to care inside and outside Duluth. At the time of this writing, the affiliation agreement was expected to close in spring 2024.

This approach requires thoughtful work to maintain consistency and standards among different locations versus from one centralized location. Ensuring that care isn't too far for patients to travel to but not so dispersed that the health system can't maintain standards takes commitment from Aspirus Health's management team, physicians and staff. And building scale with partners—St. Luke's being the latest—allows the organization to have more resources, technology and connectivity.

By cultivating this partnership mindset—and with strong support from board members—Aspirus Health has been able to continue to serve rural communities with greater access to a variety of services. Although emergency services are important, they aren't the only need in rural communities. The healthcare field, therefore, will see greater gains in life expectancy for rural America when greater access to primary care, lab services, specialty outreach and rehabilitation comes alongside emergency services.

Aspirus Health's partnerships have allowed facilities to remain open, which is becoming increasingly difficult for smaller, independent organizations. Partnerships also have allowed Aspirus Health to expand cardiac care in multiple locations and to offer specialty outreach services in rural locations that otherwise wouldn't have these services if they weren't part of a system. As a result, the health system

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has seen volumes increase in most of the facilities that have recently joined the system, indicating people's desire to receive their care locally.

Investing in the Community

Not only do communities need healthcare providers closer to them for their health, it's also beneficial to local economies to have medical practices and healthcare professionals as neighbors. To build and nurture the future of healthcare, investing in education and training is crucial. To that end, Aspirus Health partnered with the University of Wisconsin School of Medicine and Public Health and the Medical College of Wisconsin to establish residency programs.

It's also why the health system works with community colleges to create programs and immersive, hands-on learning simulations. Through a certified nursing assistant pipeline program in collaboration with Northcentral Technical College, Wausau, Wis., Aspirus Health provides tuition and expense support to students in exchange for a commitment to accepting a CNA role with Aspirus Health upon completion of the program. This helps students access an accelerated program, while helping the health system hire trained professionals in important roles that are often difficult for health systems to fill.

In another program, Aspirus Health's medevac division partners with Nicolet College in northern Wisconsin to simulate emergency services situations that provide immersive training to local agencies and professionals. This supports public safety by sharpening skills and preparing professionals to respond in real-life emergency situations, including fires, patient extrication, helicopter or ground transport, and general response coordination.

Investing Inward

Aspirus Health's expansion mindset also helps it continue to invest in creating a community—within its own health system. The organization is among just 16 employers in the country—and one of only three health systems—since 2021 to earn the Wellness Council of America's Platinum Well Workplace Award for meeting the highest standards of wellness support for employees. In addition, its recent earning of the Pathway to Excellence designation from the

American Nurses Credentialing Center reinforces Aspirus Health's dedication to providing a positive, empowering and engaging environment. This designation requires organizations to meet specific standards that are ideal to the practice environment for nurses, including those that empower and engage staff members.

Aspirus Health also has gone to great lengths to foster wellness within its culture, including by actively engaging physicians who are committed to building wellness into the organization. This includes proactive internal communications programs across large geographic areas, recruiting physicians who are the right fit for the populations they are serving, and finding staff with a strong connection and passion for the type of care provided. The health system is also proud of its wide selection of wellness offerings for employees. Examples include free financial counseling, health coaching, employee assistance services, rewards-based exercise programs and access to clinically focused programs through the organization's health plan.

In addition, the health system uses an internal scorecard to continually monitor the organization's strength across key clinical and operational areas. Performance goals are set to push the organization to achieve top-quartile performance based on comparable industry best-practice benchmarks. A heavy focus on standardizing care processes across Aspirus Health's various locations ensures the organization can deliver consistent, high-quality care and outcomes to patients. Robust supply chain and revenue cycle functions help improve operational performance by controlling costs, creating efficiencies and eliminating waste.

Some might think there's not a lot going on in rural America, but organizations can look for opportunities for smart growth and for keeping care local. Like Aspirus Health, they can leverage scale to expand services and grow and develop key service lines. If rural healthcare providers can help make rural America healthier and more vibrant, then other organizations are more likely to join. And then that middle of nowhere will be full of opportunity. ▲

Matt Heywood is president/CEO of Aspirus Health (matt.heywood@aspirus.org) and an ACHE Member.

Paul H. Keckley, PhD

The Impact of Hospital Price Transparency

Federal law is creating a new era of accountability.

In November 2019, the Trump administration issued an executive order requiring hospitals to post their prices for 300 "shoppable services" by Jan. 1, 2021, or pay a penalty. The rationale was to empower patients and increase competition among hospitals, group health plans and health insurers in individual and group markets. Then-Health and Human Services Secretary Alex Azar called the order "a more significant change to American healthcare markets than any other single thing we've done, by shining light on the costs of our shadowy system and finally putting the American patient in control."

70% OF HOSPITALS AT THE END OF 2022 were in compliance with both parts of the CMS price transparency requirements—up from 27% in 2021.

82% OF HOSPITALS AT THE END OF 2022 were in partial compliance.

Source: Centers for Medicare & Medicaid Services

The rule requires hospitals to do three things:

List standard charges online in a machine-readable file. Hospitals are required to make public all hospital standard charges, including gross charges, payer-specific negotiated charges, the amount the hospital is willing to accept in cash from a patient, and the minimum and maximum negotiated charges, for all items and services online in a single data file that can be read by other computer systems.

Display shoppable services in a consumer-friendly manner. Hospitals are required to make public payer-specific negotiated charges, the amount the hospital is willing to accept in cash from a patient for an item or service, and the minimum and maximum negotiated charges for 300 common shoppable services in a manner that is consumer-friendly. Hospitals are also required to update the information at least annually.

Use enforcement tools. This involves specifications for monitoring, auditing and corrective action, to which hospitals are expected to adhere or face imposition of civil monetary penalties of $300 per day.

The Biden administration kept the rule in place, increasing the penalty to a formula that could cost a hospital up to more than $2 million for full-year noncompliance. Then in November 2023, the administration issued changes to improve standardization of the rule's implementation and streamlining of its enforcement.

At this point, two things appear clear as rules, regulations and laws codify price transparency requirements for hospitals:

Hospital participation is significant, and the scope of the rule is likely to expand. According to the Centers for Medicare & Medicaid Services' latest report, 70% of hospitals were in compliance with both parts of the rule by the end of 2022, up from 27% in 2021. In addition, 82% of hospitals were in partial compliance. And polls indicate hospital price transparency is popular with voters. Nonetheless, many areas of hospital operations (ancillary, outpatient and in-office care) are likely additions to the scope of oversight by CMS in coming years.

As CMS expands the scope of the rule and legislative actions follow in states, adherence to price transparency will become more time-consuming and costly for organizations.

The impact of hospital price transparency is unknown. Academic and industry studies conducted to date are inconclusive. Though polls indicate the public favors hospital price transparency, awareness and use of

pricing tools has been low, and the downstream impact on competition and prices has been negligible.

For example: a systematic review of 18 studies published in the Dec. 14, 2022, issue of *Health Economics Review* found that price transparency reduced the prices of lab and imaging tests except for those conducted in concert with office visits. Also, a 2022 RAND study, "Prices Paid to Hospitals by Private Health Plans Findings from Round 4 of an Employer-Led Transparency Initiative," using data from self-funded employers, found that hospital prices varied widely within geographic areas (markets and states). It also found that prices paid by employers were twice as high as those paid by Medicare, but the researchers concluded, "Most price variation is explained by hospital market power; little variation is explained by a hospital's share of patients covered by Medicare or Medicaid."

Many areas of hospital operations are likely additions to the scope of oversight by CMS in coming years.

Thus, research about the impact of hospital price transparency is inadequate to assert its long-term impact. Nonetheless, the heightened role of hospital price transparency will prompt policymakers and hospital leaders to consider the long-term consequences of the policy. Questions to consider include the following:

- Will the exposure of hospital prices, and their relationships with underlying costs and negotiated rates paid by insurers, induce consumer engagement that lowers overall spending and prompts increased competition between hospitals based on price differentials?

- Will price transparency for "shoppable services" stimulate additional actions by hospitals to engage consumers more directly as key decision-makers as new data about quality, outcomes and distinctions between a hospital's direct and indirect costs become readily available?

- How will hospital prices be integrated in non-fee-for-service payer strategies, including bundled payments, total cost of care, capitation and others?

- Will the devices, websites and third-party sources that leverage data from "machine readable formats" result in standardization of prices and regression to the mean? Will hospital prices increase as a result of pricing methodologies?

- Will prices for services needed for higher-cost complex conditions and/or interventions (such as less-shoppable services) be subject to the hospital price transparency obligations?

- Will access to negotiated rates with payers result in re-pricing of reimbursement as insurers access competitor payment terms and conditions?

- Will supplier costs embedded in prices become problematic as they learn more about a hospital's pricing for a wide range of "shoppable services" outside the specific clinical service supply chain of which they're a part?

- Will widespread access to indirect costs, including administrative costs and uncompensated services, prompt stakeholder pressure to spend less in these areas to lower prices and expand price elasticity?

The immediate implications for hospital boards are considerable:

- Boards and senior leaders must adopt a pricing strategy that's systematically created and clearly articulated to all its stakeholders.

- Hospitals must analyze notable competitor distinctions in prices, underlying costs and negotiated rates versus their own.

- Hospitals must develop a short- and long-term pricing strategy specific to the needs and expectations of employers, consumers and insurers with whom they engage.

Opaqueness in hospital prices seems destined for extinction for most services. Opposition to price transparency by hospital trade groups was not successful. Now, hospitals must operate in a new era of accountability and transparency. ▲

Paul H. Keckley, PhD, is managing editor of The Keckley Report *(pkeckley@paulkeckley.com).*

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The Foundation of the American College of Healthcare Executives has made every attempt to acknowledge all of our donors who have given in 2023. If you note a discrepancy, please contact Timothy R. Tlusty, vice president, Development, at ttlusty@ache.org.

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Jessica Taylor, FACHE

Bouncing Back After a Setback

Strategies for addressing clinical and nonclinical staffing shortages.

Career setbacks can be significant turning points, particularly in the demanding healthcare field. Such challenges, ranging from missed promotions to unexpected reductions in force, can deeply affect a professional's confidence.

These setbacks, however, don't signify the end of a career; rather, pivotal experiences and challenges create openings to reassess and redefine one's career strategy. Sometimes, a roadblock is an invitation to find a new, potentially more rewarding path.

A *Harvard Business Review* study published Jan. 29, 2021, underscores the concept of resilience, emphasizing that it's not just about bouncing back but also about "bouncing forward." This is crucial in the healthcare administration sector, where leaders are expected to navigate complex challenges with agility and foresight.

Healing Before Analysis

When faced with a significant career setback, attempting to overcome everything at once can be overwhelming. It's crucial to break the challenge into manageable steps. The first step in recovering from a career setback is allowing time for emotional rest from the upheaval. It's normal for one's mind to rush into analyzing the setback, but that can skew perspectives and ultimately hinder the healing process over the long term.

Recognizing Personal Achievements

It's important to remember that a career setback does not define one's entire professional journey. Reflecting on past achievements, both within and outside of one's career, can reaffirm an individual's capabilities and worth. Whether it's contributing to major projects, leading a team to success, or achieving personal accomplishments such as a professional certification, successes serve as testaments to a professional's skills and fortitude.

These setbacks don't signify the end of a career; rather, pivotal experiences and challenges create openings to reassess and redefine one's career strategy.

In addition, consider achievements outside the workplace. For example, a leader might be proud of their healthy and strong family. Or maybe they consider athletic achievements part of their success. All these factors can help increase self-confidence and remind healthcare leaders of their successes.

Using Support Systems

Isolation can exacerbate feelings of failure and inadequacy. Engaging with friends, peers and professional resources offers emotional support and practical guidance. Mentorship or coaching, especially from those who have navigated similar challenges, can be particularly beneficial, offering insights and opening new professional avenues.

One of the most effective tools, particularly in healthcare leadership, is engaging in a formal mentoring program. The structured support these programs provide can be instrumental in navigating the aftermath of professional challenges. They can also provide insights into understanding industry dynamics such as managing complex workplace situations and avoiding potential pitfalls. Hearing about a mentor's challenges and how they overcame them can be incredibly empowering. It instills a sense of resilience and the understanding that setbacks are not unique, but, rather, a universal part of the professional journey. This shared experience can provide much-needed external perspective, helping those experiencing setbacks to see them as temporary and surmountable.

Formal mentoring is also an avenue for continuous learning. Mentors can recommend courses, workshops or

The Time Is Now to Nominate a Colleague

Gold Medal Award

The Gold Medal Award is the highest honor bestowed by the American College of Healthcare Executives on outstanding Fellows who have made significant contributions to the healthcare profession. Deadline: Aug. 15, 2024

ache.org/GoldMedal

Lifetime Service and Achievement Award

The Lifetime Service and Achievement Award was created to recognize Life Fellows and Retired Fellows who have made outstanding, nationally recognized contributions to advance the profession of healthcare management and the American College of Healthcare Executives. Deadline: July 15, 2024

ache.org/LifetimeService

Robert S. Hudgens Memorial Award

The Robert S. Hudgens Memorial Award for Young Healthcare Executive of the Year was established to recognize early careerists for outstanding achievements in the field of healthcare management. Deadline: July 15, 2024

ache.org/Hudgens

If you have any questions about the awards, contact Jennifer L. Connelly, FACHE, CAE, in the Department of Volunteer Relations at (312) 424-9320 or via email at jconnelly@ache.org.

American College *of* Healthcare Executives®

reading materials that will aid in professional development and help leaders engage in the ongoing learning processes that are crucial for staying relevant and knowledgeable in the field.

Like mentors, coaches can be guides in setting realistic, achievable goals that instill motivation and confidence in the aftermath of a career setback. Coaches are trained professionals adept at guiding individuals toward identifying and accomplishing specific goals. Their expertise lies not necessarily in being seasoned practitioners in the client's field but in their ability to facilitate growth and development. This aspect is particularly beneficial post-setback, as it brings a fresh, unbiased perspective to the challenges faced.

Coaches employ various techniques, such as reflective questioning, exercises and action plans, which are designed to challenge conventional thinking and foster self-discovery. The relationship with a coach is typically structured and goal-oriented, contrasting with the often informal and long-term nature of mentorship. In recovering from a setback, this structured approach and time-bound nature of the relationship ensures focused effort and momentum toward recovery and growth.

Transforming a Setback Into an Opportunity for Personal Brand Refinement

A personal professional brand is a curated representation of an individual's professional identity across various digital and online platforms. A resume is part of one's brand, as is a combination of elements that collectively communicate a person's skills, experiences, values and professional ethos to the online world.

Navigating significant changes provides unique opportunities for leaders to reassess, refine and potentially pivot their personal brand and online presence. A setback often prompts introspection, leading to a deeper understanding of one's core values, strengths and areas of growth. This process is integral to moving forward and emerging stronger and more defined in one's professional identity.

Professional online job and career platforms are invaluable for professional branding and networking. Regularly updating profiles,

engaging with content relevant to their field and contributing their own insights can significantly enhance a leader's professional visibility. It is a space to reflect dedication to the healthcare sector by sharing and engaging with content that highlights recent industry advancements and professional interests. However, it is equally vital to maintain a clear boundary between professional discourse and personal opinion, especially on matters unrelated to the field, such as politics. This strategy not only fosters interaction but also gradually extends one's professional network in a manner that is organic and impactful.

Consistency in one's messaging and authenticity in all interactions are key to a strong personal brand. More than a list of their experiences and professional accolades, online platforms can provide leaders with opportunities to present a multifaceted reflection of their leadership style and vision for the future. Whether commenting on peers' posts or participating in relevant group discussions, leaders should ensure that their online presence across various platforms conveys a consistent image that truly represents who they are and what they stand for.

Setbacks Are Not Final

Career setbacks are a chance to pause, reassess and strategize, paving the way for a stronger future. They serve as a canvas for self-reflection—an opportunity to realign with one's core values and reignite the passion for impactful leadership.

Using the wealth of resources available, from assessing strengths to reestablishing a professional online presence, healthcare leaders can sculpt a career marked by adaptability, innovation and meaningful influence. These moments of setback are not just about recovery; they're about redefining the trajectory of one's career and setting a course for a future that resonates with success, fulfillment and an enduring contribution to the healthcare field. ▲

Jessica Taylor, FACHE, is a strategic coach and founder/principal of Coaching Coalition (jessica@coachingcoalition.com).

Kathryn C. Peisert

New Data Shows Impacts of COVID-19

Governance and leadership are back in focus.

Every other year The Governance Institute conducts its nationwide survey of U.S. acute care, not-for-profit hospital boards. Our 2021 survey results showed early indications of the effects of the coronavirus pandemic on governance focus (revealing a performance "plateau" or holding steady). However, we believe the 2023 results provide a much starker picture of the critical governance functions that were put on hold to deal with the pandemic, and thus a heightened urgency to revisit and accelerate these areas to move organizations in new and important directions.

Most boards (97%) have at least one female board member, and in 2023 we saw the most significant jump in boards that have six or more women (22% compared with 15% in 2021).

Key Findings

Starting with the positive signs from the data, we are showing that board diversity efforts are starting to make an impact. Most boards (97%) have at least one female board member, and in 2023 we saw the most significant jump in boards that have six or more women (22% compared with 15% in 2021). In addition, 53% have between two and four.

While only 63% have ethnic minorities represented on the board, this number is up significantly from 49% in 2019 and 52% in 2017. In 2023, we saw increases in the percentages of boards having two, three, four, five and six or more minority board members. While overall these percentages remain small compared to the total, this represents significant and continued movement in the right direction.

We found two other takeaways:

Board meeting time matters. We continue to see most boards spending 30% or less of their meeting time in active discussion, deliberation and debate about the organization's strategic priorities. For several years, including 2023, there was a statistically significant correlation between the use of a consent agenda and boards that spend 40% or more of their board meeting in strategic discussion and debate. In other words, it is clear the use of a consent agenda helps enable boards to spend more time in active discussion. We also see a positive relationship between the amount of time spent during board meetings on board member education and the likelihood to report "excellent" performance.

Governance practices: Performance is suffering. All performance scores for our recommended practices in fiduciary duties (care, loyalty and obedience) and core oversight areas (quality, financial, strategic direction, management oversight, board development and community benefit/advocacy) were lower than in 2021. Our high-level interpretation of these results is that boards pivoted to supporting their management teams in crisis leadership to deal with COVID-19 and that the typical "best practice" environment under which boards usually operate was put on pause—and is hopefully now coming back into focus. While financial oversight continues to rank first in performance, quality oversight and setting strategic direction hover well below where they should be, ranked sixth and seventh out of nine categories.

Though community benefit and advocacy has always ranked lowest, the 2023 data also shows stark drop-offs in activity at the board and management level related to population health management and value-based care. Anecdotally, we are hearing that many organizations are pausing or even retreating from social determinants of health, community health and value-based care efforts as other major

This article was published in partnership with The Governance Institute.

challenges (pandemic, financial issues, workforce) take center stage.

Opportunities Abound

Boards have work to do and significant challenges to tackle. However, we see plenty of opportunities for boards to take bolder steps to accelerate innovation and transformation:

Add clinicians to the board. All types of boards maintain a sizeable majority of independent board members, which is recommended by the IRS and other regulatory agencies. This means there is plenty of room to add clinicians—physicians *and* nurses—who may not be independent, without disrupting this majority.

Discuss and debate. Boards continue to devote more than half of their meeting time (57% on average) to passively listening to reports from management and board committees. There is ripe opportunity for boards to revamp meeting agendas, reset expectations for shorter reports along with pre-meeting preparation, maximize use of the consent agenda, and carve out more time to devote to active discussion, deliberation and debate about the organization's strategic priorities. This is the most significant way boards can improve their organization's performance and make meeting time most impactful.

Take time to innovate. Outside, for-profit disruptors are quickly taking away the profitable service lines from mission-driven hospitals and health systems. Consider reopening the value discussions with your senior leaders and taking a critical look at what was put on pause during the pandemic. Now is the time to accelerate care delivery transformation, bring in partners with complementary expertise and push payers to collaborate on payment models that truly work.

Secure visionary talent in the most important place. While management oversight scores improved in 2021, this year they dipped back down. The least-observed practice continues to be maintaining a written, current CEO and senior executive succession plan. We consider this a strategic imperative—no board can afford to not be fully prepared for the departure of its chief executive and other critical members of the leadership team. Having talented, visionary leadership is a must to successfully move the organization forward.

We continue to see most boards spending 30% or less of their meeting time in active discussion, deliberation and debate about the organization's strategic priorities.

Four Discussion Questions

1. What new expertise and diverse perspectives could help our board have more generative discussions and fulfill our organization's vision and strategy? Discussions can center around the need to add physicians, nurses, women and people from ethnic minorities to the board, or whether to deploy different recruiting strategies than those that have been used in the past to find these board members.

2. How are board meetings currently structured? Talks can include what can be done differently to better prepare for meetings, make them more impactful and increase time spent actively discussing, deliberating and debating the strategic priorities of the organization.

3. What important organizational and governance initiatives and improvement goals were paused because of COVID-19 and post-COVID-19 challenges? For example, it's possible plans related to population health, social determinants of health and value-based care need to be revisited.

   Also, board performance may need to be assessed to ensure best practices are adopted and that board members have the tools and know-how to accelerate innovation and transformation.

4. Do we have a robust CEO and senior executive succession plan, and do we regularly review and update it to ensure that we have the visionary talent needed to move the organization in the right direction?

For more information and to obtain a copy of the 2023 report, visit governanceinstitute.com/2023biennialsurvey. ▲

Kathryn C. Peisert is editor in chief/senior director, The Governance Institute (kpeisert@governanceinstitute.com).

Jonathan B. Perlin, MD, PhD, FACMI

James I. Merlino, MD

Protecting Patient Privacy

Answering the call to provide a framework for using de-identified data.

Healthcare is experiencing a surge in the use of personal health data beyond its primary intended purpose: taking care of patients. This secondary use of health data—or the use of data for purposes other than clinical care—may be used internally for research, clinical quality, operations improvement and creation of registries, or it may be exported and potentially shared with third parties for research or other purposes.

NEARLY
85% OF HOSPITALS IN THE UNITED STATES
have the capability to export their patient data for reporting and analysis.
Source: Office of the National Coordinator for Health Information Technology

The ascension of AI and machine learning in healthcare has further expanded the universe of potential uses to advance our knowledge and improve patient care, simultaneously creating new complexities governing data usage. Standardized processes and good governance practices are necessary not only to protect patient privacy and data security, but also to ensure that algorithms—the foundation of AI and ML—are examined to prevent systematizing bias.

It is The Joint Commission's responsibility to support healthcare systems in their activities for continuous improvement of care for all patients. Leveraging data to learn and advance patient care is both a quality improvement imperative and a matter of social responsibility.

Similarly, the key to driving greater health justice is an equity-focused, modernized and interconnected data infrastructure that helps detect, measure and provide the tools needed to address disparities in care and clinical outcomes. Health systems, public health agencies and community partners have an unprecedented opportunity to collaborate in the following:

- Creating a shared, data-driven understanding of community needs.
- Setting goals for improvement.
- Developing AI-driven tools.
- Measuring progress in addressing the issues that contribute to poor health outcomes.

Call for Framework and Guidelines
Whether independently or collaboratively, healthcare organizations understand the use of secondary data is essential to building those algorithmic tools. This is why some organizations are providing de-identified health data to technology companies, research firms and industry partners, such as pharma, to foster development of new treatments and care solutions. The U.S. Department of Health and Human Services defines de-identified patient data as patient information that has had personally identifiable information and protected health information removed.

As more healthcare organizations leverage secondary data, there have been calls from the industry for a framework to use secondary data responsibly and safely. While the Health Insurance Portability and Accountability Act provides guidance for de-identifying data, there is no governance to specifically regulate how healthcare data is gathered and transferred. Absent a standardized approach to appropriate stewardship of secondary data, organizations are struggling to validate that their practices are adequate, as well as to reassure patients that their data is being used responsibly.

There are many risks to not having a standardized approach to secondary use of data. The more serious ones include the potential for

re-identification of patient information, violating patient privacy and HIPAA, and the creation of bias algorithms that mislead providers in patient care. These risks have the potential to increase patient harm, but organizations risk financial penalties and reputational harm, as well.

As more healthcare organizations leverage secondary data, there have been calls from the industry for a framework to use secondary data responsibly and safely.

Guidelines can provide guardrails for handling patient data safely, ethically and privately to foster desired improvements in healthcare. The absence of guardrails could lead to regulatory or even statutory prohibitions that could thwart necessary improvements. Consequently, experts in AI, protecting patient rights, building health equity and advancing quality and safety improvement have stepped forward with a framework for responsible use of health data.

Responsible Use of Health Data Certification

Responding to those stakeholders' recommendations across the industry, The Joint Commission recognized the need to help organizations ensure responsible data stewardship by validating that robust policies and procedures are in place to help protect, govern and accountably use secondary data.

On Jan. 1, 2024, The Joint Commission launched a new certification program that recognizes healthcare organizations navigating their responsibilities for the appropriate use of secondary health data.

The new certification, Responsible Use of Health Data Certification, or RUHD—available to U.S. hospitals and critical access hospitals—provides an external verification of controls and patient rights. It also helps healthcare organizations realize the full value of the data they steward.

The certification is based on principles adopted from the Health Evolution Forum's "The Trust Framework for Accelerating Responsible Use of De-identified Data in Algorithm and Product Development." The forum developed this framework with the intention that its enduring principles would serve as the necessary foundation to protect patient interests in data privacy, security and agency, while simultaneously addressing patient and community interest in advancing safety, quality, equity, healthcare operations and value.

The certification's requirements include:

- A process that de-identifies data in accordance with HIPAA standards.
- Data controls that provide data security and protect against unauthorized re-identification of patients.
- Limitations on use that prohibit the misuse of data or the use of data beyond specified purposes.
- Algorithm validation that contains a verification process to address the potential for bias.
- Patient transparency that reveals secondary use of de-identified data to patients and stakeholders.
- An oversight structure that requires a governance process for the use of secondary data with respect to de-identification, controls, limits on use, algorithm validation and patient transparency, including regular reporting of activities to a healthcare organization's fiduciary board.

In short, an RUHD certification offers guidance on best practices and tests that the requisite policies and procedures are in place. The certification validates that organizations are demonstrating sound practices to improve care while protecting patient interests.

Secondary use of data strongly aligns with The Joint Commission's other key strategic priority areas, including healthcare equity, learning, and performance improvement and integration. We believe RUHD certification plays a critical role in helping achieve our shared vision that "all people always experience the safest, highest quality, best-value healthcare across all settings."

To learn more about RUHD certification, visit jointcommission.org/ruhd. ▲

Jonathan B. Perlin, MD, PhD, FACMI, is president and CEO, The Joint Commission Enterprise, Oakbrook Terrace, Ill. James I. Merlino, MD, is chief innovation officer, The Joint Commission, Oakbrook Terrace, Ill.

Wendy M. Horton, PharmD, FACHE

R. Jacob Cintron, FACHE

Building a Resilient Workforce

Embrace innovative leadership and design new care models.

Staff shortages, capacity constraints and economic concerns continue to contribute to high rates of employee burnout within today's healthcare provider organizations. To recruit and retain diverse, inclusive and vibrant healthcare workforces equipped to meet these challenges, technical interventions and cultural changes are needed.

For their organizations to thrive, it is vital that CEOs embrace innovative leadership and design new care models that ease workplace stress, increase training and educational opportunities, and provide greater mentorship. UVA Health, Charlottesville, Va., and University Medical Center of El Paso (Texas) have implemented several programs and strategies to build a more resilient workforce for the future.

Mitigating Burnout

Both institutions started initiatives that address burnout issues directly. UVA Health's Wisdom and Wellbeing program, introduced in 2016, enhances workforce resilience by training healthcare providers, community health workers and students to identify and treat stress injuries (defined as severe and persistent distress or loss of functioning caused by disruptions to the integrity of the brain, mind or spirit after exposure to overwhelming stressors) and burnout that can harm well-being and affect patient care. The program includes prevention and intervention activities to help employees succeed in stressful healthcare environments while encouraging team-based collaboration and peer-to-peer support. The program earned more than $2 million in federal funding following promising initial outcomes. For example, the organization's surgical trauma ICU reduced turnover by 54% after implementing the program in 2017.

To recognize how emotionally draining working in healthcare can be at times, University Medical Center of El Paso hired a dedicated psychologist in 2021 to focus solely on the resiliency and growth of its employees. Confidential, on-site, free-of-charge counseling has greatly helped employees, and this, in turn, reflects in the care they provide patients. The psychologist also offers support groups to the medical center's management team, holds monthly lunch and learns, and conducts regular stress-relieving activities. University Medical Center of El Paso also created a meditation room and a variety of outdoor spaces around the campus that are fully dedicated to staff and allow them to take respite during the workday.

UVA Health and University Medical Center of El Paso also made changes to improve nurses' work environment. UVA Health's Leading with HEART framework reimagines nursing staffing structures and professional development to ensure nurses and advanced practice providers can work at the top of their licenses without being pulled away from the patient care they were trained to provide. Launched in 2021, it's a vision for the nursing team that encompasses hiring, engagement, alignment and accountability.

University Medical Center of El Paso initiated the Emeritus Registered Nurse Program, which uses an experienced nurse's accumulated knowledge to provide real-time, in-person support to front-line nursing team members. The support is focused on specific areas of strategic priority related to safety, quality, patient satisfaction and team member engagement and is given under the supervision of department leaders. The professional experience and mentorship of these seasoned nurses

Thank You to Our Premier Corporate Partners

ACHE is fortunate to have some of the field's leading companies share in our mission of advancing healthcare leadership excellence. Our Premier Corporate Partners play an important role in strengthening the healthcare leadership profession and in building healthy communities.

By partnering with us, these companies demonstrate a real commitment to career development and lifelong learning. Please join me in expressing thanks to our Premier Corporate Partners for all they do in support of our mission.

Deborah J. Bowen, FACHE, CAE
President/CEO
American College of Healthcare Executives

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greatly builds steady situational awareness, easing anxiety for junior nurses.

Another program developed to support resiliency and streamline nursing workloads in El Paso is the Virtual Nurse program, which began operations in September 2023. Each virtual nurse will support bedside staff by relieving them of certain patient care tasks such as discharge procedures, admission history and patient education. Through the program, a nurse located elsewhere in the hospital can virtually and instantaneously meet with patients and advise other nurses. This frees up bedside staff to directly care for patients' immediate needs.

Finally, UVA Health launched the SPARK innovation competition, which funds ideas that faculty and staff develop to improve their work culture. One winning idea improved the 20 lactation spaces located across the health system, equipping them with supplies, gender-neutral signage and other amenities and creating a more convenient experience. UVA Health also invested $56 million in compensation programs in the past year alone, with further investments planned to reward strong performance. These initiatives help employees feel supported in their professional growth.

Expanding Workforce Capacity

Along with a greater emphasis on steps to retain workers by mitigating burnout, UVA Health University Medical Center and University Medical Center of El Paso are also developing creative new ways to expand their workforce.

The University Medical Center of El Paso, for instance, has expanded its nursing pipeline with its new Nurse Tech program, which brings in nursing students in their last semester of school to shadow nurses at the medical center. This helps the students become more familiar with the hospital's units and their operations and get a feel for patient relations, which makes it easier for them to transition into the hospital setting following graduation.

UVA Health's nurse extern program offers on-the-job training for students to support UVA Health teams. The program trains future team members, increases staff capacity (while reducing the need for travel nurses), and it renews energy for current staff members through mentorship and collaboration. This past summer, 84 nurse externs were placed in 25 areas, including acute care, intermediate medical units, ICUs, post-anesthesia care, ORs and outpatient clinics. Through these recruitment pipelines, UVA Health can grow a large, diverse and skilled workforce, while serving as a positive community partner.

Both institutions are also making it easier for community members to build rewarding careers in healthcare. University Medical Center of El Paso's CARES PULL-OPP (Pursuing Upward Learning Legacy) Program furthers employees' education and training in difficult-to-fill, healthcare-related fields such as respiratory therapists, nursing and many other fields with shallow candidate pools. Through this program, UMC covers the cost of tuition for participating employees as they work part-time and go to school. While they're enrolled in the two-year educational program, participants maintain their full-time employment status, compensation and benefits.

UVA Health launched Pipelines and Pathways in May 2023 so underserved local communities can access employment with the potential for upward mobility across the University of Virginia, including with UVA Health Medical Center and UVA Physicians Group. Job seekers are coached to assess their workplace skills and interests and receive assistance with finding employment. As of June 2023, 32 individuals have been placed, with 19 at the medical center.

Another program, Earn While You Learn, bolsters workforce capacity by paying local residents as they train for specialized medical positions at UVA Health. In partnership with nearby community colleges and technical centers, these 10- to 12-week programs lower financial barriers and address critical staffing shortages. Since the program began last year, 132 people have completed accelerated training programs and now serve as pharmacy technicians, EMTs, Certified English as a second language, certified nursing assistants, and sterile processing technicians at UVA Health.

This is the beginning of a new era in healthcare, driven by the field's most important asset—a resilient workforce. Hopefully, learning from the combined efforts of these two institutions can inspire other organizations to help ensure the next chapter in healthcare is bright. ▲

Wendy M. Horton, PharmD, FACHE, is CEO of UVA Health University Medical Center, Charlottesville, Va., (wmh7r@ virginia.edu). R. Jacob Cintron, FACHE, is president/CEO, University Medical Center of El Paso (Texas) (jacob.cintron@umcelpaso.org).

ACHE Recognition Program

SHOW YOUR STARS

The ACHE Recognition Program celebrates members' volunteer service and commitment to their chapter and ACHE. You may have served as a mentor, participated on a committee or served as a chapter leader. There are so many ways to serve and earn points.

Award levels:

★★★ Exemplary Service Award = 125 points

★★ Distinguished Service Award = 75 points

★ Service Award = 30 points

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ACHE MEMBER UPDATE

Interim Regent Appointed

William McNally, JD, FACHE, vice president, Membership Services, Missouri Hospital Association, Jefferson City, Mo., has been appointed Interim Regent for Missouri.

ACHE Policy Statements and *Code of Ethics* Updated

The ACHE Board of Governors approved at its December meeting changes to five ACHE Policy Statements and the *Code of Ethics* suggested by subject-matter experts to the Board Policy Committee.

ACHE has **nearly 30 Policy Statements** that provide guidance and best practices to healthcare leaders on matters important to the profession. Policy Statements are reviewed and revised annually on a rolling basis to ensure they're relevant to leaders.

Along with the *Code of Ethics*, the following statements were revised:

- Employment Agreements for Healthcare Executives
- Evaluating the Performance of the Hospital or Health System CEO
- Healthcare Executives' Role in Mitigating Workplace Violence
- The Healthcare Executive's Role in Fostering Inclusion of LGBTQ+ Patients and Employees
- Lifelong Learning and the Healthcare Executive

In Memoriam

ACHE regretfully reports the deaths of the following ACHE members as reported by the Department of Executive Engagement:

Robert H. Curry, FACHE
Pasadena, Calif.

Irita B. Matthews, JD, FACHE
Grosse Pointe Park, Mich.

ACHE Call for Nominations for 2025 Slate

ACHE's 2024–2025 Nominating Committee is calling for applications for service beginning in 2025. ACHE Fellows are eligible for the Chair-Elect and Governor vacancies as well as the Nominating Committee vacancies within their districts. Those interested in pursuing applications should review the candidate guidelines for the competencies and qualifications required for these roles. Open positions on the slate include:

- Nominating Committee Member, District 2 (two-year term ending in 2027).
- Nominating Committee Member, District 3 (two-year term ending in 2027).
- Nominating Committee Member, District 6 (two-year term ending in 2027).
- Four Governors (three-year terms ending in 2028).
- Chair-Elect.

Please refer to the following district designations for the open Nominating Committee positions:

- **District 2:** District of Columbia, Florida, Georgia, Maryland, North Carolina, Puerto Rico & Virgin Islands, South Carolina, Virginia, West Virginia
- **District 3**: Illinois, Indiana, Iowa, Kentucky, Michigan, Minnesota, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin
- **District 6**: Uniformed Services/ Veterans Affairs

Candidates for Chair-Elect and Governor should submit an application to serve, a copy of their resume and up to 10 letters of support.

For details, please review the Candidate Guidelines, including guidance from the Board of Governors to the Nominating Committee regarding the personal competencies of Chair-Elect and Governor candidates and the composition of the Board of Governors.

ACHE MEMBER UPDATE

Candidates for the Nominating Committee should submit only a letter of self-nomination and a copy of their resume.

Applications to serve and self-nominations must be submitted electronically to krock@ache.org by July 26. All correspondence should be addressed to Anthony A. Armada, FACHE, chair, Nominating Committee, c/o Kim Rock, American College of Healthcare Executives, 300 S. Riverside Plaza, Ste. 1900, Chicago, IL 60606-6698.

The first meeting of ACHE's 2024–2025 Nominating Committee will be held March 26 during the 2024 Congress on Healthcare Leadership in Chicago. The committee will be in open session at 2:45 p.m. Central time.

During the meeting, an orientation session will be conducted for potential candidates, giving them the opportunity to ask questions regarding the nominating process. Immediately following the orientation, an open forum will be provided for ACHE members to present and discuss their views of ACHE leadership needs.

Following the July 26 submission deadline, the committee may meet to determine which candidates for Chair-Elect and Governor will be interviewed. All candidates will be notified of the committee's decision no later than Sept. 27, and candidates for Chair-Elect and Governor will be interviewed in person Oct. 17 in Chicago.

To review the Candidate Guidelines, visit **ache.org/CandidateGuidelines**. If you have any questions, please contact Kim Rock at (312) 424-9375 or krock@ache.org.

LEADERS IN ACTION

To promote the many benefits of ACHE membership, the following ACHE leaders spoke recently at the following in-person events:

Noel Cardenas, FACHE
Governor
Sooner Healthcare Executives Annual Business meeting
Virtual
December 2023

Anthony A. Armada, FACHE
Immediate Past Chair
iHEN Annual Awards: Better Together
Whitestown, Ind.
December 2023

ACHE STAFF NEWS

2023 Pickert Award Winners Announced

Jon N. Mau, manager, Digital Marketing, Department of Communications and Marketing, and **Deneen Y. Wakefield**, senior customer service representative, Department of Executive Engagement, are the 2023 recipients of the Alton E. Pickert Award, which recognizes ACHE employees who have demonstrated significant service to ACHE and its members.

The award was established by Anne M. Pickert to honor the memory of Alton E. Pickert, FACHE, ACHE Chair from 1983 to 1984. During his tenure, Pickert emphasized the important contributions of ACHE staff to the healthcare field. Mau joined ACHE in 2022. Wakefield joined ACHE in 2018.

ACHE Staff Members Give Back to Community in 2023

In 2023, ACHE's staff members gave generously during the annual United Way of Metropolitan Chicago pledge drive. In total, ACHE donated over $13,500.

ACHE Announces New Hires

Jennifer Ahearn welcomed as publications editor, Department of Communications and Marketing.

Gabriel Casey welcomed as vice president, Department of Information Technology.

Rachel Gregoire welcomed as manager, Career Resource Center, Department of Executive Engagement.

Nancy O'Brien welcomed as development specialist, Department of Executive Office.

Karen Starling welcomed as accounting specialist, Department of Business Excellence.

Emily Tamblyn welcomed as chapter relations manager, Department of Executive Engagement.

- **LEADERSHIP** opportunities outside of your current position
- **NETWORKING** events with peers and mentors within your community
- **EDUCATION** opportunities that are close to home and can come to you

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Top Issues Confronting Hospitals: 2023

Results by ACHE's Executive Office, Research.

Workforce challenges topped the list of hospital CEOs' concerns in 2023, according to the American College of Healthcare Executives' annual survey of top issues confronting hospitals. This survey, sent in the fall to community hospital CEOs who are ACHE members, asked respondents to rank 11 issues affecting their hospitals in order of how pressing they are, and to identify specific concerns within each of those issues. The survey was sent to 1,285 community hospital CEOs, of whom 241, or 19%, responded. For the second consecutive year, respondents cited workforce challenges, which includes personnel shortages, as their top concern, giving it an average rank of 2.3 on an 11-point scale. This marks the third year in a row that workforce challenges or personnel shortages ranked No. 1. Financial challenges ranked second for the third year in a row, with an average rank of 2.6. Behavioral health/addiction issues ranked third, with an average rank of 5.3. The survey results are shown below.

ACHE thanks the CEOs who responded to this survey for their time, consideration and service to their profession and to healthcare leadership research.

Issue	2022	2021	2019
Workforce challenges (e.g., personnel shortages)	2.3	1.8	—
Financial challenges	2.6	2.8	4.1
Behavioral health/addiction issues	5.3	5.2	5.4
Access to care	5.6	6.0	5.7
Governmental mandates	5.7	5.9	5.4
Patient safety and quality	5.9	5.9	5.0
Patient satisfaction	6.4	6.6	6.1
Technology	7.3	7.7	8.1
Physician-hospital relations	7.6	7.6	7.8
Population health management	8.7	8.6	8.4
Reorganization (e.g., mergers, acquisitions, restructuring, partnerships)	9.3	8.7	9.4

The average rank given to each issue was used to place the issue in order of how pressing it is to hospital CEOs, with the lowest numbers indicating the highest concerns.

The survey was confined to CEOs of community hospitals (nonfederal, short-term, nonspecialty hospitals). The survey was not conducted in 2020 due to the COVID-19 pandemic.

Specific Concerns Within the Top Issues

Within each of these 11 issues, respondents identified specific concerns facing their hospitals. Following are those concerns in order of mention for the top three issues identified in the survey. Respondents could check as many as desired.

Workforce challenges (n = 281) (e.g., personnel shortages)	
Shortages of technicians (e.g., medical technicians, lab technicians)	87%
Shortages of registered nurses	86%
Burnout among nonphysician staff	79%
Shortages of physician specialists	71%
Shortages of therapists (e.g., physical therapists, respiratory therapists)	68%
Shortages of primary care physicians	65%
Shortages of advanced practice professionals	32%
Managing remote staff	27%
Other	n = 11

Financial challenges (n = 281)	
Increasing costs for staff, supplies, etc.	94%
Managed care and other commercial insurance payments	66%
Medicaid reimbursement (including adequacy and timeliness of payment, etc.)	61%
Reducing operating costs	52%
Revenue cycle management (converting charges to cash)	58%
Medicare reimbursement (including adequacy and timeliness of payment, etc.)	52%
Inadequate funding for capital improvements	51%
Government funding cuts (other than reduced reimbursement for Medicaid or Medicare)	50%
Bad debt (including uncollectable Emergency Department and other charges)	46%
Competition from other providers (of any type — inpatient, outpatient, ambulatory care, diagnostic, retail, etc.)	45%
Transition from volume to value	36%
Emergency department overuse	25%
Pricing and price transparency	21%
Moving away from fee-for-service	18%
Other	n = 11

Behavioral health/addiction issues (n = 281)	
Lack of appropriate facilities/programs in community	83%
Lack of funding for addressing behavioral health/addiction issues	77%
Insufficient reimbursement specifically for behavioral health/addiction services	72%
High volume of opioid addiction and related conditions	45%
Overcoming societal judgment about mental health and substance abuse disorders	34%
Legal/regulatory framework limiting treatment options	29%
Other	n = 8

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Learn more at **ACHE.org/Education**

ACHE education and professional development offerings are designed to help leaders effectively navigate the rapidly changing healthcare environment, while also improving performance and care delivery. From immersive, in-person events to convenient, cost-effective virtual programs, there truly is something for everybody.

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American College *of* Healthcare Executives®

The American College of Healthcare Executives Board of Governors met Dec. 5–6 to discuss the Strategic Plan, budgets and work plans for 2024 for both ACHE and the Foundation of ACHE. Here are the highlights of the meeting.

2024–2026 Strategic Plan
ACHE follows a three-year strategic planning cycle, and 2023 marks our second year of the plan. The goal is to confirm the direction of the Strategic Plan. After discussion and field review, the Board approved the Strategic Plan, making no changes for 2024–2026, thus solidifying our collective belief in the direction laid out.

Business Update
Budget Approved
The Board of Governors approved the 2024 budget for ACHE and the Foundation. Within the budget, increasing membership and engagement, growing the 2024 Congress on Healthcare Leadership and other programming, and identifying new approaches for publishing are among the operational priorities.

Corporate Performance Objectives
2023 was a solid performance year, with upward trends in Member and Fellow growth, Board of Governors Exams passed and budget performance with strong progress toward achieving target goals. On a particularly promising note, education revenue growth returned to pre-pandemic levels.

The Fund for Healthcare Leadership
As of Dec. 31, the $1 Million Campaign for Healthcare Leaders of Tomorrow for ACHE's Fund for Healthcare Leadership had received donations from 470 distinct donors contributing over $400,000. On Giving Tuesday 2023, donations totaling over $9,000 were received, which doubles the amount received in 2022.

Foundation of ACHE Updates
Congress on Healthcare Leadership
Registration opened in November with solid interest. New additions for 2024 include an improved hotel booking system, introduction of the Congress Day Pass and specific C-suite peer-to-peer focused opportunities.

ACHE Publishing Portfolio
To address changing publishing market dynamics that prioritize digital over print, Health Administration Press is adapting to the environment with a digital-first strategy. In partnership with a market strategist, work is underway to build a comprehensive content strategy, along with new marketing tactics that align with a digital-first approach.

Strategic Imperatives
Technology Acceleration Plan
In our role as **Trusted Partner**, ACHE has committed to deepen engagement with members and the healthcare community through education, networking and career services to inspire and cultivate leaders to advance health. In doing so, ACHE is accelerating the use of technology to proactively meet the challenges of a rapidly changing environment that will create unparalleled digital experiences for leaders.

The business priorities to better serve individual members and customers include driving improved experiences through better navigation, usability and opportunities to provide personalized content. Product innovations to serve employers and organizations are also at the forefront of our priorities. To date, key milestones completed on the technology acceleration journey include contracting with Salesforce to serve as our customer relationship management platform, as well as engaging with other partners that will support website redesign efforts and elevate the ACHE brand.

DEI Next-Level Strategy Update
In our role as **Catalyst**, ACHE has committed to leading for safety and equity. In doing so, ACHE will offer thought leadership and champion solutions that advance equity. As priorities, we are:

- Leveraging organizational partnerships, including chapters, to drive DEI efforts.
- Creating essential resources for leaders to advance the creation of diverse, equitable and inclusive environments.
- Growing the number of diverse member leaders.

Recent accomplishments include the completion of a DEI competencies and assessment tool that identifies

specific opportunities to drive inclusive cultures. The assessment tool is self-scored and can be used on its own or as a companion to the *ACHE Healthcare Executives Competencies Assessment Tool*. Also included are resources to help close identified gaps in knowledge, skills and abilities. Development of a communications and marketing plan is underway, with an expected rollout coming soon.

Additionally, a DEI blueprint is under development. The goal of this blueprint is to provide a framework and resources for C-suite leaders to drive enterprisewide equity efforts through leadership. Best practices from *Leading a Culture of Safety: A Blueprint for Success* are being used to inform approaches for policies and practices and to assess organizational readiness levels, using case studies to model success. The DEI blueprint is expected to be launched soon.

Strengthening the ACHE and Chapter Partnership

In our role as **Connector**, ACHE has committed to grow our professional community across the healthcare continuum by leveraging our partnerships with chapters and other organizations. In doing so, ACHE is identifying new ways to enhance the ACHE and chapter partnership and to better leverage the role of chapter leaders and volunteers in providing value to members.

Top-of-mind priorities include providing new options to reduce administrative burdens for busy volunteer workers by identifying challenges for chapters that can be translated in ways to support scalable solutions and best practices.

FACHE® Continuing Education Requirements Update

Numerous efforts were undertaken to support the education changes that took effect Jan. 1, 2024. This included a special offer for Fellows of the 2024 recertification class to complete their requirements in 2023 at the end of the year. A total of 689 Fellows had capitalized on this offer as of late December 2023.

Chapters now have expanded opportunities to provide local education to members. Also, chapter panel discussion templates were revamped with the inclusion of new instructional resources. This includes expanded virtual interactive templates and an updated chapter education manual that aligns operations and policy.

2025–2027 Strategic Plan

In 2024, ACHE will conduct a deep dive on the Strategic Plan for 2025–2027. In preparation, the Board discussed changes in the field and the impact on leaders that may inform upcoming strategic discussions. This included dialogue around retail players, private equity, growth in home healthcare and opportunities to drive more integrated care.

The deep dive will include a robust research plan that seeks feedback from stakeholders. The Strategic Plan will be a topic of discussion at the upcoming Regent Think Tank, conducted as part of Regent activities March 23 at Congress.

Overall, the Board noted it was a productive meeting, and ACHE is well-positioned for the future. ▲

The American College of Healthcare Executives congratulates members who recently received awards recognizing their contribution to healthcare leadership.

Carol Ann A'Hearn, FACHE, department administrator, Pathology Practice, Moffitt Cancer Center, Tampa, Fla., received the Senior Healthcare Leader Regent Award from the Regent for Florida—Northern and Western.

Laura A. Allen, associate vice president, Productivity & Analytics, Willis-Knighton Health System, Shreveport, La., received the Early Careerist Regent Award from the Regent for Louisiana.

Terry L. Amstutz, FACHE, president/CEO, McGehee (Ark.) Hospital, received the Senior-Level Regent Award from the Regent for Arkansas.

Mary M. Armijo, FACHE, COO, Memorial Medical Center, Las Cruces, N.M., received the Senior-Level Regent Award from the Regent for New Mexico & Southwest Texas.

Jeanna L. Bamburg, FACHE, CEO, The Woman's Hospital of Texas, Houston, received the Women in Healthcare Regent Award from the Regent for Texas—Southeast.

Noel J. Cardenas, FACHE, senior vice president/CEO, Memorial Hermann Southeast & Pearland (Texas) Hospitals, received the Diversity Champion Regent Award from the Regent for Texas—Southeast.

Kerri Celaya, FACHE, director, Cancer Services, Penn Medicine Princeton Health, Plainsboro Township, N.J., received the Mid-Careerist Regent Award from the Regent for New Jersey—Northern.

Linda J. Clancy, president, Clancy Healthcare Consulting LLC, Hopkinton, Mass., received the Senior-Level Regent Award from the Regent for Massachusetts.

Mackenzie Clyburn, associate vice president, Hospital Operations, Baptist Health Medical Center-Little Rock (Ark.) received the Early Careerist Regent Award from the Regent for Arkansas.

Nicole D. Denham, FACHE, principal clinical consultant, COR Consultants, Hoschton, Ga., received the Senior-Level Regent Award from the Regent for Georgia.

Walter Dusseldorp, FACHE, founder/COO, TheDutchMentor.com, New York City, received the Partner & Collaborator Regent Award from the Regent for New Jersey—Northern.

Katherine L. Fowler, FACHE, CEO, Vanguard Health Solutions, Verona, N.J., received the Innovation: Population Health Team Regent Award from the Regent for New Jersey—Northern.

Anne-Claire I. France, PhD, FACHE, president, Houston Health Innovations LLC, received the Senior-Level Regent Award from the Regent for Texas—Southeast.

Laura Geron, DNP, RN, quality and patient safety project manager, Atlantic Health System, Morristown, N.J., received the Early Careerist Regent Award from the Regent for New Jersey—Northern.

Yasmine Ghazvini received the Early Careerist Regent Award from the Regent for California—Southern.

Sean W. Glenn, FACHE, hospital administrator, Mayo Clinic, Rochester, Minn., received the Senior-Level Regent Award from the Regent for Arizona.

Jack Hallmark, director, Optum/United HealthCare, Eden Prairie, Minn., received the Senior-Level Regent Award from the Regent for California—Southern.

Joshua Hammons, chief administrative officer, Delta Health Systems, Stockton, Calif., received the Exceptional Leader Regent Award from the Regent for Mississippi.

Jeffrey P. Harrison, PhD, FACHE, professor, University of North Florida, Jacksonville, Fla., received the Academic Faculty Leadership Regent Award from the Regent for Florida—Northern and Western.

Franklin D. Hickey, PhD, RN, vice president, University Hospital, Newark, N.J., received the Senior Careerist Regent Award from the Regent for New Jersey—Northern.

M. Lee Holmes, FACHE, FACMPE, CEO, DiaSante Health LLC, Shreveport, La., received the Regent Award from the Regent for Louisiana.

James D. Hyde, president/CEO, Lake Charles (La.) Memorial Health System, received the Rick Henault Spirit Award from the Regent for Louisiana.

Hugh Jackson, cardiovascular business development manager, WellStar Health System, Marietta, Ga., received the Early Careerist Regent Award from the Regent for Georgia.

Robert T. Kane, assistant professor, Concordia University Irvine (Calif.), received the Faculty Regent Award from the Regent for California—Southern.

Dimitrios Kantas, MD, fellow/collaborator, Mayo Clinic, Rochester, Minn., received the Early Careerist Regent Award from the Regent for Minnesota.

Angela M. Kasel, DHA, FACHE, director, Strategic Marketing, OSF HealthCare, Peoria, Ill., received the Chapter Service Regent Award from the Regent for Illinois—Central & Southern.

Katie Kroll received the Early Careerist Regent Award from the Regent for Oklahoma.

Lindsey M. Lehman, FACHE, vice chair, Mayo Clinic, Rochester, Minn., received the Mid-Level Healthcare Executive Regent Award from the Regent for Minnesota.

Nam Le-Morawa, DPT, FACHE, COO, San Carlos Apache Healthcare Corporation, Peridot, Ariz., received the Senior-Level Regent Award from the Regent for Arizona.

Dianna Linder, FACHE, past executive administrator, Billings (Mont.) Clinic, received the Senior-Level Regent Award from the Regent for Montana.

Emily Marisa Luera, student, University of Houston–Clear Lake, received the Student Regent Award from the Regent for Texas—Southeast.

Mary B. Maertens, FACHE, received the Senior-Level Regent Award from the Regent for Minnesota.

Matthew Medley, FACHE, COO, MUSC Midlands Division, Charleston, S.C., received the Early Careerist Regent Award from the Regent for Florida—Northern and Western.

Katelyn Michtich, workforce development vice president, Business, Dignity Health Global Education, Phoenix, received the Mid-Careerist Regent Award from the Regent for California—Southern.

Jordan-Dean Morgan, director of TRICARE Operations & Patient Administration, Hurlburt Field (Fla.) Medical Clinic, received the Early Careerist Regent Award from the Regent for Air Force.

Samirah Mulla received the Early Careerist Regent Award from the Regent for Arizona.

Shalina Patel, project specialist, Mass General Brigham, Boston, received the Early Careerist Regent Award from the Regent for Massachusetts.

Zachary S. Pruitt, PhD, FACHE, associate professor, College of Public Health, University of South Florida, Tampa, received the Senior Healthcare Leader Regent Award from the Regent for Florida—Northern and Western.

Florencia Romero received the Early Careerist Regent Award from the Regent for California—Southern.

Roberta L. Schwartz, PhD, FACHE, executive vice president/chief innovation officer, Houston Methodist Hospital, received the Innovation Regent Award from the Regent for Texas—Southeast.

Robert F. Simonet Jr., integrity and compliance officer, VA Greater Los Angeles Healthcare System, received the Senior-Level Regent Award from the Regent for Veterans Affairs.

Karan P. Singh, MD, FACHE, CMO, San Gorgonio Memorial Hospital, Banning, Calif., received the Mid-Careerist Regent Award from the Regent for California—Southern.

Christine M. Young, administrative fellow, UTMB Health, received the Early Careerist Regent Award from the Regent for Texas—Southeast.

End-of-Year Education

Three ACHE chapters highlight their annual conferences on education and networking.

ACHE—MN Chapter

ACHE—MN Chapter hosted its 2023 Annual Conference, which served as a rallying point for healthcare leaders to unite in a collective vision for the future. Leaders from across the state converged, reigniting connections in a powerful in-person event.

The Education Committee was intentional in providing topics important to members, as identified through the annual education member survey. Two topics of high importance were AI and finance. The conference spotlighted pivotal roles leaders are navigating in the evolving landscape of healthcare, and Katie Kummer, FACHE, chapter president, connected the audience back to these themes throughout the day.

Opening keynote speaker Paul Keckley, PhD, managing editor, *The Keckley Report*, challenged leaders to embrace external forces shaping the future of healthcare. His words were not just an opening address; they were guiding principles woven into the event and set the tone for the day.

The exploration of AI took center stage in a captivating panel discussion. The panel emphasized the need to embrace AI and the importance of setting early standards within organizations. The room engaged in a lively discussion that the healthcare field is at a transformative precipice where decisions today will define the knowledge and intelligence of AI, ultimately shaping the future of healthcare. A key takeaway from the discussion was that the more leaders embrace AI with established standards in place, the greater the potential to realize its benefits such as minimizing staff burnout and enhancing patient engagement.

Another important topic at the conference was the future of healthcare financing. As provider organizations are acutely focused on reducing costs, addressing workforce challenges and improving access to care, leaders exchanged strategies for offsetting rising costs. The conversation delved into the future of data reporting between payers and providers and how to accelerate the shift to meaningful payment incentives that deliver results beyond lowering the cost of care. A resounding theme emerged: collaboration is key. To truly drive change, partnerships must be forged and work accomplished collectively.

At the end of the day, longtime healthcare leader Don Wegmiller, LFACHE, and ACHE Chair-Elect William Santulli, FACHE, inspired the audience to lean into their teams, invest in their leaders, provide opportunities beyond their resume and build bridges.

Washington State Chapter of ACHE board members Dylan Blackburn, Andrea Turner, FACHE, Valerie Chrusciel, FACHE, Karin Larson-Pollock, MD, FACHE, and Tina Seery, RN, with guest speaker Delvecchio Finley, FACHE, ACHE Chair.

"The conference was a call to action," says Kummer. "It provided an opportunity for leaders to transcend the confines of their daily responsibilities and focus on the future of care. The results of such collaborative and forward-thinking endeavors are the catalysts for transformative change in healthcare."

Healthcare Leadership Network of the Delaware Valley

The Healthcare Leadership Network of the Delaware Valley in November completed its annual Partner Health Organization Leadership Development Series. Held over a three-month period in conjunction with local health systems, the virtual series consisted of panel discussions held online each month. Topics covered included creating colleague engagement in the virtual/hybrid environment, maintaining a resilient workforce and using mentorships to unlock career opportunities.

To ensure the panel discussed current trends, issues and interests, panelists from diverse backgrounds in health systems and leadership roles were selected. The panel discussion was an interactive way to explore the topics and bring together healthcare professionals with different perspectives that would lead to sharing a broad range of ideas. It was important to make sure the panel was diverse, and representation was balanced across the entire series.

The chapter covers membership across New Jersey, Pennsylvania and Delaware, and choosing a virtual format aligned perfectly with its objectives, target audience and logistical considerations.

"By incorporating these strategies, we were able to successfully create a virtual leadership development series that was well attended and well received," says Dan van der Kwast, co-chair of the chapter's Membership Service Committee. "The entire series presented different perspectives on the specific topics and provided a medium to recognize chapter sponsors and partner health organizations, acknowledge chapter accomplishments and promote ACHE."

Washington State Chapter of ACHE

The Washington State Chapter of ACHE hosted its inaugural conference this past fall with the theme "Elevate & Empower." The event's goal was to bring local leaders together for a day of education, connecting with colleagues and having fun through a series of panel presentations and networking opportunities.

The day began with a C-suite breakfast in which Karin Larson-Pollock, MD, FACHE, an ACHE Governor, led an impactful discussion focused on leaders' "why." Then, ACHE Chair Delvecchio Finley, FACHE, delivered an update about the great plans ACHE has lined up for the coming year.

Following Finley's update, the conference kicked off with an outstanding panel focused on change management, moderated by Theron Post, executive director of Performance Excellence Northwest. The panel provided great insight into how to develop champions to sustain change within organizations. The second panel focused on connecting physicians to the financial goals of their organizations. Shannon Fernandez, corporate strategy officer, Yakima Valley Farm Workers Clinic, and Michele Forgues-Lackie, senior vice president/CFO, UW Medicine Valley Medical Center, shared a wonderful dialogue from diverse perspectives on successful tactics for establishing and sustaining physician engagement in the turbulent financial times the industry has seen.

After a networking lunch, the afternoon panels kicked off with a robust discussion on creating sustainable clinically integrated networks. Ramon Guel, manager, clinically integrated networks, MultiCare Health System, facilitated the discussion among leaders of ACOs within the Pacific Northwest.

"As the landscape of healthcare continues to change, the partnership between health systems and community providers is becoming more and more important," says Dylan Blackburn, chapter president. "Sustainability of those relationships will be imperative to ensure access to affordable, high-quality care for patients."

The final session of the day keyed in on the importance of equity of care. The panel delivered an in-depth discussion on how important it is for healthcare organizations to continue focusing on delivering patient-centric equitable care. "Our leaders shared how work like this not only improves patient outcomes, but can also improve employee satisfaction and retention, supporting the community's ability to deliver quality care," says Blackburn. ▲

To find your chapter, search the chapter directory on **ache.org**. *To discuss your ideas for chapters, contact Stacey A. Kidd, CAE, director, Chapter Relations, Department of Executive Engagement, at (312) 424-9323 or skidd@ache.org.*


Bond


Hollis


Nasby


Orr


Sayegh


Thompson

Christopher R. Bjornberg, FACHE, to CEO, Pioneers Memorial Healthcare District, Brawley, Calif., from CEO, Mayers Memorial Healthcare District, Fall River Mills, Calif.

Edison Bond Jr. to chief patient experience officer, St. John's Episcopal Hospital, Far Rockaway, N.Y., from director of patient relations, Baystate Health, Springfield, Mass.

Al Faulk, FACHE, to applications officer, University of Mississippi Medical Center, Jackson, Miss., from senior director, Information Technology.

Allyson Hollis to business manager, Department of Neurosurgery. University of Florida Health Jacksonville (Fla.), from performance improvement specialist, Quality Department.

Michael Labrador to COO, Heart Hospital of Austin (Texas), from vice president, Operations and Ethics, and compliance officer, HCA Florida Englewood (Fla.) Hospital.

Carla LaFever to president, Aurora Medical Center–Grafton (Wis.), from vice president, Operations.

Elizabeth J. Mahon, FACHE, to healthcare advisor, Kassouf, Birmingham, Ala., from program director, Kindred Healthcare, also in Birmingham.

Christina Mathis to CEO, Medical City Frisco, a campus of Medical City Plano (Texas), from COO.

Thomas McKinney, FACHE, to CEO, Baptist Medical Center, San Antonio, from market president, Christus Santa Rosa Hospital, San Marcos, Texas.

Tom Nasby, FACHE, to retirement from vice president, North Florida Market, Aetna, Hartford, Conn. We would like to thank Tom for his years of service, both to the healthcare field and as senior executive adviser to the North Florida Chapter.

Jacquelynn Y. Orr, DrPH, FACHE, to senior program officer, Health, The Kresge Foundation, Troy, Mich., from program officer, Research Evaluation Learning, Robert Wood Johnson Foundation, Princeton, N.J.

Joseph Sayegh to chief administrative officer/vice-chair for administration, Department of Medicine, Baylor College of Medicine, Houston, from director, Business Operations.

Kevin W. Stevenson, DHA, FACHE, to COO, Ascension Providence, Waco, Texas, from director, Strategic Operations.

Rachel Thompson, MD, to CMO, Core Clinical Partners, Atlanta, from CMO, Snoqualmie (Wash.) Valley Hospital, and immediate past president, Society of Hospital Medicine, Philadelphia.

Cody R. Traffanstedt to director, Specialty Clinics, East Alabama Health, Opelika, Ala., from practice manager, East Alabama Rheumatology Center and East Alabama Infectious Disease, also in Opelika.

Felicia Turnley, FACHE, to CEO, Memorial Hospital Pembroke, from COO, Memorial Hospital West, both located in Pembroke Pines, Fla.

Paul G. VerValin, FACHE, FACMPE, to president, Guthrie Corning (N.Y.) Hospital. He will continue to serve as executive vice president and COO.

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