HEALTHCARE EXECUTIVE

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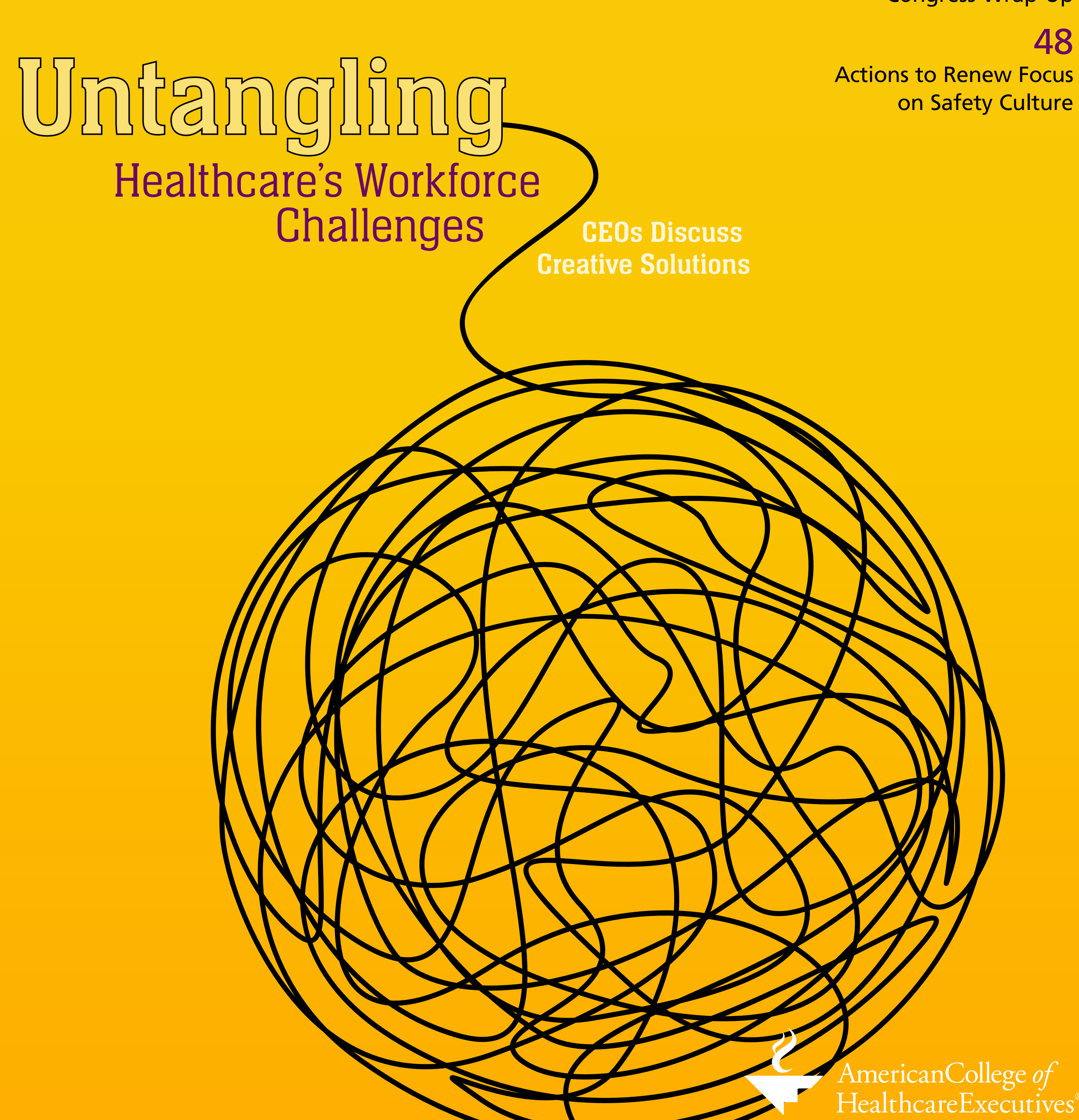

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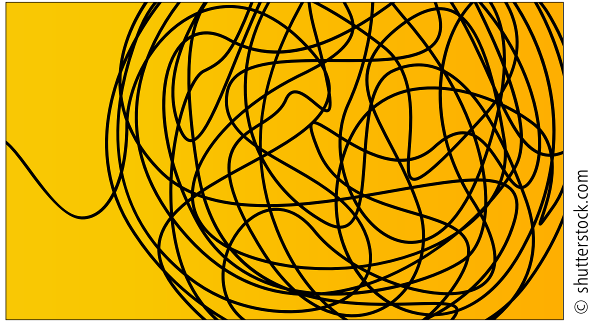

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The CEOs of Intermountain Health, Northwell Health, Hackensack Meridian Health and SSM Health share how their organizations are untangling workforce issues.

Features

18 **Peak Performance: Enabling Clinicians to Practice at the Top of Their License**

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The professional fulfillment that goes hand in hand with a top-of-license environment can bolster an organization's ability to hire and keep the best people and possibly slow the exit of clinicians from the profession.

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A Digital-First Approach to Care Redesign
As hospital leaders consider how to innovate and improve patient care in the middle of lingering workforce shortages, they might consider what UCSF Health's Robert Wachter, MD, calls a "digital-first" approach to care redesign.

How One Health System Is Preventing and Addressing Staff Burnout
Robert Garrett, FACHE, CEO, Hackensack Meridian Health, writes that "investing in our teams' well-being has never been more important. The entire healthcare industry continues to be challenged by serious staffing issues, and Hackensack Meridian Health is no exception. Consider that one in five U.S. healthcare workers have left the profession during the pandemic."

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:

Leading With Your Upper Brain
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Making Impactful Decisions in Healthcare
Joanne M. Conroy, MD, president/CEO, Dartmouth Health, offers advice to help healthcare leaders guide their organizations through the unprecedented challenges the field has seen the past few years.

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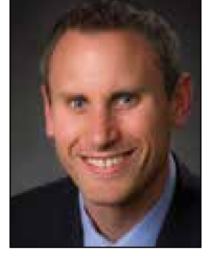
Randy F. Liss

Getting Creative to Drive Workforce Solutions

If you're a baseball fan, you're surely aware of the rules changes Major League Baseball has enacted this season to shorten game lengths and improve the fan experience. A pitch clock, larger bases and limited fielder shifts are among the creative moves. Fans are reacting positively, and game times have been shaved by about half an hour.

Many healthcare leaders have undergone similarly imaginative mindset shifts to address the myriad workforce challenges in their organizations. In this issue's cover story, "Untangling Healthcare's Workforce Challenges: CEOs Discuss Creative Solutions" (Page 10), four CEOs reveal their approaches, ranging from novel methods of redesigning care delivery to launching pilot programs to establishing new partnerships.

More innovative thinking can be found in our feature, "Peak Performance: Enabling Clinicians to Practice at the Top of Their License" (Page 18). Leaders and experts detail the workforce structures and technologies they're implementing that are empowering clinicians to focus on patient care as opposed to tedious or administrative tasks that can be done by others.

We're also innovating and trying new things with *Healthcare Executive*. Our July/August issue will be the magazine's first digital-only issue, meaning it will be available exclusively at **HealthcareExecutive.org** and will not be printed. Reader feedback reveals that the printed *Healthcare Executive* is highly valued, so other issues of the magazine will continue to be available in print.

I hope you enjoy this issue of *Healthcare Executive*. If you'd like to share any feedback about it, just send me a note at rliss@ache.org. And be on the lookout for an email in early July stating that the July/August issue is available. ▲

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Deborah J. Bowen, FACHE, CAE

Our Bolder and Brighter Future

We can all be purpose driven, innovative and community minded.

"You cannot hope to build a better world without improving the individuals. To that end, each of us must work for his own improvement and, at the same time, share a general responsibility for all humanity, our particular duty being to aid those to whom we think we can be most useful."
—Marie Curie

We're not far removed from what was an attendance record-breaking Congress on Healthcare Leadership, which took place in March in Chicago. What struck me most is how the theme of the event, "Bolder/Brighter," came to life in every way, in every moment. It was an opportunity to reconnect to why we do this work, what is possible when purpose and talent mix to innovate better ways to serve patients, and how it feels to be part of a community that shares a collective passion to make a difference for the better. Throughout the countless presentations and conversations, there were some high-level themes that seemed ever present. I offer them here as key reminders that may serve to help us all do our parts to lead toward a bolder, brighter future for our patients, communities and teams.

Purpose drives us. As ACHE Chair Delvecchio S. Finley, FACHE, remarked in his opening comments, it's important to understand your purpose, to listen intently to yourself and how you want to make a difference in honor of that purpose. Though it may seem obvious, it does require a healthy combination of introspection and practice to fully appreciate its power. When you are connected to purpose, it is the secret sauce that unleashes our potential and determination to be bolder, brighter leaders. It begins by connecting to what's inside each of us and accelerates as it benefits others. What's most magical about it is that when practiced, it is fueled and reinforced—providing us the meaning we need in our work to lead well.

Innovating is a must. Innovation occurs at the intersection of purpose, collaboration and talent. It begins with a desire to do something better and can be a game changer in the end. It can free us from our usual processes and blueprints, to challenge our approaches and perspectives. Adopting a "possibilities" mindset can be helpful, looking beyond the obvious and considering what "can" be done instead of allowing ourselves to be limited by what "can't." At Congress, during the Masters Series on innovation, WellSpan reminded us that innovation requires new capabilities such as human-centered design. And the hot topic session with Vivian S. Lee, MD, PhD, of the Harvard Business School, called for a model of coproduction of health to improve engagement and personalization of healthcare. By embracing the possibilities that can open new horizons for our organizations and healthcare as a whole, we can lead in bolder and brighter ways that make a considerable difference for those we serve.

There is power in community. I am always struck by the energy and commitment of healthcare leaders—sharing a purpose with a common goal to advance health and serve others. This bond is what defines us as a community. What is also striking is that by honoring our uniqueness we are somehow strengthened as a community, allowing us to leverage this richness to propel us forward. Whether student, CEO, department head, nurse, physician or any other defining characteristic, we are united in a dedication to taking care of those who put their faith in us. From this position we can leverage our unique and collective talents to be better problem solvers, innovators and talent cultivators. When we reach outside ourselves to form new bonds, we become stronger and more effective leaders—better able to meet the challenges ahead. ▲

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

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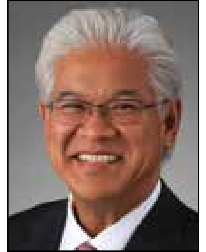
Anthony "Tony" A. Armada, FACHE

Our Shared Success

ACHE's Outgoing Chair reflects on his term.

It is hard to imagine that the end of my term as Chair of the American College of Healthcare Executives is now past. What a privilege it has been and continues to be to serve in a leadership capacity to advance the mission, vision and values of ACHE. Serving as Chair was truly a pinnacle highlight in my career in healthcare administration. I look forward to serving you this year as your Immediate Past Chair.

The success we all shared during my time as Chair has truly been inspiring. Let me provide just a few numbers that help illustrate our achievements: 7,506 new members joined ACHE in 2022, and 706 of you became board certified in healthcare management as an ACHE Fellow. Our chapters also did a fantastic job. Last year, they delivered more than 1,210 close-to-home opportunities for networking, education and career development activities. Attendance levels were also strong, with more than 62,000 participants. The total chapter education program hours for 2022 was 2,859, and total attendee hours for the year was 232,862. This kind of participation goes a long way toward extending the value of ACHE to your local communities.

The experiences I was afforded as Chair were a true gift to me. I am thankful and relished serving with our ACHE Board of Governors, especially the partnership with Past Chair Carrie Owen Plietz, FACHE; Chair-Elect and now Chair Delvecchio S. Finley, FACHE; President and CEO Deborah J. Bowen, FACHE, CAE; and the ACHE leadership and staff, the "small and mighty team" that does so much in the background to carry out our goals and objectives to service and meet our members' needs.

The evidence for strong, resilient leaders has never been more striking. ACHE has made great progress in continuing to refine its Strategic Plan, and I am excited about the continued focus on achieving our highest calling to advance health by leading through the lens of equity. This means that your professional organization will continue to serve as a thought leader and champion to drive solutions that advance equity. We will accomplish this by leveraging organizational partnerships, including chapters, to drive DEI efforts; creating essential resources for leaders to advance the creation of diverse, equitable and inclusive environments; and growing the number of diverse member leaders.

We also continue to champion and amplify the importance of safety, providing the tools and strategies needed to drive toward zero preventable harm. And I am pleased with the actions we have taken to identify new ways to enhance our ACHE-chapter partnerships and strengthen our interprofessional community, making ACHE the professional home for healthcare leaders across the care continuum.

Of course, our continued success will depend on educating, engaging and inspiring those newer to leadership roles, including early careerists, to fulfill their highest potential in the profession throughout their careers.

I sincerely enjoyed the opportunity to attend the various ACHE chapter annual meetings, listening and recognizing our members and the great work and advancements led through the chapters to meet their needs. It was also a privilege to attend and present at the International Hospital Federation's 45th World Hospital Congress in Dubai in November, being among health leaders from around the globe to share, learn and network on challenges and best practices.

Lastly, I am touched by the fact that my message to make sure you take time to take care of yourself (self-care/self-love) resonated with so many people. It's a reminder for all of us that we have to take care of ourselves first so that we can take care of others and those whom we are privileged to serve. It has been an honor and privilege to serve as Chair, and I look forward to continued service and commitment toward our ongoing successes and progress toward being the preeminent association for healthcare leaders. ▲

Anthony "Tony" A. Armada, FACHE, is ACHE's 2023–2024 Immediate Past Chair and executive vice president and chief transformation officer, Generations Healthcare Network, Lincolnwood, Ill. (aarmada@generationshcn.com).

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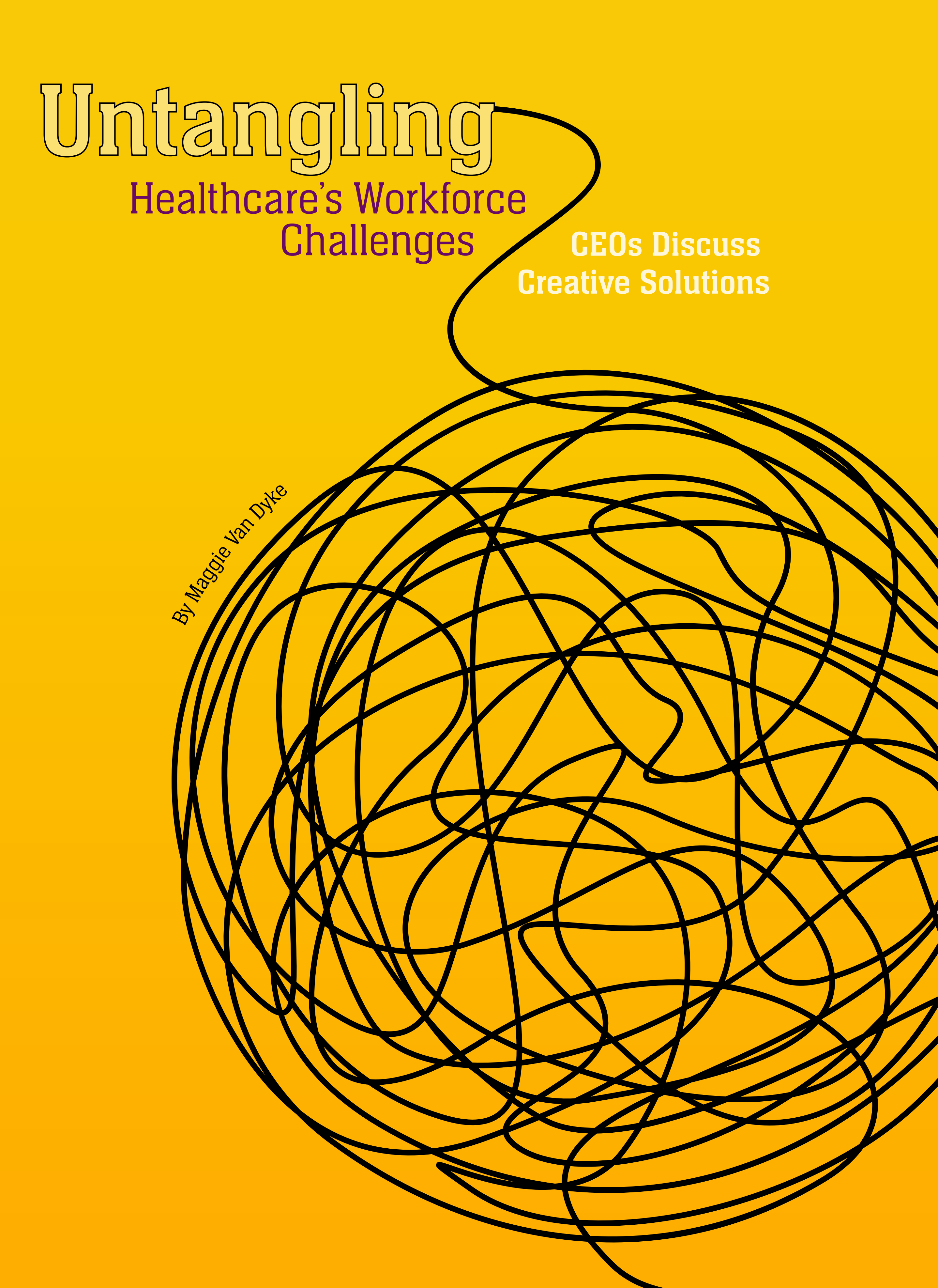
Untangling Healthcare's Workforce Challenges

CEOs Discuss Creative Solutions

By Maggie Van Dyke



Health system CEOs are preparing for the long haul when it comes to addressing workforce challenges. Labor shortages and staff burnout are not abating as COVID-19's impact lessens. Hospitals still report high numbers of open positions—not only in nursing and other clinical positions but across the spectrum, from food service to imaging. At the same time, the aging population promises to further increase demand for healthcare.

"All indications are that workforce issues are going to get worse before they get better," says Rob Allen, FACHE, president and CEO, Intermountain Health, Salt Lake City. "I worry a lot about the burden on our caregivers. But that is driving me to move fast to address issues that can help soften the burden as we go forward."

ACHE asked four health system CEOs about their organizations' responses to workforce issues. One takeaway is a widespread focus on creative approaches. "We must keep innovating care delivery to meet the needs of our patients, given the workforce challenges," says Robert C. Garrett, FACHE, CEO, Hackensack Meridian Health, Edison, N.J. "That's how we will continue to create more pipelines and innovate care delivery."

In the following Q&A, participants share how their organizations are responding.

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Untangling
Healthcare's Workforce Challenges

What should senior leaders be prioritizing to successfully address workforce challenges?

Dowling: The key to making employees stay with you is the culture of your organization. Is your organization a good place to work, one where staff enjoy coming to work so they can do their best? That's our commitment at Northwell Health.

As soon as employees come on board, we aim to make them comfortable and happy. We have a very elaborate onboarding system, and I personally meet with all new employees every single week. I answer their questions and talk about our values, expectations, behaviors, etc. Once people are employed, we have continuous efforts to celebrate what they do. For example, every month I take about 30 front-line employees out to dinner.

Once your current employees are happy, they are your best recruiters.

Allen: When you think of the journey of our caregivers, it's overburdened with administrative minutia. I was recently having lunch with several physicians at one of our hospitals. They're so passionate about what they are here to do: care for patients. But they get frustrated when they can't do what they are here to do because of all the administrative pieces.

We in the C-suite need to focus on simplifying workflows. We've all heard the projections that 25% to 40% of healthcare spend is waste. We really have to get serious about looking at where that waste is and how we can rebuild work so it can be done more efficiently.

Often organizations start down the road of efficiency gains, and people worry, 'Is my job in jeopardy?' But today the question isn't 'How do you eliminate jobs to gain efficiency?' The question is 'How do you create efficiency so the people on staff can better do their jobs?' So, it's a very different dynamic, and we want to engage our caregivers directly in that redesign work.

Garrett: We are using new technology, recruitment strategies and professional development, training and research programs. Specifically, we invested an additional $600 million in salaries and benefits for our team members last year. We also hired more than 2,000 nurses in the last year alone and have strong partnerships to create a pipeline for future healthcare team members.

Kaiser: Listening is more important than ever. As leaders, we need to stay as close as possible to the people we are serving and the people who are providing that service. The best way to do that is to walk in with really big ears. Listen and ask questions; people will tell you what they think, and they will help you. We need that information to design the best type of work environments going forward.

How are you improving efficiency and easing the administrative burden?

Garrett: At Hackensack Meridian, we launched a virtual nursing pilot to address staffing shortages and to free up our nursing teams from some of the administrative work and other duties that aren't tied directly to patient care. Advanced technology allows nurses to observe patients remotely, coordinate care planning and expedite discharge instructions. This is a major benefit for nurses at the bedside, who can then spend more time with patients.

Once our pilot program is completed, we hope to introduce virtual care options throughout our 18-hospital network. For example, more virtual nursing will help as well as other options, including hospital at home, in which multiple patients can be remotely monitored by a medical team.

Hackensack Meridian is also tackling the parts of the job that unduly burden physicians and keep them from

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connecting with patients. For example, we launched a pilot program with artificial intelligence to transcribe notes into patient charts.

Kaiser: We are experimenting with new approaches to redesign how we deliver care. Over the years, there have certainly been dramatic medical advances and the introduction of electronic health records, but those innovations have largely been additive to caregiver workload rather than streamlining or reducing it. We are currently focused on simplifying workload, eliminating duplicative tasks and assigning tasks that foster 'top of license.' The idea is to try new approaches to 'fail fast' and continue innovating to help ease caregiver load.

Allen: We just completed a trial in one of our regions of a cell-phone-based dictation system that incorporates AI. The application records conversations between doctors and patients. Then the AI in the system pulls information from the conversation to create a progress note for the doctor to review and sign.

Overall, we've gotten a lot of positive responses. Physicians who've adopted the system report saving up to two hours a day in documentation time. But not everybody loved it. We had a small percentage of doctors who said they don't want to use it. It takes a while to train on the AI tool.

Dowling: Everyone in healthcare is inundated with unbelievably large amounts of inappropriate rules and regulations. This is a big contributor to the dissatisfaction that some nurses, doctors and other staff report. They are having to spend time on activities that do not necessarily improve patient outcomes or the delivery of care.

This is an issue that all of us in healthcare have to tackle. We are reviewing regulations and working with stakeholders to share insights that will ultimately ease an unnecessary burden on team members.

THE PARTICIPANTS

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Untangling Healthcare's Workforce Challenges

How are you responding to employee demands for better work-life balance and flexibility?

Allen: Not surprisingly, one area we've really focused on coming out of the pandemic is flex work. We've now got over 10,000 people working remotely in some fashion in 45 different states. Some are fully remote, and others are in the office part time and at home part time.

The challenge we worry about is maintaining culture and connectivity when remote. We work with managers to help make sure team members are in the office at the same time.

We've also begun thinking about how to bring the same flexibility to clinical staff that we've brought to business-function employees. We've challenged our physicians and their offices to think about whether they can schedule certain remote days. For instance, Thursdays might be video-only visit days for Dr. X and staff.

Kaiser: We launched Daily Pay a few months ago for all of our hourly employees. It allows people to get paid for work they completed that day. People are trying to manage different cash flow needs, and this provides some financial flexibility. As of late February, more than 5,000 employees have enrolled in the program.

We are also piloting an Uber-style mobile app in one of our markets that allows local experienced nurses to pick up shifts at SSM Health that are convenient for them. The app is helping us expand our pool of temporary nurses in a way that's accessible to individual caregivers. We only recently started the pilot, so it's too early to measure success.

What are you doing to build the future workforce?

Kaiser: SSM Health is focusing more intensely on expanding our inclusive hiring practices. For example, we have a partnership with the U.S. Chamber of Commerce to help us hire military veterans who are transitioning to civilian life. In 2022 alone, we hired 201 military vets.

We are also partnering with state vocational rehabilitation agencies in Missouri and Wisconsin to connect working-age adults with disabilities with internships and employment at SSM Health. Through that avenue, we hired 939 individuals in 2022.

SSM Health is also a member of the Healthcare Anchor Network— along with Intermountain, Hackensack Meridian and other health systems. The network recognizes that hospitals and health systems are often anchor organizations and large employers in their communities. As members, we commit to helping the economically stressed ZIP codes that we reside in. For example, at SSM, we hire people and buy supplies from suppliers in those neighborhoods and make investments in those communities. To date, we've hired more than 50 people from our economically challenged ZIP codes. *(Editor's note: More than 70 health systems from around the nation are represented in the network. Together, they employ more than 2 million people, purchase over $75 billion annually and have over $150 billion in investment assets.)*

Dowling: All of us in healthcare have to engage a lot more with high schools and colleges to help people see that healthcare offers wonderful careers. We also need to communicate the variety of opportunities inside healthcare organizations like ours. For instance, if you want be a financial person, a technology person or a carpenter, we have all those positions.

At Northwell Health, we work with dozens and dozens of high schools and colleges to provide internship and apprenticeship programs, as well as education programs. We also do a lot of outreach and marketing using social media geared to young people.

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Untangling
Healthcare's Workforce Challenges

Garrett: We also have strong partnerships with schools to create a pipeline for future healthcare team members. For example, to date, more than 600 nurses have graduated from the Hackensack Meridian Health/Georgian Court University program since 2008. It's the fastest-growing program at the university. In addition to Georgian Court University, we have two other nursing schools we operate and several partnerships that provide a pipeline of students.

Allen: One of the unique ways that Intermountain is building our talent pipeline is by participating in the OneTen initiative, a coalition that aims to upskill, hire and advance 1 million Black individuals who do not yet have four-year degrees into family-sustaining jobs over the next 10 years. Through OneTen, we've been able to hire numerous people, including at our rural facilities.

We are also committed to preparing employees for new jobs and giving them avenues for job development. Toward that end, Intermountain launched PEAK—or Path to Education, Advancement and Knowledge. Like most healthcare organizations, we offer tuition reimbursement for courses taken at traditional universities. PEAK is a separate program that provides up to $5,250 a year to employees to pay for a variety of online learning opportunities.

Through PEAK, our employees can earn college degrees or obtain certifications. They can also complete a high school diploma or learn the English language. We collaborate with a company that provides workforce education to offer the program. Employees can also choose to gift PEAK funds to a family member who wants to pursue online education.

Intermountain also contracts with an online learning platform to offer a variety of free training courses to employees.

What else would you like to emphasize about addressing current workforce challenges?

Dowling: I think we need to be optimistic and positive. There's so much negativity right now. People tend to exaggerate the use of the word 'crisis.' Yes, our turnover is higher than it was before COVID. But it is still manageable. Yes, some people's expectations and work habits are different today than they were before, and we have to accommodate those changes.

But I don't see us as having a crisis. In my decades involved in this business, I can't remember a time that we didn't have challenging issues to deal with. That's the nature of leadership. We have a changing world of work, and we have to adapt and make plans to address serious substantive issues on the horizon. We have to buckle down and deal with current challenges—but not in the context of 'crisis.'

There's an awful lot more right in healthcare than there is wrong. Yesterday, I spent almost all day with staff and nurses, and I witnessed their wonderful commitment and joy in what they do—despite current challenges.

Garrett: I've also been in the field for a long time. We've faced staffing shortages before. Although this is particularly challenging, I am optimistic that through innovation and continued focus on executing the best strategies to attract and retain exceptional teams, we will get through this and be well-positioned for the future.

Maggie Van Dyke is a freelance writer based in the Chicago area.

Healthcare Executive *would like to thank the panelists for providing insights on this important topic.*

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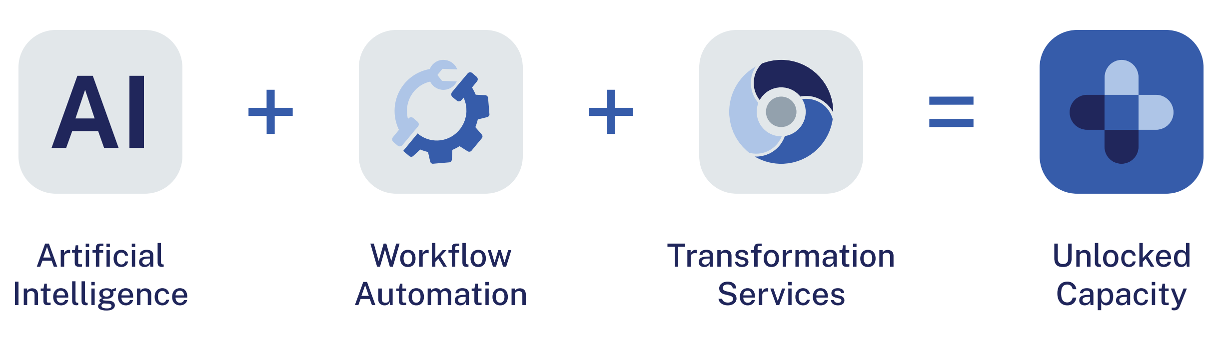

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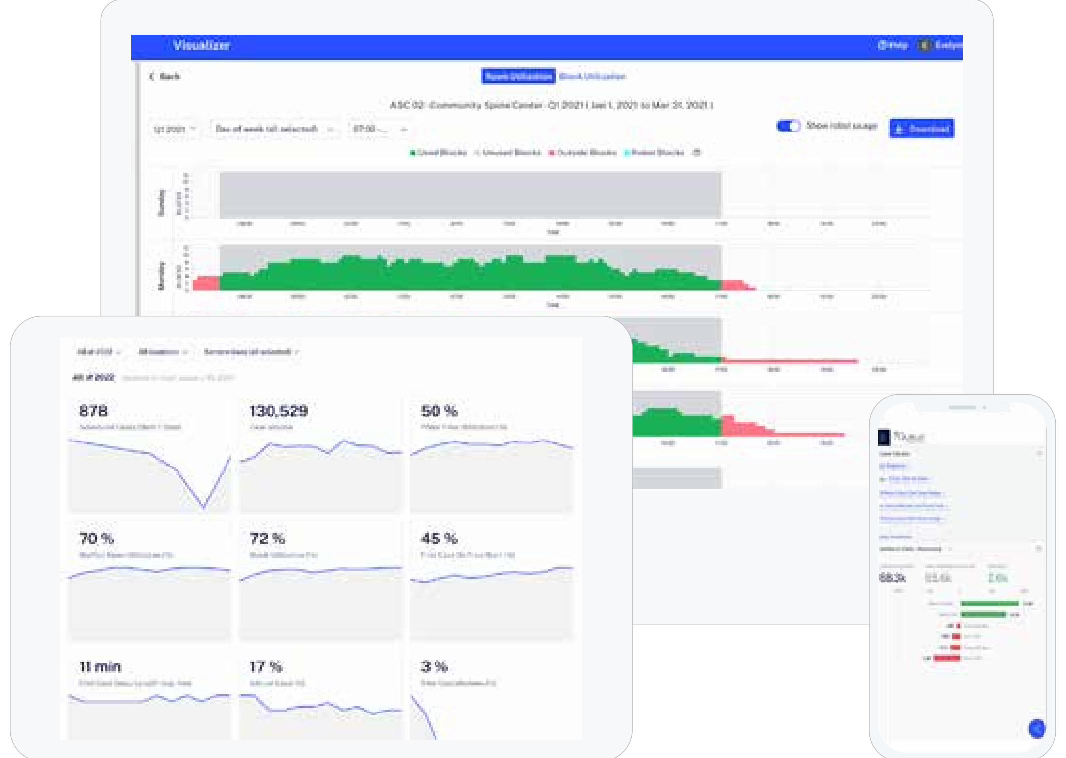

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PEAK PERFORMANCE

Enabling Clinicians to Practice at the Top of Their License

Rare is the nurse or physician who does not cherish to be challenged every day to the full extent of their education and experience in service of their patients' well-being.

By Susan Birk

The opportunity to focus that skill on helping people is why most clinicians went into healthcare. They can perform at their best if they're unencumbered by peripheral tasks that distract from clinical decision-making and direct care. These distractions can erode morale and cause burnout.

As healthcare organizations saw before the COVID-19 pandemic and are feeling more sharply now, "nurses and other clinicians become scarce when they don't feel valued," says Terrence R. McWilliams, MD, FAAFP, director and chief clinical consultant with HSG Advisors, Louisville, Ky. For this reason, "we need to utilize all our support staff at the top of their capabilities to allow our clinicians to practice at the top of theirs."

The professional fulfillment that goes hand in hand with a top-of-license environment can bolster an organization's ability to hire and keep the best people and possibly slow the exit of clinicians from the profession, McWilliams contends.

Indeed, a growing body of evidence links top-of-license practice with job satisfaction and, by extension, recruitment and retention success. The data also show a connection between a top-of-license environment and improvements in patient care and patient satisfaction and financial performance.

More organizations are experiencing the profound financial impact of losing

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PEAK PERFORMANCE

nurses. According to the 2022 Nursing Solutions Inc. *National Healthcare Staffing and Retention Report*, the turnover rate for staff nurses increased 8.4% in 2021 to an average of 27.1%, while the average cost of turnover for one staff nurse rose 15% from $40,038 in 2020 to $46,100 in 2021.

An Urgent Need for Change

Of course, creating a top-of-license environment that reduces turnover is neither simple nor straightforward.

"It's not an easy climb, because so many nonnursing tasks befall nurses, and those tasks are harder to bucketize than people think," says Barbara Anspach, RN, FACHE, a Dallas-based consultant.

But in a post-COVID-19 world, taking steps to develop a more rewarding workplace has assumed new urgency. Today, as providers scramble to recruit and retain talent, the need has never been greater to stand out from the competition.

Evidence for that comes from a 2022 survey of 1,500 nurses by Nurse.org, which found that only 12% of nurses are happy in their current job.

According to Anspach, professional organizations understand the seriousness of this unhappiness, and they realize that the sector has no choice but to make professional fulfillment and other workplace changes for clinicians a national priority.

At the local level, in the wake of the "great resignation" by nurses and other healthcare workers from their positions during the pandemic, an organization's ability to care for its caregivers by meeting demands around work-life balance, scheduling flexibility and top-of-license practice is no longer a frill, it's a prerequisite, Anspach argues.

"We need to utilize all our support staff at the top of their capabilities to allow our clinicians to practice at the top of theirs."

Terrence R. McWilliams, MD, FAAFP
HSG Advisors

"The nursing shortage requires providers to make smarter use of the nurses they *do* have, which means enabling them to do the things they went to school for and to minimize time spent on nonnursing responsibilities," she says.

The American Organization for Nursing Leadership's 2022 *Nursing Leadership Workforce Compendium* of workplace best practices recommends, among other things, looking for opportunities to offload time-consuming tasks for nurse leaders such as staffing and scheduling, and reducing requirements for nurse manager attendance at meetings. "Be willing to take small bets versus waiting for evidence or research to support new initiatives," AONL urges.

McWilliams advises organizations embarking on top-of-license initiatives to begin by knowing that the transformation will require time and a long-term plan. He stresses the importance of involving all stakeholders in developing a vision for how their roles will change and piloting strategies before rolling them out.

As with so many other kinds of healthcare change, success hinges on a shared commitment by clinical and nonclinical leaders and requires adequate dedicated support from IT, human resources and elsewhere, McWilliams says.

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Workplace improvement programs for clinicians, including top-of-license initiatives, have captured the attention of entire C-suites because labor costs have begun outstripping supply costs, notes Anspach.

That means staffing issues are no longer being handled solely by the CNO or COO. The financial wallop of turnover has elicited a commitment to recruitment and retention from the whole executive team.

That includes participation by the CMO in developing efforts that demonstrate that the organization is a place where clinicians can develop their careers and find professional fulfillment.

Anspach advises organizations to pair researching what others have done and what has succeeded or failed with listening closely to their own staff. She advocates a multipronged approach that solicits input from all employee groups that touch patients. "You can't get clinicians practicing at the top of their license if you don't have people to take those offloaded duties, but first you need to find out what duties most detract from the ability to work at top of license in each setting," she says.

Though strategic discussions are necessary, Anspach says, so are action steps and deadlines. "Initiatives fall apart without clear lines of accountability. That's why the executive team needs to be driving this."

Following are profiles of three providers striving to create a top-of-license milieu and a workplace where clinicians can find meaning and joy.

Virginia Mason Franciscan Health: Partnerships Bolster Nurse Expertise

Virginia Mason Franciscan Health sees the upheaval wrought by the pandemic as a fresh opportunity to partner with care team members in developing top-of-license care across the system's 10 hospitals and nearly 300 care sites in Washington's Puget Sound region.

"We've always had worker shortages, but this time, the changes aren't cyclical, so past models will no longer sustain us," says Dianne Aroh, RN, FACHE, senior vice president and CNO.

The 1,500-bed system is crafting care models that will give the organization its first road map for top-of-license care. "We've had discussions about it but never pinned down what it would look like," she says. "Now, we're scrutinizing everything a nurse does to find ways to help them practice at top of license. That's a silver lining."

"We're scrutinizing everything a nurse does to find ways to help them practice at top of license. That's a silver lining."

Dianne Aroh, RN, FACHE
Virginia Mason Franciscan Health

Recognizing the value of LPNs as a resource across settings, and to create a pipeline of future nurses, the system has partnered with community schools throughout the region to reinstate their LPN programs. It recruits LPN graduates for positions in acute care, where they relieve RNs of admission, discharge and transfer responsibilities. Educational sponsorships to become RNs offer incentives to keep the LPNs in the profession and at Virginia Mason.

That shifting of responsibilities "frees our nurses to perform more of the tasks that only RNs can do," says

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Aroh. “The more we can ease the burden of work on the nurses, the more they can work at the top of their license and partner effectively with our physicians.”

In similar role-shifting initiatives, the system is hiring safety companions for patients who present to the ED with suicidal ideation; partnering with pharmacy technicians to perform medication reconciliations; and deploying medical assistants across settings to relieve RNs of a variety of non-RN-required tasks.

Other initiatives include the system’s first home care recovery program, launched in January at St. Joseph Medical Center in Tacoma, Wash., for patients with COPD, pneumonia and other acute conditions. Patients who choose this option are remotely monitored and receive on-site nursing visits and virtual visits with their physicians.

The program’s expected efficiencies and quality improvements, including reduced length of stay and increased inpatient capacity, will support top-of-license practice for nurses as well, says Aroh.

In April 2023, the organization launched an enhanced care nursing team at its first pilot facility, St. Anthony Hospital. This program integrates a virtually enhanced team of nurses as members of the inpatient care team. These nurses handle admissions, discharges, transfers and follow-up calls to patients and physicians.

In addition to relieving front-line nurses of these and several other tasks, the program gives experienced nurses, including those nearing retirement, an attractive remote work option while allowing the system to continue benefiting from their knowledge and expertise.

These seasoned clinicians offer valuable support, especially for first-year, front-line nurses, the group at highest risk of turnover, Aroh notes.

Though the harsh realities of post-pandemic staffing shortages are not going to disappear, “they’re an opportunity to get creative,” says Aroh. She advises organizations to “lean into what your care team members are saying, be open to new models and ideas, and never underestimate the power of leading with kindness and imagining yourself in your nurses’ shoes.”

Parkland Health: A ‘One Parkland’ Mindset to Develop Top Performers

One of the country’s largest public health systems, Parkland Health, Dallas, also views the current post-pandemic staffing shortage as a transformation opportunity. At the heart of that transformation is the system’s willingness to prioritize the professional development goals of clinicians over a given department’s desire to keep top-performing individuals where they are.

“We’ve taken the unfortunate staffing circumstances of the post-COVID period and rebranded ourselves as an organization that reengages and reinvests in our most talented people rather than focusing solely on the market,” says DeLancey Johnson, DBA, senior vice president and associate chief talent officer, and an ACHE Member.

> **“Using APPs at this level improves efficiency and allows our physicians to see more new patients.”**
>
> **Michael A. Grace, EdD, FACHE**
> **West Virginia University Health System**

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PEAK PERFORMANCE

"When people have joy at work, they have the tendency to stay. To establish that joy, we need to find ways to help them practice at the top of their license," says Johnson.

At Parkland, the desire to foster that joy in a top-of-license milieu manifests in an emphasis on the "upskilling" and "reskilling" of top staff to support their professional mobility within the system. Examples include educational sponsorship programs for certified nursing assistants interested in becoming RNs and for advanced practice providers interested in building new areas of expertise.

Rallying clinical leaders to live and breathe this new mindset is a work in progress, Johnson says. But they're quickly learning that traditional thinking no longer holds water with today's workforce. Gone are the days when a leader could expect a top performer to stay in the same job for 20 years.

They're also learning that top-of-license practice won't happen without a leadership style that emphasizes professional fulfillment for their teams, including opportunities that might even help individuals move elsewhere within the system.

"We're challenging clinical leaders to provide the tools to our top performers to grow at Parkland, whether it's horizontally or vertically, so that we can keep our best people," says Johnson. "The thinking is 'one Parkland' versus 'your department.' We all need to be wearing the same jersey, if you will."

To build buy-in and a sense of shared responsibility among clinical leaders across the continuum, Johnson and his colleagues dove deeply into Parkland Health's recruitment and retention data to build a compelling business case for top-of-license care. That data demonstrated, among other things, that clinicians who leave the organization tend to do so because of dissatisfaction with their scope of responsibilities.

"We used the data to build a 'burning bridge' that will transform the way leaders think about their staff and keep them from sliding back into traditional leadership approaches that no longer serve us well," he says.

Other top-of-license initiatives at Parkland include ongoing work by the nursing informatics team to weed out redundancy to reduce administrative burden, and the extensive use of advanced practice providers at the system's network of community clinics.

Under the direction of physicians, "these providers facilitate and manage health outcomes at the top

"We've taken the unfortunate staffing circumstances of the post-COVID period and rebranded ourselves as an organization that reengages and reinvests in our most talented people rather than focusing solely on the market."

DeLancey Johnson, DBA
Parkland Health

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level," says Johnson. These opportunities to lead clinical outcomes help the system stand out in the marketplace.

West Virginia University Hospitals: An Advocate for APPs

Like Parkland Health, the West Virginia University Health System, Morgantown, also employs a sizeable cadre of advanced practice providers who function largely autonomously (with appropriate physician supervision). These clinicians primarily see return patients at the system's five-state network of outpatient clinics.

"Using APPs at this level improves efficiency and allows our physicians to see more new patients," says Michael A. Grace, EdD, FACHE, chief administrative officer of the health system and president of WVU's four hospitals. That also translates into enhanced revenue, more volume and more market share.

The system's extensive use of APPs is an aspect of the organization's efforts to build a positive, rewarding environment for clinicians that's been working exceptionally well, according to Grace.

The organization, which improved its overall retention rate by 4% in 2022, lowered the vacancy rate to 11% and recently added 1,000 full-time employees, bringing the total staff to 10,500, offers a challenging and varied practice environment that APPs find appealing. APP turnover hovered at 7% in 2022.

Grace attributes the WVU Health System's ability to recruit and retain qualified providers in part to its dedicated support structures for APPs, which include a senior council with APP representation that serves as an advisory committee to the system's practice plan board of directors. The framework also includes a director of advanced practice providers whose job is to advocate for the APPs and ensure that they continue practicing to the highest extent of their training and education.

The director reviews all requests for new or replacement positions and works with requesting clinical departments to make sure that the APPs who fill the position will be working at the top of their license. Though pockets of dissatisfaction around top-of-license issues occasionally spring up, "having a leader dedicated solely to the interests of the APPs who serves as their voice and monitors their utilization throughout the organization has gone a long way toward ensuring a rewarding environment that boosts satisfaction and supports retention," says Grace.

The director has the authority to approve or deny the requested position based on the department's plans for how the APP will be used. For example, if the rationale for hiring one is to relieve a physician of documentation responsibilities, "we will hire that physician a medical scribe, not an APP," says Grace.

"Without that administrative layer in place advocating specifically for the interests of our APPs, it would be very easy for clinicians to fall into positions in which they're not putting their hard-earned training and education to good use," he says. "That leads to turnover."

When it comes to recruitment, Grace is a big believer in the power of word of mouth. "What works is when your people go back to their friends and families and say that WVU Hospitals is a great place to work. What doesn't work is billboards and social media ads."

As organizations continue to grapple with lingering staffing shortages intensified by the pandemic, their ability to devise systems and strategies around top-of-license practice will enhance their reputations as employers and give them a competitive edge. That's never been more important than now.

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

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A BOLDER/BRIGHTER Future

More than 5,000 attendees joined speakers, volunteers and corporate partners in Chicago to make this year's Congress on Healthcare Leadership a memorable event and a continued meaningful forum to advance healthcare leadership excellence and chart a bolder, brighter path forward.

In addition to three days of valuable networking, career advising, insights and best practices, ACHE installed its new Chair, Delvecchio S. Finley, FACHE, president, Atrium Health Navicent, Macon, Ga., and Chair-Elect., William P. Santulli, FACHE, president, Advocate Health–Midwest Region, Downers Grove, Ill.

Immediate Past Chair, Anthony A. Armada, FACHE, executive vice president and chief transformation officer, Generations Healthcare Network, Lincolnwood, Ill., spoke about the importance of hard work and dedication, as well as unique perspectives, to advancing ACHE's mission, and he welcomed the newly elected Governors, Regents, Regents-at-Large and those generously serving as Interim Regents.

The 2023 Congress program featured more than 320 expert speakers and 150-plus education and networking sessions. The theme "Bolder/Brighter" was reflected in the opening session, as *CNN* host and bestselling author Fareed Zakaria, PhD, prompted attendees to think

beyond the effects of the COVID-19 pandemic and reflect on the societal, economic and cultural forces that have shaped the field and will continue to shape healthcare in the future. During two of the luncheons, attendees listened to futurists' perspectives on the industry's direction: For the Arthur C. Bachmeyer Memorial Address, Vin Gupta, MD, discussed how adoption of digital health tools has accelerated change and driven increased consumerism in healthcare decisions, and Amy Webb took the audience on a captivating journey into healthcare's plausible scenarios 10 and 20 years from now as part of the Malcom T. MacEachern Memorial Address.

Monica C. Vargas-Mahar, FACHE, CEO of St. Joseph's Hospital and market CEO for Carondelet Health Network, examined the lessons from health system founders who faced their own set of complex challenges, with application toward the current and future state of the healthcare system, during the Thomas C. Dolan Diversity Address. Michele Baker Richardson, JD, chair of the Advocate Aurora board of directors and president and CEO of Higher Education Advocates LLC, shared guidance for how women can make time for the strategic work needed to be visionary leaders during the Women Healthcare Executives Address.

Ben Nemtin, co-founder of The Buried Life, closed out the plenary sessions at the Leon I. Gintzig Commemorative Address and Luncheon, reminding the executives in attendance that driving teams to thrive requires new strategies for connecting with them around their personal and professional goals, showing empathy and understanding.

The following is a rundown of the major award winners and others who were recognized throughout the week of Congress for their contributions to the healthcare field and to ACHE.

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A BOLDER/BRIGHTER Future

either uninsured or enrolled in Medicaid. Grady is Atlanta's only American College of Surgeons-verified Level I trauma center and home to many nationally recognized clinical programs, including the Marcus Stroke and Neuroscience Center, the Georgia Cancer Center for Excellence, one of the nation's largest infectious disease programs, the Walter L. Ingram Burn Center, and the world's first ED dedicated to the care of sickle cell patients.

Haupert Receives Gold Medal Award

John M. Haupert, FACHE, president and CEO, Grady Health System, Atlanta, was the recipient of the Gold Medal Award, which is ACHE's highest honor, bestowed on outstanding leaders who have made significant contributions to the healthcare field.

Throughout his career, Haupert has strongly committed himself to ensuring access to high-quality care for all, including those who face socioeconomic barriers. He leads an organization that is essential to serving patients in a community where about half are either uninsured or enrolled in Medicaid. Grady is Atlanta's only American College of Surgeons-verified Level I trauma center and home to many nationally recognized clinical programs, including the Marcus Stroke and Neuroscience Center, the Georgia Cancer Center for Excellence, one of the nation's largest infectious disease programs, the Walter L. Ingram Burn Center, and the world's first ED dedicated to the care of sickle cell patients.

His healthcare leadership also extends beyond Grady. He is chair of the American Hospital Association, and he served as chair of the Georgia Hospital Association and as a board member of the Georgia Department of Public Health. He has held numerous leadership roles on the board of America's Essential Hospitals, where he guided the organization through several major strategic decisions and confronted two challenges that had the potential to divide the membership base—the possible repeal of the Affordable Care Act and threatened restrictions to the 340B Drug Pricing Program. In both instances, unity and Haupert's strong leadership led to success, as America's Essential Hospitals and the AHA pushed back against ACA repeal and halted negative legislative action on the 340B program.

Haupert served as the ACHE Regent for Texas—Northern from 2010 to 2011. He is a member of the Rotary Club of Atlanta and serves on the boards of directors of The Atlanta Opera, Santa Fe Opera,

Higher Education Network Award Winners

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Atlanta Committee for Progress and Metro Atlanta Chamber. Haupert formerly served on the boards of the Atlanta Women's Foundation and the Atlanta chapter of the American Heart Association. He has received numerous honors recognizing his local and national leadership efforts, including ACHE's Distinguished Service Award in 2017 and a Service Award in 2009, the *Atlanta Business Chronicle's* "Most Admired CEOs" award and "100 Most Influential Atlantans" recognition, and *Georgia Trend* magazine's "100 Most Influential Georgians" recognition. *The CEO Forum* and *Forbes* also named him as one of "10 CEOs Transforming Healthcare in America" in 2019.

Colleagues credit him with "walking the talk and leading by example in all that he takes on" and say he is a "bold and visionary" executive.

Sangha Named Young Healthcare Executive of the Year

Baljeet S. Sangha, FACHE, COO and deputy director, San Francisco Health Network, received the Robert S. Hudgens Memorial Award for Young Healthcare Executive of the Year. Sangha has more than 12 years of healthcare administration experience in large teaching medical centers, integrated delivery systems, public safety net and nonprofit healthcare associations, and he uses his life story and experiences to fuel his passion for the work and to connect with others and spark their passion. He is a true servant leader and is committed to promoting diversity, equity and inclusion in the healthcare field and the communities he serves.

Sangha served as the vaccine executive sponsor for the entire city and county of San Francisco as well as an incident commander for the city and county's COVID-19 response, representing the San Francisco Department of Public Health. From March 2021 until April 2022, he led the citywide multihealth-system response that resulted in San Francisco being the first major U.S. city to vaccinate more than 80% of residents with at least one shot, including providing one vaccine dose to at least 70% of all races and ethnicities. In addition to contributing to his local community, Sangha has personally led an effort to ship PPE to facilities in New Guinea, Fiji, Samoa, Bangalore, Syria, Vietnam, Mexico and Gambia.

He models involvement, engagement and commitment to healthcare management through speaking engagements with local healthcare education programs. He is recognized by colleagues for his ability to invite others into the discussion and elevate their contributions. He is a fellow with America's Essential Hospitals and has served on both the AEH Innovation and Education committees. In addition, he is presently a commissioner on the California Health and Human Services Agency Hospital Diversity Commission, and on the Human Services Commission for Dublin, Calif., and he has served as an at-large director of the board for the Hospital Council of Northern and Central California.

He has been a member of ACHE since 2009, and his service has been recognized with the Early Careerist Regent Award, the Service Award, the Distinguished Service Award, the Exemplary Service Award and the ACHE Leader-to-Leader Top Sponsors Award. He has conducted over 100 hours of job shadowing with early careerists and students and served as a Thomas C. Dolan Executive Diversity Program mentor.

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A BOLDER/BRIGHTER Future

Hofmann Receives Lifetime Service Award

Paul B. Hofmann, DrPH, LFACHE, was honored with ACHE's Lifetime Service and Achievement Award. He began his healthcare management career at just 13 years old, working as a student volunteer at Herrick Memorial Hospital in Berkeley, Calif., impressing his supervisors so much that they created a new part-time, after-school position for him.

His commitment to healthcare was further strengthened by his military service as a medical corpsman in the U.S. Army. During his more than five-decade career, he has become highly regarded for his expertise in healthcare management and clinical ethics. He has been a strong advocate for equitable healthcare delivery and has provided his expert counsel on institutional ethics policy, end-of-life and palliative care, as well as equity as an essential part of quality improvement.

He is the co-founder of two nonprofit healthcare organizations: Operation Access, which uses clinical volunteers to provide uncompensated outpatient surgery and diagnostic services to uninsured patients, and the Alliance for Global Clinical Training, which links surgical and nursing educators with hospitals in Africa, with the goal of improving the education of African faculty, residents and nurses.

Hofmann served on the American Hospital Association Quest for Quality Prize Committee for 17 years. He also is a member of The Joint Commission's International Standards Advisory Panel and is on the board of the Massachusetts-based Education Development Center. In 2012, he was one of eight national recipients of the Albert Schweitzer Leadership Award; in 2009, he was presented with the American Hospital Association's Award of Honor; and in 2004, he received the Distinguished Leadership Award from the University of California Graduate Program in Health Management Alumni Association.

He is a past member of the ACHE Leadership Advisory Committee, and he coordinated ACHE's annual two-day ethics seminar for 19 years. He developed an ethics self-assessment tool, which, today, is on the ACHE website under the "Ethics Toolkit." He has authored or updated several of ACHE's Ethical Policy Statements, and he periodically reviews and provides revisions to ACHE's *Code of Ethics*. He also has served on ACHE's Education Committee, Nominating Committee and Management Series Editorial Board. He is an active mentor for both the ACHE Leadership Mentoring Network and the National Center for Healthcare Leadership.

Hofmann is co-editor of *Managing Ethically: An Executive's Guide*, published in 2001 by Health Administration Press. A second edition, *Managing Healthcare Ethically: An Executive's Guide*, was released in 2010. A third edition, *Managing Healthcare Ethically* (consisting of three volumes) was published in 2022. He is also co-editor of *Management Mistakes in Healthcare: Identification, Correction and Prevention*, published in 2005 by Cambridge University Press, and has been a regular contributing author of healthcare management ethics columns for *Healthcare Executive.* Hofmann has

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been honored previously by ACHE for his contributions to the field of healthcare management, receiving the Robert S. Hudgens Memorial Award for the Young Hospital Administrator of the year in 1976 and the Senior-Level Executive Regent's Award in 1999.

Keehan, Lee, Pardes Inducted Into Hall of Fame

Sister Carol Keehan, DC, HFACHE; **Philip Lee, MD**; and **Herbert Pardes, MD**, were honored as inductees into the *Modern Healthcare* Health Care Hall of Fame.

These three honorees focused on different areas of healthcare over their careers, but each used their influence to push for forward-thinking programs that improved access for vulnerable populations.

When Keehan retired as president and CEO of the Catholic Health Association of the United States in 2019, political luminaries extolled her accomplishments, including in 2015 when President Barack Obama said that Keehan's endorsement of the Affordable Care Act was pivotal to its success.

After she committed to the Daughters of Charity in 1968, her only goal was to work in the ED, but when she was only 25, the organization assigned her to help open and supervise the Sacred Heart Children's Hospital and Regional Perinatal Intensive Care Center in Pensacola, Fla. Over the next three decades, she moved through leadership positions in Catholic hospitals in the District of Columbia metro area, culminating in her 2005 appointment to lead the organization.

Today, although she is officially retired, Keehan continues to work in healthcare, recently completing an 18-month stint as chair of the Health Task Force of the Vatican's COVID-19 Commission. She serves on eight boards and consults for hospitals in Israel and Lebanon operated by the Daughters of Charity.

Lee was posthumously inducted after his death at the age of 96 in October 2020. He believed that a

2023 Richard J. Stull Student Essay Competition Winners

Undergraduate Division

First Place

Megan E. Watkins
Auburn University
"Designing an Effective Organizational Culture to Guard Against the Cyber Risks of Emerging Technologies"

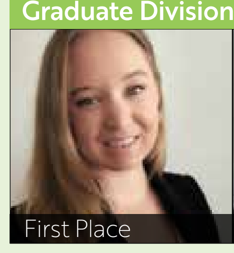
Second Place

Blair Lee Hinckle
James Madison University
"A Comprehensive Framework for Solving Health Disparities by Addressing Physician Mistrust in the United States"

Third Place

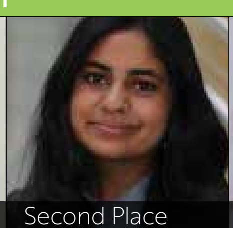
Jesse L. Roberson
University of Alabama
"Improving Addiction Treatment Through Administrative Reform"

Graduate Division



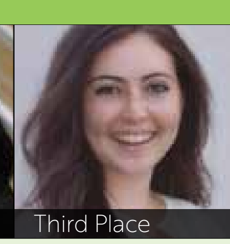
First Place

Rebecca Wade
Hofstra University
"Climate Change and Healthcare: Creating a Sustainable and Climate-Resilient Health Delivery System"



Second Place

Anusha Sivendra
George Washington University
"A Path to Operationalizing Diversity, Equity, and Inclusion in Healthcare Organizations"



Third Place

Ashley Detherage
Vanderbilt University
"Leveraging Nurse Retention Strategies to Combat the Nursing Shortage"

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A BOLDER/BRIGHTER Future

physician could have a huge influence on population health by serving the public through a policy-oriented venue. In 1965, Lee was tasked with persuading America's healthcare providers to get on board with President Lyndon Johnson's vision of a "Great Society," enforcing provisions of the Civil Rights Act and requiring hospitals to end segregation if they wanted to participate in the program. He succeeded, with 95% of the nation's hospitals desegregated by 1967.

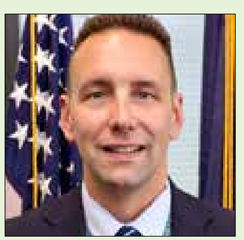
Lee served in the Navy Medical Service Corps during the Korean War and first moved to Washington, D.C., to serve as director of health services for the U.S. Agency for International Development, working to eradicate malaria and improve nutrition and family planning in developing countries. He left federal service to become chancellor of the University of California, San Francisco, then co-founded one of the nation's first university-based multidisciplinary health policy and health services research programs. He also served as president of San Francisco's health commission during the AIDS crisis and head of the Physician Payment Review Commission to reform Medicare, and he was appointed by Bill Clinton as assistant secretary for health in the Department of Health and Human Services.

Pardes knew from the age of three that he wanted to help others. His career spanned academic psychiatry, government service and management, including 11 years as president and CEO of NewYork-Presbyterian. He was elected president of the American Psychiatric Association and was appointed by Presidents George W. Bush and Bill Clinton to health policy commissions. He has chaired the Greater New York Hospital Association, the Association of American Medical Colleges and the Healthcare Association of New York State, and serves as executive vice chair of NewYork-Presbyterian's board of trustees and on the board of the New York Genome Center. He currently serves as executive vice chair of the board at NewYork-Presbyterian.

Pardes was a pioneer in encouraging citizen advocacy groups to raise awareness of mental illness and lobby for research funding. He also influenced generations of psychiatrists and medical professionals to consider the importance of caregivers' consideration for others.

Regents Recognized for Their Contributions

Jeanna L. Bamburg, FACHE, Regent for Texas—Southeast, won the award for best message from the Regent (geographic Regents) published during the 2022–2023 Convocation year.



Alfred A. Montoya Jr., FACHE, Regent for Veterans Affairs, won the award for best message from the Regent (federal sector) published during the 2022–2023 Convocation year.

CDR Eugene Smith Jr., DHA , FACHE, Regent for Navy, won the award for recruiting the greatest percentage of the designated goal for new Members and Fellows in the federal sector. Smith also won the award for the greatest percentage of the designated goal of Members advancing to Fellow.

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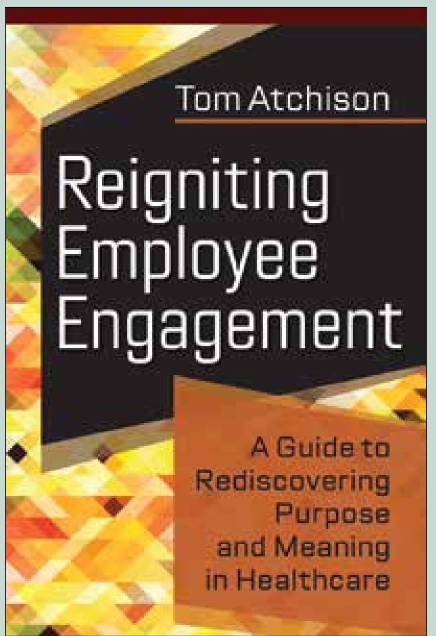
Publication Awards

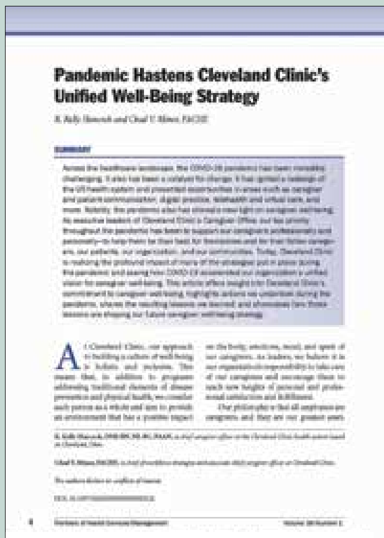


James A. Hamilton Book of the Year Award

Reigniting Employee Engagement: A Guide to Rediscovering Purpose and Meaning in Healthcare
Thomas A. Atchison, EdD

Published in 2021 by Health Administration Press.

Dean Conley Award


Pandemic Hastens Cleveland Clinic's Unified Well-Being Strategy

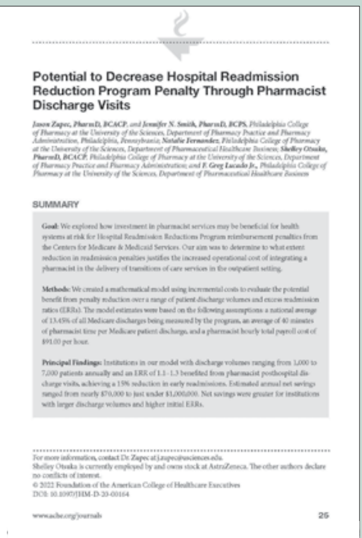
K. Kelly Hancock and Chad V. Minor, FACHE

SUMMARY

"Pandemic Hastens Cleveland Clinic's Unified Well-Being Strategy"
K. Kelly Hancock, DNP, RN
Chad V. Minor, FACHE

Published in the fall 2021 issue of *Frontiers of Health Services Management.*

Edgar C. Hayhow Award


Potential to Decrease Hospital Readmission Reduction Program Penalty Through Pharmacist Discharge Visits

SUMMARY

"Potential to Decrease Hospital Readmission Reduction Program Penalty Through Pharmacist Discharge Visits"
Jason Zupec, PharmD, BCACP
Jennifer N. Smith, PharmD, BCPS
Natalie Fernandez
Shelley Otsuka, PharmD, BCACP
F. Greg Lucado Jr.
Published in the January/February 2022 issue of the *Journal of Healthcare Management.*

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A BOLDER BRIGHTER Future

2023 Joint Federal Sector Award Winners Recognized

The Federal Sector Awards recognize federal and military ACHE members who have demonstrated excellence in the healthcare profession, contributed to the advancement of ACHE and inspired other healthcare professionals to achieve excellence. These individuals have made significant contributions to ACHE and the profession of healthcare administration.

Federal Excellence in Healthcare Leadership
Sponsored by Brig. Gen. (Retired) Donald B. Wagner, FACHE, U.S. Air Force, this award recognizes a federal (civilian or uniformed) ACHE Fellow who has made significant contributions to ACHE and the profession of healthcare administration.

CAPT Robert T. McMahon III, FACHE, director, Navy Casualty (PERS-00C), Navy Personnel Command, Millington, Tenn.

Federal Excellence in Healthcare Management
This award recognizes one federal (nonmilitary) ACHE member who developed and led, or continues to lead, innovative practices in healthcare management.

Kimberly A. Tansey, DPT, FACHE, health systems specialist/senior analyst, Defense Health Agency, Portsmouth, Va.

Military Excellence in Healthcare Management
This award recognizes one current or retired (past 12 months) uniformed service ACHE member who developed and led, or continues to lead, innovative practices in healthcare management.

Lt Col Amanda M. Davis, DHSc, FACHE, healthcare administrator, U.S. Air Force, Travis, AFB, Texas.

ACHE District Six Diversity and Inclusion Awards
Early Careerist Award
This award is given to an individual whose contributions have fostered a work environment that promotes inclusion and cultural competence and encourages contributions of all personnel to achieve the mission.

Sunaina Kumar-Giebel, interim network director/CEO, Veterans Health Administration, VISN 19, Glendale, Colo.

Senior Leader Award
This award is given to an individual with a proven track record as an exceptional healthcare leader with outstanding accomplishments in leading change, motivating employees, mentoring and coaching a diverse cadre of senior executives.

CAPT Janiese A. Cleckley, FACHE, deputy branch head, Navy Personnel Command, Millington, Tenn.

Governors Award
Issued to outgoing District Six Regents.

LTC Jarrod A. McGee, FACHE, Regent, Army (2019–2023)
CDR Eugene Smith Jr., DHA, FACHE, Regent, Navy (2020–2023)
COL Charlotte L. Hildebrand, PhD, FACHE, Regent-at-Large (2020–2023)

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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. 16, 2023

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 17, 2023

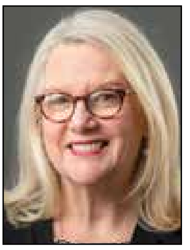
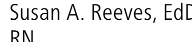
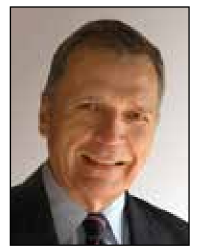
ache.org/LifetimeService

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 17, 2023

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.

Susan A. Reeves, EdD, RN

William A. Nelson, PhD, HFACHE

Ethics Committee Competencies

High-performing committees depend on thoughtful member selection.

There are many qualities that ideal members of clinical and organizational ethics committees share. These include the ability to be analytical and discerning; the quality of being both respected and respectful of others; the skill of eliciting differing viewpoints and philosophies from others; and the confidence and willingness to make difficult decisions, often in extraordinary circumstances. Once formed, these committees often strengthen their members' knowledge and expertise through developmental, ongoing learning activities aimed at bolstering ethical reasoning, including policy development and the ability to apply ethical principles and organizational values to ethical challenges.

At least one member of the committee needs a greater level of knowledge and skill regarding certain specific topics.

High-performing organizational ethics committees, however, require additional member competencies to help the committee function as an effective resource for healthcare leaders. To deliberate the complex and highly diverse types of conflicts that are referred to such committees, it is recommended that the committee include a healthcare ethicist and others with key areas of expertise and experience the group can use to ensure the best possible outcomes and recommendations. Thoughtful member selection helps ensure these committees can handle the broad spectrum of issues that may confront them.

All organizational ethics committee members need to have a basic level of ethics knowledge and skills to respond effectively to a range of organizational ethics challenges. We believe, however, that at least one member of the committee needs a greater level of knowledge and skill regarding certain specific topics. Following are descriptions of those key areas requiring in-depth expertise and experience.

Mission and Values

First and importantly, at least one member should have an intimate knowledge and understanding of the depth and breadth of the organization's mission and values. Our healthcare organizations certainly have a common and overarching mission of providing care. Yet, the type and focus of that care can vary in scope and specialty. For example, some organizations focus their mission on providing primary care in ambulatory settings. Values for this type of organization might include access to care, equity and health promotion. Other organizations, such as academic health centers, have multiple missions, which, similarly, include the provision of care but also include the missions of educating future healthcare professionals and fostering research. Values in an academic medical center might include staying at the cutting edge of technology and innovation, learning, improvement and translational science. Having at least one member of the committee who is well-versed in the organization's mission and closely held values is incredibly important, given that decisions made by the group will need to be evaluated to ensure mission and values congruence.

Operations and Governance

Related to mission and values is having at least one committee member be knowledgeable about the organization's corporate, operating and decision-making structure as well as the way the organization is governed. Whether an organization is a for-profit, not-for-profit or public institution can affect how issues that come before an organizational ethics

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committee could be viewed and managed, and it is often important that this understanding be part of the committee's deliberations.

In terms of governance, again, it is useful to appreciate how the function of organizational oversight works as well as what processes guide organizational strategy, focus and accountability. Having a committee member who can describe how an organization evaluates success also is useful. This person should be someone who can speak to the relevant organizational metrics that assess whether key organizational goals and values are being met, which is essential given that an organization's goals typically are aligned closely to mission elements.

Community Knowledge

As we know, the types of issues referred to an organizational ethics committee are diverse. Will we provide, forego or divest of a clinical service, and what are the implications of doing so? Will we offer a medication with controversial efficacy to a vulnerable population? How do we make decisions to allocate lifesaving drugs, treatments and other interventions when they are in short supply? How will we respond to a patient or family who exhibits racist or otherwise threatening behavior with our staff?

The list of issues that can find their way onto the committee's agenda are seemingly endless. Therefore, the ability to have a committee member or two who have a good handle on the geographical service area of the organization, the relationship to similar organizations in the region and the "mix" of programs offered helps provide critical input during committee deliberations. Having one or more members who can respond to—and evaluate—a combination of clinical, patient, geographical and other types of decisions greatly enhances the committee's performance and effectiveness.

High-performing organizational ethics committees … require additional member competencies to help the committee function as an effective resource for healthcare leaders.

Laws and Regulations

Though it may go without saying, for the sake of being comprehensive in this listing of desirable organizational ethics committee member characteristics, having members who can provide subject matter expertise in the pertinent laws and regulations that guide healthcare organizations is crucial. Ensuring that someone can provide expert input on complex issues such as conflicts of interest, fraud and abuse regulations, anti-kickback statutes, and other legal and regulatory guideposts greatly facilitates the committee's work. A committee with this member can help determine what should and should not be done about complex situations, risks of different decisions, and the potential for liability, among other benefits. In addition, individuals with this expertise often can assist the committee's ethicist in the interpretation of various professional codes of ethics and professional standards from a variety of vantage points.

Finance

Finally, having a committee member with an excellent working knowledge of the organization's financial structure and performance is important. Often, many deliberations required of an organizational ethics committee have financial implications to the organization. Someone who can express the financial impacts of different decisions the committee might make can help provide an important element of decision feasibility.

Though we all appreciate that it would be impossible to comprise an organizational ethics committee that has exactly the right subject matter expertise and experience for every dilemma and decision it might deliberate, a leader's intentionality in selecting members with the skill sets listed here provides the foundational building blocks. Once the foundation is established, adding ad hoc members with special knowledge and expertise germane to the issue at hand can foster the best possible outcome.

Organizational ethics committees are an essential resource for healthcare leaders. The effectiveness of the committee, however, depends on the thoughtful selection of its members. ▲

Susan A. Reeves, EdD, RN, is executive vice president, Dartmouth Hitchcock Medical Center, Lebanon, N.H. (susan.a.reeves@hitchcock.org). William A. Nelson, PhD, HFACHE, is director/professor of the Ethics and Human Values program at the Geisel School of Medicine at Dartmouth, Hanover, N.H. (william.a.nelson@dartmouth.edu).

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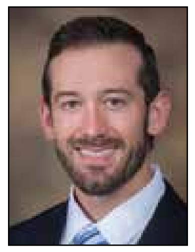

Austin M. Gillard, FACHE

Meeting a Rural Community's Needs

One Kansas-based organization overcame numerous challenges to expand service.

Meeting a rural community's healthcare needs comes with unique challenges. In recent years, Clay County Medical Center has worked to meet the needs of patients it serves by undergoing several construction projects, acquiring and opening five rural health clinics, and recruiting numerous, much-needed medical providers and specialists. These initiatives have proven successful for care delivery and experience, as well as for the organization itself. Following are some highlights of Clay County Medical Center's efforts to ensure access in the community.

Primary Care

The foundation of any strong medical facility in a rural community starts with access to primary care providers. CCMC built a strong primary care medical provider presence that now encompasses nine family practice physicians, four family nurse practitioners and one psychiatric mental health nurse practitioner in a community of 4,200 people.

CCMC acquired the community's existing primary care group in 2016 after demonstrating to the formerly independent practitioners the benefits of joining the medical center. This included CCMC supporting all the back-office functions, boosting pay and providing health insurance and other benefits to the medical providers' employees.

Meeting a rural community's healthcare needs comes with unique challenges.

Since acquiring the primary care groups, the medical center also has recruited three more family practice physicians, who also provide obstetric care, and has employed three additional family nurse practitioners. These providers have been instrumental in the growth and success of CCMC:

- Surgeries have increased 20%.
- Imaging procedures have increased by 25%.
- Physical, occupational and speech therapy visits have increased by 30%.
- Lab capacity has grown by 35%.

Satellite Clinics

Another key aspect of providing care in rural communities is the successful hub-and-spoke model CCMC has developed since the acquisitions. The organization has built and opened three new rural health clinics—or "spokes"—in surrounding communities. In addition, CCMC has renovated its 28-exam-room rural health clinic in Clay Center, Kan.

These spokes feed into the CCMC hub for all specialty, surgical and ancillary services, drawing more than 27,500 patients in 2022. The clinics also have expanded the organization's market share footprint from two counties to more than six.

Emergency Department

For most patients, the ED unfortunately is often their first experience with a hospital. After looking at patient transfer and admission rates and hearing the community's perception of CCMC's ED, the medical center stopped outsourcing its ED medical provider staffing. In 2017, CCMC recruited an

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emergency medicine physician, three emergency nurse practitioners and a physician assistant.

Since the addition of these new clinicians, patient perception has improved dramatically, as evidenced by Press Ganey surveys, improved admission rates and decreased transfer rates. Out of 2,462 other hospitals in the Press Ganey database, CCMC scores in the 97th percentile or higher on all questions. Thanks to the consistency and quality of the medical team, CCMC also has seen its ED volume grow year after year due to increased visits from other community members in the county: from 2,929 patients in 2017 to 4,145 patients in 2022.

Healthcare in the region has improved from both patient and business perspectives.

Partnerships

Clay County Medical Center does not have the patient volume to sustainably employ many medical specialists, so the organization relies on partnerships with specialty medical provider groups and larger hospitals in the region for areas such as neurology, ENT, urology and oncology. By looking at its primary care medical provider referral data, CCMC pinpointed which types of specialists were needed.

To date, CCMC has 26 specialty medical providers that visit the hospital at least monthly. The visiting medical specialists order numerous ancillary tests and perform many procedures at CCMC. In a rural setting, offering opportunities to see medical specialists in or near patients' homes, rather than having them travel for an hour or more, has been a valued benefit for the region's population.

Modern Equipment and Space

The medical center treats its patients as valued customers and realizes patients have other options to receive healthcare services in the region. Staff ensure the patient experience is a comfortable one, so offering modern spaces and equipment have been imperative to CCMC's success.

During the past eight years, CCMC has built and renovated more than 60,000 square feet of patient care areas. CCMC funds its depreciation, so the organization can develop building projects and technologies such as MRI and CT scan units, surgical and other medical equipment needed to deliver exceptional patient care. This has led to higher medical provider satisfaction and team member satisfaction.

The Team

A positive culture that embraces team as family and encourages ideas and risk has taken time to build, but it has become an excellent recruiting tool for CCMC. A focus has been ingrained in the team to use the AIDET communication framework (acknowledge, introduce, duration, explanation and thank you) at every patient encounter.

Staff also follow the "10 and five rule": at 10 feet, look up and acknowledge, make eye contact and smile; at 5 feet, verbally greet the patient or colleague and offer assistance if necessary. Staff use these communication tools with all fellow team members and visitors to CCMC's facilities. It's amazing how much personal acknowledgment and a smile have had the ability to transform the organization's culture throughout the years.

Quality

Each month, the organization reviews its HCAHPS scores and patient comments within the HCAHPS survey. Staff use the data to improve the patient experience in the medical center's inpatient unit, ED and clinics.

The organization also developed committees to implement changes based on data and patient comments. The board of trustees devotes a monthly meeting solely to clinical quality metrics, readmissions and HCAHPS scores. When the importance of quality healthcare services comes from the top down and is mentioned in the board minutes that are shared after each meeting, all team members can better understand the significance.

CCMC's strategic and calculated focus on service line expansion and construction projects also has generated an indirect improvement: Surrounding hospitals have enhanced their competitiveness and are meeting more needs of the communities they serve as well. Healthcare in the region has improved from both patient and business perspectives, which is good for everyone. ▲

Austin M. Gillard, FACHE, is CEO of Clay County Medical Center in Clay Center, Kan. (agillard@ccmcks.org).

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William F. "Marty" Martin, PsyD

Building Your House of Diversity

It requires a vision, blueprint, project plan and talented individuals.

Building a house requires a vision, a blueprint, a budget, a project plan and multiple talented individuals to bring the vision to reality. So does an effective diversity initiative. In fact, thoughtfully deployed resources can turn your vision into a home characterized by warmth, comfort, belonging and focused work. Conversely, lack of a good plan is likely to result in false starts, legal and regulatory challenges, and factions and friction within your building.

Before designing your diversity initiatives, consider the characteristics of an ideal foundation:

- Crafting and nurturing a DEI initiative that is adopted by the board and the entire C-suite, not just the chief HR officer or the chief diversity, equity and inclusion officer or similar roles.
- Aligning incentives and disincentives cascading down and across the organization at all levels of management, which is similar to the wiring in your house.
- Refusing to condone any implicit or explicit behaviors seeking to threaten, starve, marginalize or co-opt the house of diversity.
- Resourcing the house of diversity so that the vision is fully realized, and the blueprint is rigorously followed, which is the hallmark of a high-reliability organization and high-performance workplace.

Once the foundation is in place, turn your attention to proactive maintenance as well as making adaptations based on changing seasons of the year and occasional disasters that may arise.

Preventive Maintenance

Whether you already built your house of diversity or are planning to build one, it is essential that you budget for preventive maintenance. Optimization is only possible if the underlying infrastructure is well resourced and in "top condition." We often speak of "top of license" in healthcare, but far too often we accept less than top of license on the administrative wing of the house. All too often we are reluctant to set concrete, numerically based goals for diversity initiatives out of fear that it will be perceived as quotas rather than data-driven accountability. Superbly maintained systems often have built-in redundancies to account for changes both known and unknown.

Adaptations to Changing Seasons

Healthcare organizations operate under changing seasons, ranging from relatively high margins, adequate labor and patient demand and a favorable payer mix to anemic margins, drained labor, demanding patients and an unfavorable payer mix. All houses must be able to withstand the changing seasons of the year. Questions to consider include: Is our diversity initiative winterized for predictable leadership storms, organizational storms and budgetary storms? Is it prepared for rolling brownouts such as the ebbs and flows of leadership focused on DEI? Is it survivable if leadership changes at the top of the house? Is it built on a solid foundation of vision, mission, strategic alignment and ideally "core to the culture" of our organization, or is it mostly built on the charisma of a single dynamic person?

Effective DEI initiatives are built on a foundation not born of crisis alone but a vision and will to enable talent to fully contribute to the organization and to ensure that all patients receive the highest quality, safest and most humane care possible without any hesitation.

There are several seasons of any DEI initiative. Below are some of the more common ones:

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After reading each one, which comes the closest to describing your current DEI initiative, and what is the next season?

Legal/Regulatory Season: Built on compliance with laws, regulations and even accreditation standards. *Vision/Mission Alignment Season*: Built on realizing the vision and mission of the organization.

Corporate Social Responsibility Season: Built on enacting principles of social responsibility and justice for all stakeholders.

Fashion/Fad Season: Built on benchmarking and best practices or corporate "keeping up with the Joneses."

High Performance Season: Built on running excellent organizations to wow all stakeholders.

Justice Season: Built on treating all stakeholders fairly by not harming some to benefit others.

These seasons are not mutually exclusive but certainly describe the composition and structural integrity of your house of diversity's foundation. Strong foundations are better able to withstand storms and disasters.

Weathering Storms and Disasters

Reflect for a moment on several storms and disasters, including but not limited to the financial crisis of 2008 and 2009, the COVID-19 pandemic and seemingly recurrent U.S. Supreme Court challenges of the Affordable Care Act, not to mention societal storms such as the murder of George Floyd and the demonstrations that broke out afterward. During storms and disasters, we tend to be appropriately reflective and reactive, yet intentional and deliberate. As healthcare leaders, we rally to respond to the crisis. Questions to consider include: How do we rally to "routine" events and days when the sailing is smooth? Do we approach DEI with the same intentionality and energy as during a crisis?

Thoughtfully deployed resources can turn your (DEI) vision into a home characterized by warmth, comfort, belonging and focused work.

Effective DEI initiatives are built on a foundation not born of crisis alone but a vision and will to enable talent to fully contribute to the organization and to ensure that all patients receive the highest quality, safest and most humane care possible without any hesitation. This commitment will require courageous leadership, because there are foes to DEI within most organizations.

As a healthcare leader, you are the architect. And, in this role, it is vital that you build a strong house of diversity in your organization. Now is the time.

"A year from now you may have wished you started today." —Anonymous

William F. "Marty" Martin, PsyD, is professor of Management & Entrepreneurship, faculty director, and Research & Innovation Leadership Fellow at DePaul University, Chicago (martym@depaul.edu).

Providing you insightful commentary and developments in the world of healthcare leadership.

HealthcareExecutive.org/Podcast

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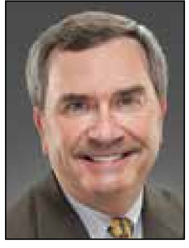

Dennis J. Kain, FACHE

Stand Out as an Internal Candidate

Four success tips for moving ahead within your organization.

With continued leadership shortages in the healthcare field and the increased rate at which healthcare executives are resigning, the pressure to find top talent has never been higher. A report from Challenger, Gray & Christmas found that in the first half of 2022, CEO turnover alone was up 18% on a year-over-year basis. The stakes are high, and a wrong hire can be damaging to an organization in the long run. Filling executive leadership roles takes time, care and effort—and often the right candidate was right there all along.

Their intimate knowledge of organizational workings puts internal candidates at a great advantage. Now more than ever, rising stars in healthcare organizations need to stand out among their peers to increase their chances of securing a better position in the future. Here are a few approaches to consider.

1. Find Out How You Are Perceived

Before throwing your name in the hat for a higher position, assess how your colleagues and leadership team perceive you, your current role and your performance within the organization. Start by asking some of your trusted coworkers what they think your biggest strengths and weaknesses are and take steps to address them accordingly. Gather evidence of your strengths, and document the steps taken toward improving on your weaknesses.

Take time to think critically about other skills and strengths you haven't had the opportunity to showcase in your current role. How could those strengths be used in a new position? Are there experiences you have from other jobs that could optimize workflows and address organizational pain points? In addition, anticipate how you can most effectively present this information during interviews.

2. Learn Everything About the Job and Interview Process

Since you're already part of the organization, you should have easier access to HR leaders, department leaders and other stakeholders. Use this inside information to find out key information, including with whom you're interviewing, to whom you'll report, what they are looking for in a candidate, why they are hiring, and the critical challenges and expectations for the position.

Collect this information and use it to your advantage. Prepare for interview questions well in advance, and tailor your answers to the organization's expectations, current challenges and strategic growth agenda. Additionally, if you're familiar with your interviewer, it will be easier to strike a friendly tone while remaining confident and professional.

3. Balance Familiarity With Professionalism

When applying for internal positions, you can stand out from the competition during an interview with these steps:

Approach the interview as if you are an outsider. Update your resume with your current role and accomplishments, write a cover letter and submit it to all relevant parties (search committee, search firm, HR managers, interviewers). Don't

The Bottom Line

Rising stars can secure a better position with four approaches.

- Find out how you are perceived.
- Learn everything about the job and interview process.
- Balance familiarity with professionalism.
- Seek out the executive search firm.

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assume the interviewer knows your accomplishments. Healthcare organizations often use executive search firms to conduct neutral, third-party interviews to prevent biases from seeping into the final decision. Even if you know the managers interviewing you, they may not know what you've accomplished in previous roles. Don't let your guard down—prepare for and execute the interview with the same rigor and professionalism you would for an external job.

Use organizational knowledge to your advantage. Be ready to talk about your current role, how you have helped the organization and how it has prepared you for the next step in your career. Tailor the conversation to your accomplishments within the organization. Don't criticize your current role, but don't shy away from discussing past mistakes and the steps you are taking (or would take) to remedy them. In addition, be sure to do your homework by familiarizing yourself with the organization's goals, vision and road map. Think about what you bring to the table and how you can contribute to overall efforts.

Ask poignant questions. Enthusiastic curiosity is one of the many traits leaders want to see in a candidate. Interviews are two-way streets, so treat them as such by asking questions about the position and where it fits into the big picture, the team and people with whom you'll be working, potential challenges and expectations.

Be patient and follow up. Chances are the organization is interviewing both internal and external candidates. This means a lot is happening at once—screenings, reference checks, behavioral assessments, time gaps between interviews and more. Waiting can be difficult, but it is part of the process. Be sure to follow up after the interview, but don't put too much pressure on the search committee. A thank-you note is a great way to reiterate your enthusiasm and thank the interviewers for their time.

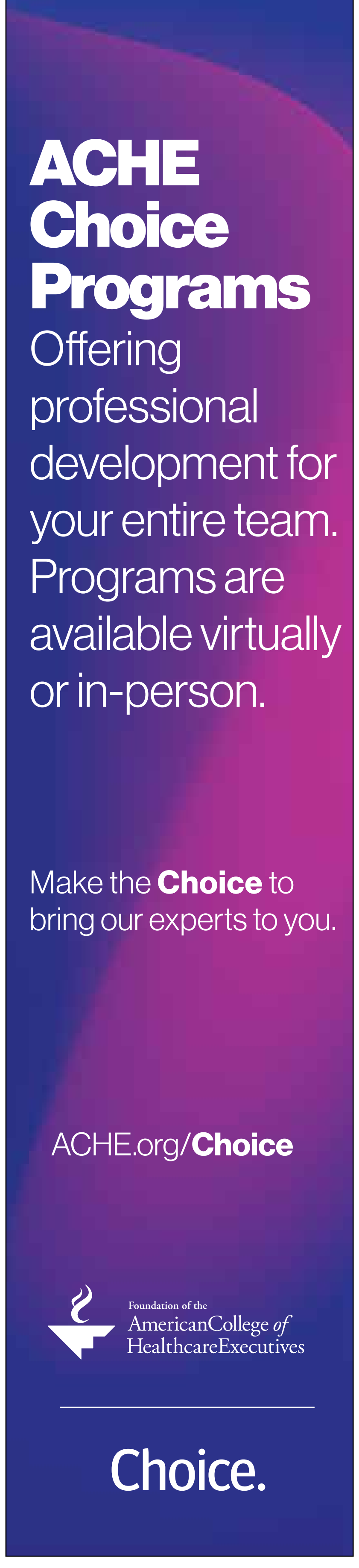
4. Seek Out the Executive Search Firm

Increasingly, healthcare organizations are relying on executive search firms to find qualified external candidates to compare with internal candidates. When your ideal position becomes available, contact an HR manager to see if an executive search firm has been hired. If so, get in touch with them preemptively to introduce yourself and let them know you intend to pursue the position. You might have the chance to do a screening and potential follow-up interview with the search firm if your qualifications fit the opportunity.

The Takeaway

Internal advancement is a crucial part of any aspiring healthcare leader's career progression. By taking advantage of meaningful interpersonal relationships, approaching the interview as if you were an outsider and giving yourself a leg up through deepened knowledge of organizational pain points, you can set yourself apart from the competition and stand out to executive leadership. ▲

Dennis J. Kain, FACHE, is senior vice president, Kirby Bates Associates (dkain@kirbybates.com).



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Paul H. Keckley, PhD

Medicaid Challenges Hamper Public Policy

Common misconceptions and statutory flaws warrant program reform.

From its inception in 1965 as part of former President Lyndon B. Johnson's "Great Society" social reform agenda, Medicaid has served as the insurance safety net for low-income individuals and, later, for individuals with disabilities.

At the end of 2022, 91.3 million people were enrolled in Medicaid and the Children's Health Insurance Program in the 50 U.S. states and in the District of Columbia. Of this figure, 84.4 million individuals were enrolled in Medicaid and 6.9 million were enrolled in CHIP. Medicaid and CHIP accounted for $728 billion in 2021 health expenditures.

91.3 MILLION PEOPLE were enrolled in Medicaid and the Children's Health Insurance Program in the 50 U.S. states and in the District of Columbia at the end of 2022.
Source: Medicaid.gov

With the passage of the Affordable Care Act in 2010, states were incentivized to expand Medicaid coverage through subsidies in which the federal government paid 100% of costs for new enrollees; to date, 39 states have expanded.

During the pandemic, enrollment swelled due to the continuous coverage requirement imposed on states as emergency relief funds were released. When that provision ended March 31, states implemented new coverage determination policies primarily targeting reduced coverage based on widely held disdain for the program in conservative states.

Misconceptions
The following three common misconceptions about Medicaid have been problematic since the program originated 58 years ago:

Misconception: Expansion of Medicaid has had marginal impact on population health.

Fact: In the 39 states that expanded their Medicaid enrollments, the quality of care for enrollees has improved, particularly so for women and children. For example, in expansion states, postpartum hospitalizations decreased 17% versus hospitalizations in nonexpansion states. Medicaid expansion has also enabled access to nursing home care for low-income seniors.

Despite these improvements, the misconception that the program has delivered little improvement in clinical quality persists in some states. It's possible this misconception derives from the fact that each state authorizes services and funding differently, and as a result, population health improvements are not consistently reported. Although critics have conceded that Medicaid has increased access to services, its population health improvement-to-cost relationship continues to be widely debated.

Misconception: Medicaid is wasteful and costly.

Fact: Compared with spending on private health insurance and Medicare, Medicaid provided service to more enrollees at a lower relative cost. In 2021, spending on private health insurance, which represented a 28% share of national health expenditures, increased by 5.8% to reach $1.2 trillion while its enrollment increased 0.3%. Spending on Medicare (a 21% share) increased by 8.4% to reach $900.8 billion while its enrollment increased 1.7%. By contrast, spending on Medicaid (a 17% share) increased by 9.2% to $734 billion while its enrollment increased 11.2%. Thus, spending efficiency per new enrollee is higher in

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Medicaid than for private insurance and Medicare.

Misconception: Medicaid is a welfare program for those unwilling or unable to work.

Fact: Medicaid covers one in five Americans and serves a diverse population. More than 60% of nondisabled adult Medicaid enrollees worked before the pandemic, and 48% of these individuals worked full-time. A work requirement as a condition for Medicaid coverage would impact relatively few people and cost states more to administer. Most Medicaid beneficiaries work, although they often have low- or minimum-wage jobs and live at or slightly above the poverty line and thus qualify for the program.

These misconceptions lend to misinformation and pushback by policymakers in states where Medicaid encounters its harshest critics. However, the facts do not comport with their misconceptions.

Statutory Flaws

In addition to these misconceptions, Medicaid has also been perpetually hampered by two major structural provisions in its enabling legislation: the Federal Medical Assistance Percentage, or FMAP, formula and state discretionary authority.

FMAP funding formula. Medicaid is funded through the FMAP, which is based on a formula required under federal statute. The FMAP is based on a rolling three-year average of per capita income for each state, which represents a state's ability to tax its base and therefore fund the Medicaid program. The FMAP formula dictates that no state's spending obligation can be less than 50% nor higher than 83% for its enrollees.

However, the volatility of state finances presents a recurrent challenge to Medicaid funding. For example, state tax revenue jumped by 19.3% in fiscal year 2021—the steepest annual growth in 70 years—owing to several factors such as a delay for the 2020 income tax filing deadline and federal COVID-19 aid provided to individuals and businesses. The 50-state tax revenue volatility score hit a record high, even as inflation eroded household income and financial security.

The program avails diverse populations of needed healthcare services otherwise inaccessible to most, but reimbursement does not cover the cost of services provided.

As a result, Medicaid funding was adversely impacted as states juggled FMAP obligations with education, transportation and other programs. The FMAP formula's inability to account for variables affecting state finances renders it an inadequate tool for funding the nation's most significant population health safety net.

State discretionary authority. Individual/household income, age and residential status are the key determinants for Medicaid eligibility in every state, but how they're weighed and other variables are also included. By design, states have wide discretion in setting eligibility criteria; the scope of services available to enrollees; reimbursement rates paid to hospitals, physicians and long-term care providers; and more. In most states, rates do not cover costs, forcing providers to mark up services for others to make up the shortfall. However, the lack of consistency from state to state limits standardization that could be potentially helpful to Medicaid innovation and sustainability.

Looking Ahead

Medicaid is a mixed bag for hospitals and other providers. The program avails diverse populations of needed healthcare services otherwise inaccessible to most, but reimbursement does not cover the cost of services provided.

Expansion in the 11 states using federal subsidies helps extend access to low-income adults and children with disabilities, but it exacerbates the funding shortfall that plagues Medicaid. Challenges to and misconceptions of the program deserve urgent attention. However, proponents of its reform must be circumspect in their appeals because discontent with the U.S. health system appears to be significant and growing. Additionally, adherence to price transparency, waste reduction and reasonable profit are necessary precursors if the conversation is to begin. ▲

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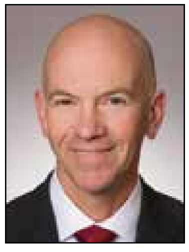

Jeff Salvon-Harman, MD

Actions to Renew Focus on Safety Culture

Four steps leaders can take to improve patient and workforce safety.

How safe do you feel about receiving healthcare in your own organization? Do you know your patient and workforce safety data? If you're a leader in a top-performing health system, are you close to achieving zero harm? Is your health system truly safe, or just safe enough?

Listening to the voices of patients and families and acting according to their wishes increases trust, respect and dignity for all. Failure to do so risks moral distress or injury and can lead to missed opportunities for early intervention that prevent the need for rapid response or code events.

Delivering the healthcare that our patients expect—in every setting and under all conditions—demands that we urgently revisit safety culture as the fundamental driver of both patient and workforce safety. And it's vital that we unify these two goals. Workforce safety is a necessary precondition for patient safety and essential to sustaining reliability over time.

The healthcare workforce has faced previously unimagined challenges from the COVID-19 pandemic, which compounded and exacerbated existing issues such as moral distress and injury, deep inequities, and distrust of health systems, payers and the legal system. As these dynamics evolve—with the added stressors of reduced staffing levels, increased acuity of patients, and increased lengths of stay and ED boarding times—the voices of patients, families and caregivers are drowned out or dismissed as a distraction or a component of alarm fatigue.

This perfect storm of contributing factors and latent influences has culminated in the patient safety setbacks experienced during the pandemic. The healthcare workforce cannot be expected to outperform, or even perform at all, with a flawed system design, particularly with added post-pandemic stressors. Prominent among these flaws are a weakened culture of safety and the attendant loss of patient, family and caregiver voices, heralding a clarion call around the world for health systems, payers and legislative leaders to renew the focus on these foundational influences affecting patient and workforce safety. Below are four recommendations for how leaders can use powerful culture-enhancing tools to improve healthcare safety.

Listen to the voices of patients, families and caregivers, and act on their input. Listening to the voices of patients and families and acting according to their wishes increases trust, respect and dignity for all. Failure to do so risks moral distress or injury and can lead to missed opportunities for early intervention that prevent the need for rapid response or code events. Ways to amplify these voices and incentivize listening to them include huddle reporting on what the patient, family and caregiver has expressed, stories of good catches and earlier interventions, and escalating these stories as a regular safety-stories-moments agenda item at the beginning of meetings. Methods to learn from adverse events (e.g., root cause analysis) should also clearly acknowledge dismissal of the patient, family or caregiver voice as a contributing factor to the event, when identified. A profound way to incorporate these perspectives is to include them directly in post-event learning processes and action planning to inform system-level improvements.

Embody and lead a just culture of accountability for the healthcare workforce. Philip G. Boysen II, MD, in his article "Just Culture: A Foundation for Balanced Accountability and Patient Safety" in the *Ochsner Journal*, writes that "a just culture balances the need for an open and honest reporting

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environment with the end of a quality learning environment and culture." A just culture recognizes and accepts human fallibility, while also acknowledging unjustified risk taking, or even harmful intent, and prescribes appropriate organizational responses to the identified behaviors. To foster a just culture in your organization, look beyond investing *only* in educational training for yourself, staff and leaders—begin addressing the additional need for coaching, practice and simulation to reinforce just culture methods and to ensure their implementation. Also, be an example and enabler of just culture by sharing your experience and practice with it via written communications with the workforce. Be candid about both your challenges and successes. Develop a reporting system for just culture, or adapt your current safety reporting system, to track and evaluate application and the organization's response. Share this data with the workforce. Be mindful to align with HR, risk management and legal departments to overcome barriers or resistance to full implementation and use of just culture as standard work.

Create an environment and expectation for disclosure of adverse events to patients, families and caregivers aligned with communication and resolution (reconciliation) programs, or CRPs. The healthcare workforce, patients, families and caregivers frequently report discomfort with standard approaches to adverse event management in the absence of CRPs. For the workforce, this contributes to moral distress or injury and can lead to disengagement. For patients, families and caregivers, this adds to the harm of an adverse event and falls short of meeting their well-known expectations in the aftermath. To remedy this discomfort and harm, align leadership with clinical and medical staff, safety, risk management, and legal departments to support education, training and implementation of CRPs to reduce barriers for uptake, promote a collaborative team approach to disclosure and reconciliation, and directly address patient, family and caregiver expectations. Visible use of CRPs to manage the response to adverse events contributes to sustainability and reinforces for the workforce its importance and the organization's commitment to effectively and appropriately responding. Reliable adverse event management processes can also have the added benefit of reducing moral distress and injury among staff, and reinforce a patient-centered approach to both care and communication.

Delivering the healthcare that our patients expect—in every setting and under all conditions—demands that we urgently revisit safety culture as the fundamental driver of both patient and workforce safety.

Build trust with those closest to delivering healthcare services. Create a virtuous cycle for safety and well-being by dedicating leadership time to rounding in clinical spaces for building rapport with the workforce, learning about what is working well or can be improved and acting on their ideas.

To help ensure that new ideas continue to be generated and given voice, leaders can complete the virtuous cycle by acting on ideas surfaced by the workforce during rounding and communicating across the organization about resulting improvements. It takes the entire leadership team to make this strategy successful, so empower and align local leaders (supervisors, managers, directors) to enable tests of change and improvements with their teams and staff based on staff inputs, and then communicate the successes and the learning to help spread the changes.

In communications, highlight staff members as stars in their own stories. Consistently celebrate the workforce for their ideas, ingenuity and improvements. Leaders today can do much more of this.

Building and sustaining a culture of safety by listening to patient, family and caregiver voices and supporting the healthcare workforce is a powerful way to improve both safety and care outcomes.

Clearly defining these goals, and the described methods to achieve them, and making them standard work everywhere, will establish a new trajectory to exceed past performance in patient and workforce safety. ▲

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Michael A. Slubowski, FACHE

Looking to the Future

Eight action items from Trinity Health's CEO.

Like most hospitals and health systems, Trinity Health's world was shaken by the pandemic. We've dealt with much uncertainty and lack of predictability, with multiple COVID-19 surges and the aftermath of those events. It has decimated our workforce, and after the omicron variant surge, it has created severe financial aftershocks.

Below are the issues we have faced as an organization and our response to them.

Mission

Despite the "healthcare hero" accolades we received mid-pandemic, as we return to a "next normal," the public view remains unchanged of healthcare as complicated, inaccessible and costly.

In response, Trinity Health has worked to exemplify a commitment to our mission of improving the health of communities by expanding our investment in community health and well-being initiatives.

Examples include investing in community health workers, expanding health access to communities experiencing poverty, providing low-interest loans to affordable housing initiatives and expanding programs for healthy food access.

We have greatly expanded our commitment to diversity, equity and inclusion and anti-racism through measurable improvement in diversity in governance, talent, culture of inclusion, health equity and supplier diversity.

We have worked diligently to address these issues, engaging legislators and providing comments on public policy. Much work remains to be done, however, and it will take our collective voices to effectively improve the state of healthcare.

A More Nimble Bureaucracy

Many health systems, including ours, have focused on lowering administrative and overhead costs. Fewer layers of management and wider spans of responsibility have evolved. But increased government regulation, competition from healthcare disrupters, clinical staffing shortages, inflationary impacts and unstable patient volumes have not led to lower costs of care for people and communities.

At Trinity Health, we are implementing over $1 billion in new value improvement initiatives to improve access and efficiency of clinical services and to further lower our cost structure, especially in administrative and support functions, by combining service areas and implementing common systems and platforms. It will take more than internal cost-saving measures to stabilize healthcare nationally.

New Roles for Caregivers and Support Staff

Clinical staffing shortages have required healthcare organizations to seek alternative forms of care delivery. Trinity Health launched an innovative three-member clinical staffing model for inpatient care that includes an RN on the floor, a nursing assistant or licensed practical nurse, and an RN that is connected to patients and the floor team using visual and audio technology, with full access to the EHR. This unique model offers a new virtual role for experienced nurses to care for patients, coordinate complex care and provide mentoring to early career nurses.

Patient and family acceptance has been high, and care team members feel supported in providing safe, effective care. However, the road to implementing wholesale change in care models is arduous and full of complexity when it comes to addressing all aspects of change (people, process, technology and culture).

Permanent Expansion of Certain Services

Though telehealth surged during the height of the pandemic, its use has since moderated but at a much higher

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level than before the pandemic. Technology clearly has enabled more remote monitoring and care at home, along with freestanding specialty services in communities. We continue to offer telehealth, virtual primary care capabilities and virtual care capabilities in the home, and are experimenting with new ways to best use these emerging care delivery methods, implementing innovative solutions to make care more accessible for our communities.

Virtual Work At Home

Healthcare delivery doesn't take a day off, and much of it requires in-person, hands-on care and support services. But administrative services and virtual care can and is being accomplished at home. Many of Trinity Health's system administrative services staff are working from home or using a "hybrid" model in which they come to our offices a few days per week. We don't see this changing markedly, although we see the need for in-person human connection and are setting expectations for those staff within proximity of our administrative offices to return at least two days per week.

For those who will continue to work in mostly a remote environment, we are expanding ways to create a culture of belonging, including opportunities for periodic scheduled in-person meetings wherever possible and providing team leaders with coaching and team-building and communication tools needed to best manage and engage remote and hybrid staff.

More Uninsured and Government-Sponsored Healthcare

Trinity Health's community benefit ministry increased to $1.37 billion in fiscal year 2022, from $1.1 billion in FY 2021. Financial assistance, charity care and unpaid costs of Medicaid and other public programs ballooned. The shift of traditional Medicare to Medicare Advantage is occurring at a rapid pace. The uninsured population is likely to rise again soon as Medicaid restarts eligibility reviews that were paused during the pandemic.

We are launching a concerted, multichannel campaign to educate patients about the need to renew their Medicaid coverage and the support to reenroll, though it's anticipated that 5% to 13% will fall through the safety net.

National Focus on Public Health Emergency Preparedness

Vaccinations and other pharmaceuticals have proved beneficial in lowering the risk of severe illness and death due to COVID-19, but there do not appear to be national proactive initiatives in place to prepare for the next pandemic.

Locally, Trinity Health continually advocates for stronger public policies in this arena and recently provided input to Congress on the reauthorization of the Pandemic and All-Hazards Preparedness Act. Internally, cross-functional teams meet to distill learnings from the COVID-19 pandemic, formulating plans to ensure we are as prepared as possible for future pandemics.

Awareness of Global Interdependence

Clearly, the pandemic highlighted the fact that we are a global economy, and we saw the impact of health outcomes on an international basis. Our supply chain was significantly disrupted as a result of the pandemic and remains so as manufacturing and distribution challenges continue. Different philosophies and political ideologies, approaches and resources to support public health, such as hospital and healthcare worker capacity, quarantining, masking, vaccination and testing made managing a global pandemic challenging.

Trinity Health has built on collaboration across our system in a way that advances common platforms, strengthens our commitment to community health and public policy reform, standardizes clinical protocols and best demonstrated practices, advances diversity, equity and inclusion, and solidifies our supply chain to reduce unwarranted variation, which lowers cost and improves safety.

We have made some progress, but as Robert Frost wrote: "… I have promises to keep, and miles to go before I sleep." As individuals and as a collective, much is needed to transform from medical care services to health for the people and communities we serve. A commitment to serve the common good is essential for us as a nation and as a global citizen if we believe in our higher purpose as members of this planet. This higher purpose—the health of people and communities—must be our promise to keep. ▲

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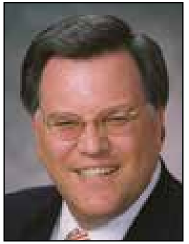

Carson F. Dye, FACHE

Kathleen L. Forbes, MD, CPE, FAAFP

Physician Leaders: Needed (Now)!

They need to be committed and well-trained.

The catchphrase in the headline likely creates all kinds of opinions for healthcare leaders—physician or not. Increasingly, almost all agree that more physician leaders are needed. It is not enough to simply have a single CMO in most organizations. Furthermore, there is a need for physician leaders who are still full-time clinicians. Physician leaders can improve quality, control costs, drive strategic partnerships and enhance many facets of organizational life. They can guide efforts to enhance wellness and boost engagement. And more healthcare organizations are adding physician leaders at different levels and with varied responsibilities. With the rapid increase in the number of physician leaders, different roles and assignments have grown and moved past the traditional CMO position.

As physician leader positions and responsibilities evolve, several issues merit attention.

Most physicians enter their leadership roles later in their careers. Most physician leaders are in their mid-to-late 40s by the time they take their initial leadership positions. Moreover, by that time, new physician leaders are less likely to accept feedback on interpersonal styles or how they are perceived because they are used to being evaluated primarily on organizational parameters of success, not personal ones. They can often lack the perceptive self-awareness needed by exceptional leaders.

The physician who runs the day-to-day management of the cardiac catheter lab requires a different skill set, one largely focused on operational tactics, than the physician who is in charge of a large employed medical group, which is a highly strategic perspective.

Physicians' decision-making process differs from organizational leadership's. A great example of this difference is "V" thinking versus "W" thinking. Clinicians gather information and data with the goal of coming to a single best decision (the diagnosis), using algorithmic logic. This is best represented by a V-shaped visual. In contrast, organizational leaders gather information and data—and opinions—but often come to two or more alternatives. This can be portrayed by a W-shaped visual. Decisions are often created with waves of collaborative debate and input. This can greatly frustrate the new or even seasoned physician leader.

Most physicians have had no formal leadership education. Although this is beginning to change, most medical schools have no leadership courses. Physicians moving into leadership roles need fundamental leadership training and development. Furthermore, this requires more than just didactic educational programs. Opportunities for experiential learning are essential. A long-recognized concept called the 70-20-10 rule suggests that leaders learn 70% of their knowledge from challenging job-related experiences and assignments ("doing it"), 20% from interactions with others ("doing it with others"), and 10% from formal coursework

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and training ("hearing it"). Physician leadership programs should provide opportunities to do meaningful real-world projects and extensive work with others.

Tactical versus strategic matters. Leadership in healthcare requires both the ability to deal with immediate issues and to consider longer-range strategic matters. Some physician leaders can reach swift solutions in 10-15 minutes, while others can excel in dealing with matters such as a five-year strategy. Some can do both. Recognition of this, as well as about how this differs based upon the level of leadership, is important in assigning physicians to certain leadership functions. For example, the physician who runs the day-to-day management of the cardiac catheter lab requires a different skill set, one largely focused on operational tactics, than the physician who is in charge of a large employed medical group, which is a highly strategic perspective.

What Can Organizations Do?
There are five things organizations can focus on to strengthen their physician leadership strategy.

1. ***Use Role Prescriptions***
   Organizations often rely solely on job descriptions, which simply provide physician leaders with a list of job duties. Much more complex and expansive than job descriptions, role prescriptions provide a broader view of what the physician leader is to be (rather than just what to do). Roles encompass how their actions add value to the organization. Examples include "serve as the champion for quality" or "build the physician enterprise."

2. ***Provide and Encourage Leadership Education***
   Educational programs help broaden the physicians' knowledge of healthcare policy, finance, law and administration but also give physicians leadership concepts. Many organizations have found that providing in-house programs of education are cost effective, can reach more physician leaders (or potential leaders), and give recognition that there is a wider cadre of leaders in the organizations than just a single CMO or medical staff officer. Other organizations support clinicians using their professional organizations for professional development, which may provide a deeper learning experience.

3. ***Provide Exposure to Interpersonal Styles, Perceptions***
   Self-awareness is critical to effective leadership. Emotional intelligence training, for instance, can help physician leaders learn to understand their own emotions and the emotions of others and how to manage these emotions. Apply coaching early if the leader is new to the role or organization to set the physician leader up for success and provide the necessary feedback.

4. ***Provide Mentoring Opportunities***
   As organizations develop a cadre of physician leaders, some of these individuals can serve as mentors to peers just starting their leadership journeys. Physicians are often eager to learn from other physicians, and leadership is one area in which mentors can be useful.

5. ***Support an Array of Physician Leaders***
   It is important to recognize that all different types of physician leaders are needed. This includes physicians who will remain full-time clinicians and focus on certain leadership aspects relative to a specific effort or service, and the physician who will serve as a full-time healthcare executive absent clinical practice. Provide support and training for these different demands.

"Physician Leaders: Needed (Now)!"
Likely more than ever! Traversing the recent pandemic along with clinical staffing challenges, physician burnout, and the ever-changing clinical care model requires committed and well-trained physician leaders—and many of them. Setting up those physician leaders for success requires actively addressing the stumbling blocks inherent in healthcare organizations today and offering leadership development opportunities. ▲

Carson F. Dye, FACHE, is president/CEO, Exceptional Leadership LLC (carson.dye@gmail.com), and Kathleen L. Forbes, MD, CPE, FAAFP, is executive vice president and COO, Academic Group, Methodist Le Bonheur Healthcare, Memphis , Tenn. (kathleen.forbes@mlh.org), and an ACHE Member. Dye and Forbes are also ACHE faculty and teach the program "The Art and Principles of Physician Leadership and Engagement."

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ACHE MEMBER UPDATE

Finley Installed as 2023–2024 ACHE Chair

Finley

Delvecchio S. Finley, FACHE, president, Atrium Health Navicent, Macon, Ga., assumed the office of Chair of the American College of Healthcare Executives March 18 at the Council of Regents Meeting preceding ACHE's 66th Congress on Healthcare Leadership. He received the gavel from outgoing Chair Anthony A. Armada, FACHE, executive vice president and chief transformation officer, Generations Healthcare Network, Lincolnwood, Ill.

As Chair, Finley will serve the second part of a three-year term preceded by serving as Chair-Elect and followed by serving as Immediate Past Chair.

Board certified in healthcare management as an ACHE Fellow, Finley served as an ACHE Governor from 2018 to 2021; as an ACHE Regent for California—Northern & Central, from 2007 to 2010; and on many ACHE committees. In 2014, he received the Robert S. Hudgens Memorial Award for Young Healthcare Executive of the Year.

Before Finley assumed his current role in 2021, he was CEO, Alameda Health System, Oakland, Calif., from 2015 to 2020; CEO, LA County/Harbor–UCLA Medical Center, Torrance, Calif., from 2011 to 2015; vice president, Operations–Support and Professional Services, California Pacific Medical Center, San Francisco, from 2010 to 2011; interim COO, Laguna Honda Hospital and Rehabilitation Center, San Francisco, in 2009; and hospital associate administrator, Diagnostic and Support Services, Zuckerberg San Francisco General Hospital and Trauma Center, from 2006 to 2009. From 2003 to 2006, he worked for the University of California, San Francisco, in various positions: administrative director, HIV/AIDS Division (2005 to 2006); division administrator, Occupational and Environmental Medicine (2004 to 2005); and division administrator, Hematology/Oncology (2003 to 2005).

In addition to his service to ACHE, Finley serves as a board member for the Central Georgia Health Network, Georgia Chamber of Commerce, Georgia Hospital Association, Georgia Research Alliance, Navicent Health Foundation, NewTown Macon, Secure Health, Vizient Southern States and on the Executive Committee of the Georgia Alliance of Community Hospitals. He also serves as a member of the Council on Healthcare Spending and Value for *Health Affairs*. His prior board experience includes the American Hospital Association, California Hospital Association, California Association of Public Hospitals and the Essential Hospitals Institute.

He is the recipient of numerous awards and commendations. In 2015, *Modern Healthcare* recognized him through its "Up & Comers" program, and in 2016, named him one of its "Diversity Leaders to Watch." He was also named in 2015 to *Becker's Hospital Review*'s "Top 25 Healthcare

In Memoriam

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

Mark Dame, EdD, FACHE
Westfield, Ind.

Loretta D'Antonio
Chicago

Richard W. Ellison, MD
Luxemburg, Wis.

Jay L. Gandy, FACHE
Anchorage, Alaska

James B. Poindexter III, FACHE
Shenandoah Junction, W.Va.

Timothy D. Stettheimer, PhD, FACHE
Birmingham, Ala.

Roger W. Weseli, JD, FACHE
Cincinnati

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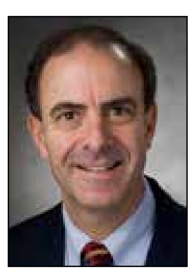
Leaders Under 40" list, and in 2021, *Modern Healthcare* recognized him again, naming Finley one of the "Top 25 Diversity Leaders in Healthcare." In 2022, he was included on *Georgia Trend* magazine's "GEORGIA 500" list of the state's most influential leaders. Additionally, Finley has received ACHE's Service Award (2008), Distinguished Service Award (2011) and Exemplary Service Award (2014) through ACHE's Recognition Program, and a Senior-Level Healthcare Executive Regent Award from ACHE in 2007.

Finley earned a Master of Public Policy from Duke University's Sanford Institute of Public Policy, Durham, N.C.; a bachelor's degree in chemistry from Emory University, Atlanta; and a graduate certificate in Health Policy, Law and Management from Duke University. In 2008, he was a fellow of the National Association of Public Hospitals and Health Systems, and from 2009 to 2012, Finley was a fellow of the Change Agent Program for the UCSF Center for Health Professions.

Santulli Elected 2023–2024 ACHE Chair-Elect



Santulli

William P. Santulli, FACHE, president, Advocate Health–Midwest Region, Downers Grove, Ill., has been elected the 2023–2024 ACHE Chair-Elect. Santulli took office March 18.

As Chair-Elect, Santulli will serve the first part of a three-year term followed by serving as Chair and Immediate Past Chair.

Board certified in healthcare management as an ACHE Fellow, Santulli served as an ACHE Governor from 2020 to 2023 and has served, and continues to serve, on several ACHE committees.

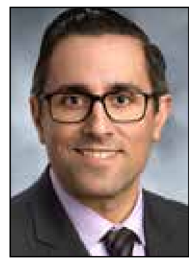
A leader with an Advocate Health predecessor organization for 21 years, Santulli previously served as COO of Advocate Aurora Health, Downers Grove, Ill., from 2018 to 2022; executive vice president and COO, Advocate Health Care, Oak Brook, Ill., from 2003 to 2018; and CEO, Advocate Good Samaritan Hospital, Downers Grove, Ill., from 2001 to 2003. Prior to joining Advocate Health, he was COO of the New England Medical Center's Academic Medical Center, Boston, from 1999 to 2001; COO (1996 to 1999) and senior vice president (1992 to 1996), Central Iowa Health System, Des Moines; vice president, Valley Hospital Medical Center (UniHealth America), Van Nuys, Calif., from 1989 to 1992; and assistant vice president, Good Samaritan Community Healthcare, Puyallup, Wash., from 1985 to 1988. Earlier in his career, he was an administrative fellow, Healthwest Foundation, Chatsworth, Calif., from 1984 to 1985, and an administrative resident, Metropolitan Medical Center, Minneapolis, from 1983 to 1984.

In addition to his service to ACHE, Santulli serves on the boards of Moving Analytics and Renovo Solutions. Previously, he served as chair of the Illinois Hospital Association and on the boards of Chicago United, the Illinois Chamber of Commerce, the Des Moines and Los Angeles chapters of the American Red Cross, and the YMCA of Boston, Des Moines and Los Angeles. In 2022, Santulli received the Service Award through ACHE's Recognition Program.

Santulli received a master's degree in healthcare administration from the University of Minnesota and a master's degree in sociology and health services research from the University of Florida. He also received a bachelor's degree in sociology from the University of Notre Dame.

Lanni, Larson-Pollock, Roesch and Torres Elected ACHE Governors

Four ACHE Fellows were elected to serve three-year terms on ACHE's Board of Governors. Each took office March 18.



Lanni

Thomas B. Lanni Jr., FACHE, president, Corewell Health Beaumont Hospital, Troy (Mich.), served as the ACHE Regent for Michigan & Northwest Ohio from 2020 to 2023 and on numerous committees.

Prior to his current position, he served as COO, Beaumont Hospital, Dearborn (Mich.), from

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ACHE MEMBER UPDATE

2018 to 2023. Earlier, Lanni was vice president of oncology, medicine, imaging, physical medicine and rehabilitation, and respiratory therapy (2012 to 2018); administrative director (2010 to 2012); and business manager for the radiation oncology department (2007 to 2010) at Beaumont Hospital, Royal Oak (Mich.) and Beaumont Health, Troy (Mich.).

In addition to his service to ACHE, Lanni serves on the board of directors for the Leaders Advancing and Helping Communities and on the finance committee of Leadership Oakland. He also is an adjunct professor at the Oakland University William Beaumont School of Medicine.

In 2012, Lanni received Beaumont's "Rising Star Leader Award," and in 2014, he was recognized as an "L. Brooks Patterson Elite 40 Under 40" awardee. He also received a Service Award through ACHE's Recognition Program in 2021.

Board certified in healthcare management as an ACHE Fellow, Lanni earned a Master of Business Administration from Walsh College and a bachelor's in chemistry from the University of Michigan.

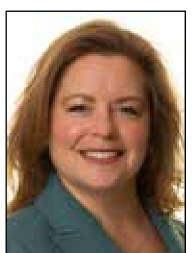
Larson-Pollock

Karin Larson-Pollock, MD, FACHE, chief, outcomes analytics, and chief quality officer, North Division (Western Washington and Alaska), Providence, Seattle, served as the ACHE Regent for Washington from 2020 to 2023 and on various committees.

Previously, Larson-Pollock served as chief quality officer, Providence–Puget Sound Region, Seattle, from 2022 to 2023, and chief quality and analytics officer (2017 to 2022), senior director of value analytics and care systems (2015 to 2017) and as an independent consultant (2012 to 2015) for Providence Regional Medical Center Everett (Wash.). Earlier, she held various leadership roles with Houston Methodist Hospital, including vice president, operations (2007 to 2011), executive director, Strategic Planning and Women's Services (2006 to 2007), project director for the executive vice president (2006), vice president, operations (2004 to 2007) and administrative fellow (2004 to 2005).

She has received several awards over the years, including the Exemplary Service Award (2022), the Distinguished Service Award (2018) and the Service Award (2013) through the ACHE Recognition Program, and the ACHE Senior-Level Regent Award (2015).

Board certified in healthcare management as an ACHE Fellow, Larson-Pollock earned a medical degree from Northwestern University Medical School, a Master of Business Administration from Northwestern's Kellogg School of Management and a bachelor's degree in business administration/marketing with a minor in German from the University of Montana. Between pursuing her graduate and undergraduate studies, Larson-Pollock served as a small business adviser with the U.S. Peace Corps in Kenya. In 2020, she received a certificate in business analytics from Harvard University's Business Analytics Program, graduating with distinction. She is also an alumna of the Institute for Healthcare Improvement Chief Quality Officer Forum.


Roesch

Frances C. Roesch, FACHE, director, Administration, Department of Obstetrics and Gynecology, Faculty of Health Sciences, McMaster University, Hamilton, Ontario, Canada, and business manager, Hamilton Obstetrics and Gynecology Associates, served as the ACHE Regent for Canada from 2020 to 2023 and has served on numerous committees. She was also the Stuart A. Wesbury Jr. Postgraduate Fellow at ACHE from 1998 to 1999.

Before joining McMaster University in 2019, she was executive director and privacy officer, Queen Square Doctors, Brampton, Ontario, from 2016 to 2018, and senior program associate, The Change Foundation, Toronto, from 2015 to 2016. From 2011 to 2014, Roesch was director, Medical Affairs, at Joseph Brant

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Official Notice for the 2023–2024 Council of Regents Elections

This official notice serves as the beginning of the election process to select new Regents to serve on the American College of Healthcare Executives' Council of Regents, the legislative body that represents ACHE's more than 48,000 members. Service as a Regent is a unique opportunity to exercise your leadership ability, share innovative ideas and support the mission of ACHE.

All Fellows who wish to run for election must submit an electronic letter of intent to elections@ache.org by Sept. 15, 2023. If you submit your letter of intent and you haven't received confirmation by Sept. 18, 2023, contact Nate Muckley at nmuckley@ache.org.

Please visit **ache.org/RegentElection** for more details.

Please note:

- To be an eligible Regent candidate, Fellows must work and reside in the Regent area they would represent.
- Elected Regents will serve a three-year term on the Council of Regents beginning at the close of the March 2024 Council of Regents meeting during ACHE's Congress on Healthcare Leadership.

For additional information about Regent responsibilities and eligibility, please contact Jennifer L. Connelly, FACHE, CAE, at (312) 424-9320 or jconnelly@ache.org.

ELECTIONS WILL BE HELD IN THE FOLLOWING JURISDICTIONS:

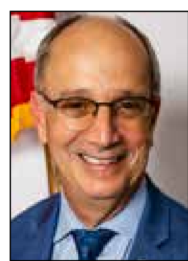
Alabama
Canada
Delaware
District of Columbia & Northern Virginia
Hawaii/Pacific
Idaho
Illinois—Central & Southern
Kansas
Louisiana
Massachusetts
Montana
Nevada
New Hampshire
New Mexico & Southwest Texas
Oklahoma
Oregon
Texas—Northern
Utah
Vermont
Wisconsin

ACHE MEMBER UPDATE

Hospital, Burlington, Ontario. She held the position of director, Medical Affairs and Medical Recruitment, Chatham-Kent (Ontario) Health Alliance, from 2007 to 2011, and medical recruiter, Brant Community Healthcare System, Brantford, Ontario, from 2002 to 2007. Earlier in her career, she was editor/assistant editor, Illinois State Medical Society, Chicago, from 2000 to 2002.

In addition to her service to ACHE, Roesch serves as the treasurer of the board of directors of the De dwa da dhes nye>s Aboriginal Health Centre, and she is a member of the Capital Committee. She is also a member of the Canadian College of Health Leaders and was a founding member and treasurer of the board of directors of the Canadian Association of Staff Physician Recruiters. Through ACHE's Recognition Program, she has received the Service Award (2013), Distinguished Service Award (2018) and the Exemplary Service Award (2021).

Board certified in healthcare management as an ACHE Fellow, Roesch earned a master's degree in health administration from the University of Memphis, Memphis, Tenn., and a bachelor's degree in public relations from Mount Saint Vincent University, Halifax, Nova Scotia, Canada. She also holds a certificate in health law from Osgoode Hall Law School, York University, Toronto.


Torres

Solomon A. Torres, FACHE, deputy executive director/COO, Brookdale University Hospital Medical Center, New York City, served as the ACHE Regent for New York—Metropolitan New York, from 2016 to 2019 and on several committees.

Before he joined Brookdale Hospital Medical Center in 2021, Torres served as interim COO, St. Christopher's Hospital for Children, Philadelphia, from 2019 to 2021. Earlier in his career, he held various senior leadership roles at several major academic medical centers in New York including NewYork-Presbyterian, New York University Winthrop Hospital (now called NYU Langone Hospital), Mount Sinai Beth Israel and Northwell Health Long Island Jewish Medical Center. He launched his career at the Jacobi Medical Center and also held a leadership position at Columbia University Irving Medical Center.

In addition to his service to ACHE, Torres is an assistant professor in the School of Population Studies at Hofstra University, where he teaches healthcare leadership in the graduate program. He is also a member of the New York-based Healthcare Executives Club, where he serves on the executive committee as a member-at-large.

Torres has received several awards from ACHE during his career: the Early Careerist Regent Award (1998), the Senior Careerist Regent Award (2007) and the Service Award (2017) through ACHE's Recognition Program.

Board certified in healthcare management as an ACHE Fellow, Torres earned his MPA from the Wagner School of New York University and his bachelor's from Rutgers University, where he was named the Outstanding Male Graduate of his class. He also holds a valid long-term care license.

ACHE Welcomes New Regents

Twenty-eight healthcare executives have been elected to serve three-year terms as Regents and four have been appointed to serve as Regents-at-Large for Districts 1, 4, 5 and 6. The Regents took office March 18 at the Council of Regents Meeting preceding ACHE's 66th Congress on Healthcare Leadership. In addition, four Regents were appointed to represent members on an interim basis in Alabama, Canada, Illinois—Central & Southern, and Vermont.

The elected Regents will represent ACHE members in their respective jurisdictions; Interim Regents and Regents-at-Large will serve until the next election can be held. All individuals are board certified in healthcare management as ACHE Fellows.

Following are the new Regents and Regents-at-Large listed by the jurisdictions they represent:

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Communities, Forums and Networks

Enhance your membership through our multiple networking groups. Visit **ache.org/Membership** to learn more.

Asian Healthcare Leaders Community
For individuals interested in the distinct opportunities and issues of Asian American healthcare executives.

LGBTQ+ Healthcare Leaders Community
For members who wish to work toward enhancing representation of lesbian, gay, bisexual, transgender and queer healthcare executives and quality care for LGBTQ+ individuals.

Physician Executives Community
For physicians currently in a management role or transitioning into one soon, connect directly with peers in real time to network, ask questions and share resources.

Healthcare Consultants Forum*
This unique platform for healthcare consultants, at any level, offers the opportunity to advance skills and expertise, understand changing client needs, and grow business.

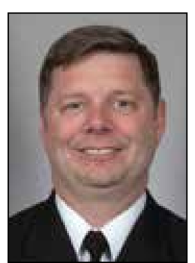
CEO Circle*
A community exclusively for CEOs to exchange ideas, share best practices and gain valuable resources to further support them and their endeavors.

This group requires an additional membership fee.

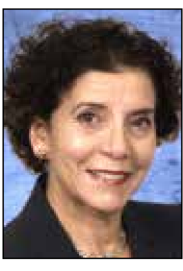
ACHE MEMBER UPDATE

Allard

Antrum

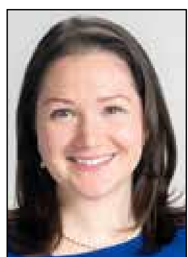

Bly

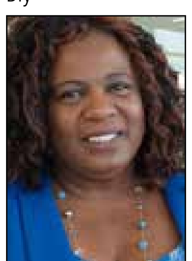
Carter-Robertson


Cirne-Neves

Dickson

Durand


Finneran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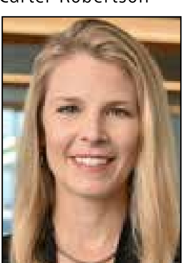
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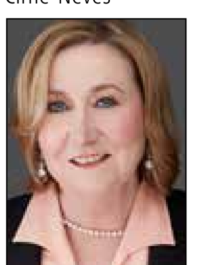
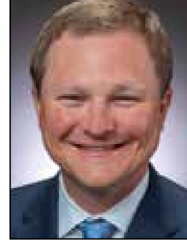

Kassab

Kelly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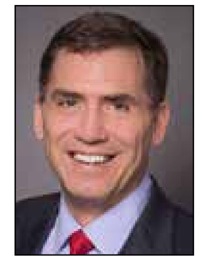
Leech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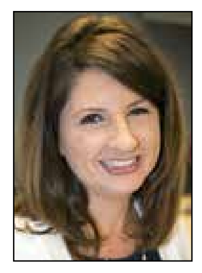
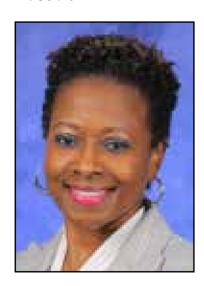

Maxey-Kohn


Miliner

Alvarado Noriega

Alabama: Robert E. Leech, FACHE (Interim Regent)

Arizona: E. Janie Oakley, FACHE

Army: COL Donald W. Sexton, PhD, FACHE

California—Southern: Tricia S. Kassab, EdD, RN, FACHE

Canada: Kareen A. Hall, FACHE (Interim Regent)

Colorado: Nicole L. Schell, FACHE

Florida—Northern and Western: Wesley Marsh, FACHE

Georgia: John Kueven, FACHE

Illinois—Central & Southern: Lexie Schwartz, FACHE (Interim Regent)

Maryland: Conan Dickson, PhD, FACHE

Michigan & Northwest Ohio: Kira M. Carter-Robertson, FACHE

Minnesota: David F. Walz, RN, FACHE

Mississippi: Kina L. White, DrPH, FACHE

Missouri: Mariellena Sudak, DHA, FACHE

Navy: LCDR Richard J. Bly, FACHE

Nebraska & Western Iowa: Karen Kliment Thompson, FACHE

New Jersey—Northern: Ceu Cirne-Neves, FACHE

New York—Northern and Western: Meghan E. Finneran, FACHE

North Carolina: Vi-Anne Antrum, DNP, RN, FACHE

North Dakota: Daniel R. Kelly, DHA, FACHE

Ohio: Krista C. Maxey-Kohn, FACHE

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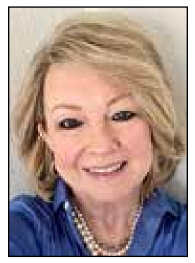
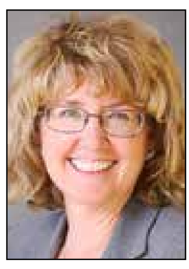

Oakley

Panlasigui

Gonzalez Parilla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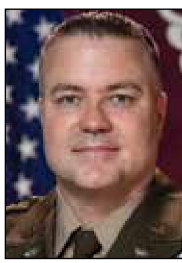
Schell

L. Schwartz

K. Schwartz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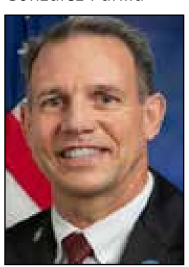
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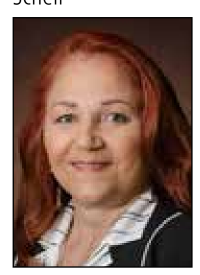
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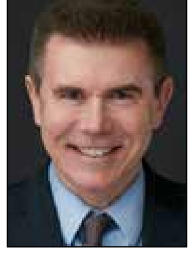
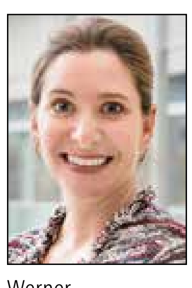
Kliment Thompson

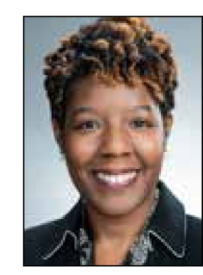

Tortorella

Turner

Walz

Watson


Werner


White

Pennsylvania: Mona E. Miliner, FACHE

Pennsylvania—Southeast & Southern New Jersey: Danielle J. Werner, FACHE

Puerto Rico: Rafael S. Alvarado Noriega, FACHE

Rhode Island: Crista F. Durand, FACHE

South Carolina: Karen G. Schwartz, FACHE

Tennessee: Timothy A. Slocum, FACHE

Texas—Southeast: Frank R. Tortorella, FACHE

Vermont: Kelly O. Watson, DNP, FACHE (Interim Regent)

Virginia—Central: Joanne M. Inman, FACHE

Washington: Andrea Z. Turner, FACHE

Wyoming: Robin A. Roling, FACHE

Regent-at-Large, District 1: Astrid Gonzalez Parilla, OTD, FACHE

Regent-at-Large, District 4: James R. Allard, DNP, RN, FACHE

Regent-at-Large, District 5: Bonnie J. Panlasigui, FACHE

Regent-at-Large, District 6: John W. Sharpe, FACHE

For additional information about these representatives, visit **ache.org/Regents**.

ACHE Call for Nominations for the 2024 Slate

ACHE's 2023–2024 Nominating Committee is calling for applications for service beginning in 2024.

ACHE Fellows are eligible for the Chair-Elect and Governor vacancies and are eligible for the Nominating Committee vacancies within their districts.

Those interested in pursuing

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ACHE MEMBER UPDATE

applications should review the candidate guidelines for the competencies and qualifications required for these important roles. Open positions on the slate include:

- Nominating Committee Member, District 1 (two-year term ending in 2026).
- Nominating Committee Member, District 4 (two-year term ending in 2026).
- Nominating Committee Member, District 5 (two-year term ending in 2026).
- Four Governors (three-year terms ending in 2027).
- Chair-Elect.

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

- **District 1**: Canada, Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont.
- **District 4**: Alabama, Arkansas, Kansas, Louisiana, Mississippi, Missouri, New Mexico, Oklahoma, Tennessee, Texas.
- **District 5**: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington, Wyoming.

Candidates for Chair-Elect and Governor should submit an application to serve that includes 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.

Candidates for the Nominating Committee should only submit 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 and must be received by July 28. All correspondence should be addressed to Carrie Owen Plietz, 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 2023–2024 Nominating Committee was held March 21 during the 2023 Congress on Healthcare Leadership in Chicago. During the meeting, the Nominating Committee conducted an orientation session for potential candidates regarding the nominating process. Immediately following the orientation, an open forum was held for ACHE members to present and discuss their views of ACHE leadership needs.

Following the July 28 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. 29, and candidates for Chair-Elect and Governor will be interviewed in person Oct. 19.

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.

Healthcare Executive Is Online

For timely articles at your fingertips, visit HealthcareExecutive.org

HEALTHCARE EXECUTIVE
Untangling Healthcare's Workforce Challenges

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PEOPLE

Modern Healthcare Recognizes Bowen Among 'Top Women Leaders' for 2023

ACHE is proud to announce that its President/CEO Deborah J. Bowen, FACHE, CAE, has been recognized by *Modern Healthcare* magazine as one of the "Top Women Leaders" for 2023. This prestigious recognition program acknowledges and honors women from all sectors of the healthcare field for their contributions to care delivery improvement, health equity, policy and gender equity in healthcare leadership. Bowen was one of several honorees who also received *Modern Healthcare*'s "Top 25 Women Leaders' Luminary Award," created to honor women who have made outstanding, sustained contributions to healthcare. They are perennial members of the "Top 25" list and have a proven track record of advancing the careers of other prospective leaders.

All of the honorees are featured in the Feb. 20 issue of *Modern Healthcare* magazine and online at ModernHealthcare.com/topwomenexecs.

Two ACHE Members Receive Baldrige Foundation National Leadership Awards

The Baldrige Foundation presented two members with National Leadership Awards during the 34th annual Quest for Excellence Conference near Washington, D.C., April 4. **Janet A. Wagner**, CEO, Sutter Health Mill-Peninsula Medical Center, Burlingame, Calif., was one of 11 recipients of the 2023 Foundation Awards for Leadership Excellence. These awards recognize leaders in the business, nonprofit, government, healthcare, education and cybersecurity sectors who provide exceptionally outstanding support to Baldrige and the foundation's mission. **Lewis W. Marshall Jr., MD, JD, FACHE**, CMO, NYC Health + Hospitals/Lincoln Hospital, New York City/affiliate dean and assistant clinical professor of Medicine, Weill Cornell Medicine at Lincoln, New York City, was one of two recipients of the 2023 Dr. Curt Reimann Baldrige Scholarship, which is given to assist graduate students or recent graduates in attending Baldrige examiner training.

To learn more about the Baldrige Foundation National Leadership Awards, visit baldrigefoundation.org.

ACHE Member Receives AHA Rural Hospital Leadership Team Award

Ruby Kirby, CEO, West Tennessee Healthcare Bolivar (Tenn.) General Hospital, was awarded the American Hospital Association's 2022 Rural Hospital Leadership Team Award. The award recognizes small or rural hospital leaders who guide their hospital and community through change and innovation. The awardees display outstanding leadership, responsiveness to their community's health needs and a collaborative process that has led to measurable outcomes. The award was presented during AHA's 36th annual Rural Health Care Leadership Conference held Feb. 19–22 in San Antonio.

ACHE STAFF NEWS

ACHE Announces New Hires and Promotions

Cristina Cuevas promoted to events coordinator, Professional Development, Department of Learning, from senior customer service representative, Customer Service Center, Department of Executive Engagement.

Matthew M. Fernandez welcomed as marketing specialist, Department of Communications and Marketing.

Steven M. Harris promoted to director, information technology, Department of Information Technology, from assistant director, applications.

Caitlin E. Stine promoted to communications editor, Department of Communications and Marketing, from content marketing specialist.

Lori A. Trusiak welcomed as senior project manager, Executive Office.

Elizabeth Villagomez promoted to data analyst, Research, Executive Office, from research coordinator.

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The American College of Healthcare Executives Board of Governors met March 17 and March 20 to discuss 2023 work plans for ACHE and the Foundation of ACHE. The following are highlights from both meetings.

During the March 17 Board of Governors meeting, ACHE's four new Governors and Chair-Elect (see Page 54 for more information) were welcomed ahead of their official installation into their new roles during the March 18 Council of Regents meeting. The Board also expressed its gratitude for the service and leadership of the outgoing Governors and Immediate Past Chair.

2023 Congress on Healthcare Leadership

The Board received an update on the 2023 Congress on Healthcare Leadership. Notable trends include that nearly a quarter of the attendees held C-suite roles and the Executive Flex Pass option was a popular offering. Congress attendance included substantial growth in participation by clinical leaders, a sizable increase by new Fellows participating in Convocation and greater participation from District 6, which includes members of the U.S. armed forces and Veterans Affairs. During the meeting, it was also noted that there was high visibility of the Congress agenda across ACHE's social media channels.

Business Summary

The Board received and approved strategic and operational updates, including a report of operations with results of the 2022 corporate performance objectives, the preliminary and unaudited financial statements as of Dec. 31, 2022, an investment summary report and select annual committee reports.

The Board also received and approved reports on:

- The final 2023 corporate performance objectives, levels and weights.
- Revisions to the bylaws of ACHE and the Foundation of ACHE, which included the addition of Board members to the Ethics Committee and a description of the makeup of the Audit Committee.
- Revisions to the *ACHE Regulations Governing Admission, Advancement, and Recertification*, which created alignment with the new education policy requirements and streamlined certain terminology.

2024–2025 Strategy Kick-Off

ACHE operates on a three-year strategic planning cycle, and in 2023—the second year of the cycle—the Board confirmed the direction of the 2023–2025 Strategic Plan. Anticipating the deep dive into the strategic plan that will take place during the third year of the planning cycle, the Board kicked off its planning process for 2024–2025. The 2023–2025 Strategic Plan is focused on the execution and monitoring of four key endeavors: technology acceleration; next-level diversity, equity and inclusion strategy; chapter partnerships; and the FACHE® credential campaign. The actions associated with these endeavors are designed to advance ACHE's vision of being the preeminent professional society for leaders dedicated to advancing health.

During the meeting, the Board also reviewed the following strategic imperatives:

Technology Acceleration Plan: In our role as **Trusted Partner**, ACHE is accelerating the use of technology with the goal of creating an unparalleled digital experiences for leaders. A future technology blueprint that includes reengineered business and core platforms, such as customer relationships management software, and website redevelopment, will be necessary to drive the transformation. ACHE is working to structure the technology acceleration plan so that it will be implemented in stages.

In the near term, a number of enhancements to search and navigation functions on **ache.org** are ready to be implemented, including updated formats and improved tools.

Next-Level DEI Strategy: In our role as **Catalyst**, ACHE leads for equity and safety. Patients, as our true north, guide this work. As such, ACHE is exploring various models—not prescriptive solutions—that not only represent a blueprint for total health but also leverage the organization as a resource for leaders wherever they may be in their DEI journey.

ACHE-Chapter Partnership 3.0 Model Update: In our role as **Connector**, ACHE will commit to growing our professional community across the healthcare continuum by leveraging and strengthening our partnerships with

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chapters and other organizations. ACHE has engaged a partner to evaluate the current state of the chapter relationship and model emerging directions. The Board received an update on this work and discussed how it will foster the growth and vitality of our chapters by supporting a robust and seamless experience.

FACHE Leadership Campaign Update: Another element of our role as **Trusted Partner** is to accelerate adoption of board certification in healthcare management as an ACHE Fellow, or the FACHE credential, as the gold standard in healthcare leadership. The Board approved a new marketing campaign designed to communicate and celebrate the value of the credential and grow the ranks of ACHE Fellows. The campaign is expected to launch later this spring.

ACHE Learn Update

The Board received an update on 2023 goals and opportunities for ACHE's publishing arm, Health Administration Press. This multifaceted business line is working to evolve with the changes in publishing and the trend toward digital consumption of content.

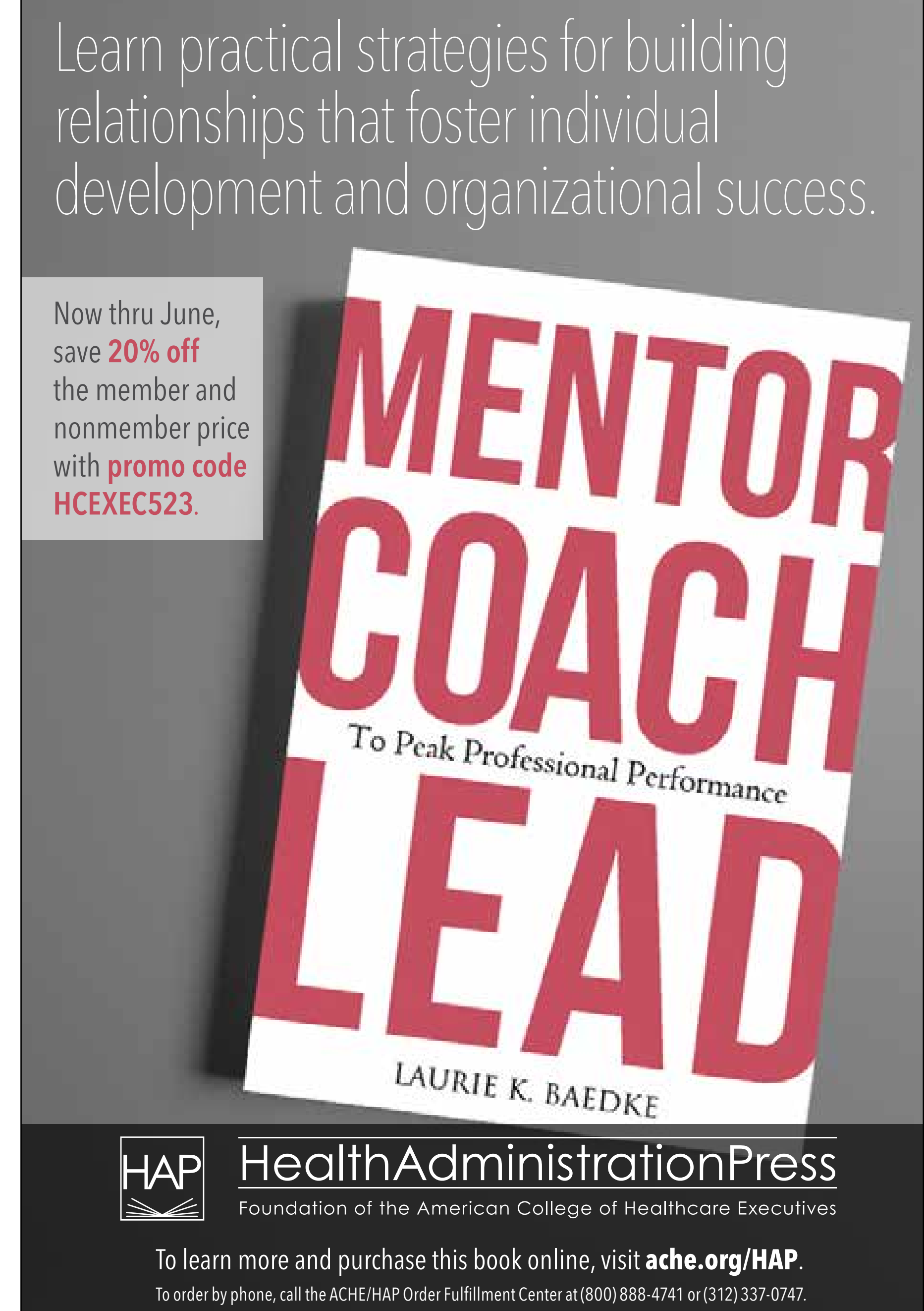
In other Learn updates, ACHE educational offerings this year include the Virtual Leadership Symposium in May and in-person clusters in New York (July); Austin, Texas (October); and Orlando, Fla. (December). Popular offerings, such as the Executive Program, virtual seminars, virtual Board of Governors Exam preparation courses and the virtual Health System Simulation, will also continue.

On March 20, 2023–2024 ACHE Chair Delvecchio S. Finley, FACHE, convened his first Board meeting. Highlights from this meeting include:

Committee Appointments

ACHE's committees represent the work of hundreds of volunteers contributing to the advancement of ACHE's vision, mission and values. The Board approved the appointment of 127 new committee members who will serve alongside 280 continuing members. Particular attention was paid to diversifying the membership of committees by district, gender, race and organization class.

The next Board of Governors meeting is scheduled to take place June 26–27. Highlights of that meeting will be published in a future issue of *Healthcare Executive*. ▲



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

David Beasley, FACHE, CNO, Novant/Kernersville (N.C.) Medical Center, received the Senior-Level Healthcare Executive Award from the Regent for North Carolina.

Mark Boucot, FACHE, CEO, Garrett & Potomac Valley Hospital, Garrett Regional Medical Center, Oakland, Md., received the Population and Rural Health Care Champion Award from the Regent for Maryland.

Evelyn Bowmaster, RN, director, Quality & Patient Safety/Ambulatory Services, GBMC HealthCare, Towson, Md., received the Early Career Healthcare Executive Award from the Regent for Maryland.

Adedolapo S. Busuyi, projects and production coordinator, Marketing & Communications, Vidant Health, Greenville, N.C., received the Early Career Healthcare Executive Award from the Regent for North Carolina.

Todd A. Caliva, FACHE, CEO, HCA Houston Healthcare Clear Lake, Webster, Texas, received the Senior-Level Healthcare Executive Award from the Regent for Texas—Southeast.

Michael J. Darah, chief, Operations & Finance, Internal Medicine, University of Cincinnati, received the Early Career Healthcare Executive Award from the Regent for Ohio.

Desiree Dunston, senior director, Professional & Support Services, Novant Health, Winston-Salem, N.C., received the Exceptional Leadership Award from the Regent for North Carolina.

Evan R. Finkelstein, consultant, ProspHire, Pittsburgh, received the Early Career Healthcare Executive Award from the Regent for Pennsylvania.

Daniel M. Fisher, PhD, assistant professor, healthcare administration, University of North Carolina Wilmington, received the Early Career Healthcare Executive Award from the Regent for North Carolina.

Victor J. Galfano, LFACHE, received the Regent Award from the Regent for Arizona.

Donna Gavin, RN, FACHE, administrator, Neurosciences, Johns Hopkins Bayview Medical Center, Baltimore, received the Senior-Level Healthcare Executive Award from the Regent for Maryland.

Benjamin C. Gonzales, administrative fellow, Geisinger Health, Danville, Pa., received the Outstanding Service Award from the Regent for Pennsylvania.

Keya Gupta, organizational development specialist, Palomar Health, Escondido, Calif., received the Early Career Healthcare Executive Award from the Regent for California—Southern.

Patricia A. Hildebrand, FACHE, executive director and consultant, Hildebrand Healthcare Consulting, Sugar Land, Texas, received the Senior-Level Healthcare Executive Award from the Regent for Texas—Southeast.

Negin Iranfar received the Senior-Level Healthcare Executive Award from the Regent for California—Southern.

Syed S. Jaffery, director, Business Operations/Pharmacy, Phoenix Children's Hospital, received the Regent Award from the Regent for Arizona.

Ian Jasenof, MD, CMO, UI Health/Mile Square Health Center, Chicago, received the Healthcare Leadership Award from the Regent for Illinois—Metropolitan Chicago.

Want to submit?

Send your "On the Move" submission to he-editor@ache.org. Due to production lead times, entries must be received by June 1 to be considered for the September/October issue.

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Karen M. Jenkins, FACHE, vice president, Adena Regional Medical Center, Adena Health System, Chillicothe, Ohio, received the Senior-Level Healthcare Executive Award from the Regent for Ohio.

Dwayne Keeling, oncology software analyst, received the Exceptional Leadership Award from the Regent for North Carolina.

William A. Kenley, FACHE, CEO, AnMed Health System, Anderson, S.C., received the Senior-Level Healthcare Executive Award from the Regent for South Carolina.

Carl H. Kennedy, FACHE, global chief of strategy, Medidata Systems, New York City, received the Early Career Healthcare Executive Award from the Regent for South Carolina.

Ryan J. Koski, director, Pharmacy/ interim director, Radiology, Select Specialty Hospital, Mechanicsburg, Pa., received the Leadership Award from the Regent for Ohio.

Mary Katherine Krause, FACHE, vice president, Communications, College of American Pathologists, Northfield, Ill., received the Healthcare Leadership Regent Award from the Regent for Illinois—Metropolitan Chicago.

Christopher L. LaCoe, DBA, FACHE, vice president, Virtual Health, Penn State Health, Hershey, Pa., received the Senior-Level Healthcare Executive Award from the Regent for Pennsylvania.

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Xiao Li, PhD student, Houston, received the Early Career Healthcare Executive Award from the Regent for Texas—Southeast.

Carmina Mares, attorney, Case Western Reserve University, Cleveland, received the Outstanding Service Award from the Regent for Ohio.

Paul McCleary, vice president, Strategic Partnerships, PAM Health, Enola, Pa., received the Partnership Award from the Regent for Texas—Southeast.

Kelvin Monroe, community hospital CFO, North Mississippi Health Services, Tupelo, Miss., received the Early Career Healthcare Executive Award from the Regent for Mississippi.

Minna Montgomery, director, Business Development and Strategy, University of Minnesota, Minneapolis, received the Early Career Healthcare Executive Award from the Regent for Minnesota.

Stephen J. Mrozowski, FACHE, senior director, patient safety and high reliability, Cleveland Clinic, received the Leadership Award from the Regent for Ohio.

David D. Muggli, RN, FACHE, CEO, Select Specialty Hospital–Cincinnati North, received the Outstanding Service Award from the Regent for Ohio.

Lydia Isabel Napa, HR operations analyst, Scripps Health, San Diego, received the Early Career Healthcare Executive Award from the Regent for California—Southern.

Christina P. Orr, assistant medical center director, Milwaukee VA Medical Center, received the Diversity Award from the Regent for Veterans Affairs.

Jennifer M. Reyes, director, Patient Navigation Center, Neighborhood Healthcare, Escondido, Calif., received the Senior-Level Healthcare Executive Award from the Regent for California—Southern.

Matt Rusch, vice president, revenue cycle, Akron (Ohio) Children's Hospital, received the Outstanding Service Award from the Regent for Ohio.

Patrick J. Sauer, FACHE, CMPE, innovation lead and business engagement, Optum/UHG-Innovation & RD, Eden Prairie, Minn., received the Senior-Level Healthcare Executive Award from the Regent for Army.

Aubrianna Schumacher, operations analyst, UC San Diego Health, received the Early Career Healthcare Executive Award from the Regent for California—Southern.

Huma Shah, DrPH, FACHE, program director, MHA, Loma Linda (Calif.) University, Center for Strategy & Innovation, received the Senior-Level Healthcare Executive Award from the Regent for California—Southern.

Patrick C. Simonson, FACHE, vice president, Interim Healthcare Leader Team, EBM Group Advisors, received the Leadership Award from the Regent for Pennsylvania—Southeast & Southern New Jersey.

Catherine C. Sinardi, EdD, director, Healthcare Administration Programs, Concordia University Irvine (Calif.), received the Senior-Level Healthcare Executive Award from the Regent for California—Southern.

Scott Suckow, FACHE, system director, Language & Cultural Services, UCHealth, Aurora, Colo., received the Senior-Level Healthcare Executive Award from the Regent for Air Force.

Raaj M. Talauliker, senior project manager, UCHealth, Aurora, Colo., received the Early Career Healthcare Executive Award from the Regent for Colorado.

Donna M. Tope, director, Support Services, Tampa (Fla.) General Hospital, received the Regent Award from the Regent for Florida—Northern and Western.

Belinda L. Toro, JD, FACHE, CEO, Doctors Center Hospital, San Juan, Puerto Rico, received the Senior-Level Healthcare Executive Award from the Regent for Puerto Rico.

Alisha Wallace-Smith, director, case management program development, Covenant Case Management Services, Matthews, N.C., received the Exceptional Leadership Award from the Regent for North Carolina.

Jonathan Westall, FACHE, vice president, Ancillary Services, MLK Community Hospital, Los Angeles, received the Senior-Level Healthcare Executive Award from the Regent for California—Southern.

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Providing Award-Winning Service

ACHE chapters focus on FACHE® advancement and DEI initiatives.

ACHE chapters are providing opportunities for members to prepare for the Board of Governors Examination in Healthcare Management. Learn about some of the efforts from the past year, along with news about diversity, equity and inclusion initiatives and results from the 2023 Chapter Management and Awards Program.

In 2022, ACHE of North Texas had a goal to become a strong, proactive chapter in the areas of diversity, equity and inclusion and its multiyear journey to create belonging.

Exam Preparation in Missouri

Over 12 weeks last fall, the Missouri Chapter of the American College of Healthcare Executives launched its inaugural Board of Governors Exam Study Group. Hosted virtually, 11 weekly sessions covered each of the 10 knowledge areas, and one week was dedicated to Exam specifics and test-taking tips. Study materials and session recordings were provided to all registrants.

Volunteer Fellows from across the chapter led each session. There were 15 registrants with a dozen, on average, attending each session.

The chapter is thankful to the inaugural class of registrants for making the event successful, affording an opportunity to study and for early careerists to network, build a cohort, grow professionally and be introduced to ACHE Fellow leaders across the state.

Many attendees were scheduled to take the Board of Governors Exam during the months following the course's completion, and the event's coordinators have been optimistic that the chance to study together has been a positive layer in the Exam takers' preparation.

The chapter is especially thankful for the roster of chapter Fellows who did a phenomenal job hosting each of their sessions.

Exam Preparation in Maryland

Maryland Association of Health Care Executives, too, offered its members a Board of Governors Prep Course virtually, a series of 11 sessions to provide in-depth studies for the Exam. The chapter also promoted the program to ACHE's Asian Healthcare Leaders online community to expand the opportunity to advance to Fellow for Asian leaders. It also shared this event with other chapters that are currently not offering an Exam prep course. There were 43 participants, including residents and nonresidents of Maryland, many of whom passed the Exam.

The chapter's leadership also has been diligent with membership efforts led by its membership director. In November, it instituted a "reclaim your membership" drive to call members whose ACHE membership had lapsed and to encourage them to renew. The chapter is pleased to report that its membership has once again increased to more than 1,000 after a brief decline.

DEI Journey in North Texas

In 2022, ACHE of North Texas had a goal to become a strong, proactive chapter in the areas of diversity, equity and inclusion and its multiyear journey to create belonging.

The chapter's DEI journey started in 2016, and in 2022, it revamped the representation of its board leadership and appointed its first Black/Latina president. It also held a DEI-focused strategic planning retreat, integrated DEI goals in all committee work and assembled its first Asian Healthcare Leaders Community of North Texas event. Additionally, its Education Committee partnered with the DEI Committee on a case study focused on disparate impact and underserved communities, and the DEI Committee also started providing a social media posting recognizing heritage and special calendar recognitions.

This year, ACHE of North Texas created a DEI officer role. It also is working on initiatives to be more visible in underserved communities

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and is looking to expand board representation to include a disabled member.

Since 2017, the DEI Committee has grown 170%, to 27 members from 10 in 2022. Additionally, DEI education panel topics have increased 700%, to seven panels in 2022 from one panel in 2017.

Conversations among committee leadership help foster inclusion and success stories in committee work. Committee members are feeling more empowered to make sure their ideas and groups are represented. The chapter sees its DEI efforts as a model for members' own organizations to create a more diverse, equitable and inclusive environment, as well as to deliver more compassionate care to the diverse patient populations they serve.

Congratulations to Our Winning Chapters

At the 2023 Congress on Healthcare Leadership, 16 ACHE chapters received performance awards as part of the Chapter Management and Awards Program. The award-winning chapters were honored during the Malcolm T. MacEachern Memorial Lecture and Luncheon. To receive recognition, chapters must meet or exceed one or more of the four performance standards based on a tiered recognition system.

ACHE uses the information from reports submitted by chapters to calculate the performance standards that must be met for the year. These performance standards are set annually by taking a three-year average of performance at the 90th percentile level for each standard.

Five chapters won the Award of Chapter Distinction; 11 chapters won the Award of Chapter Merit; and five chapters won the Award for Sustained Performance. For a complete listing, visit **ache.org/ChapterManagementAwards**. ▲

To find your chapter, search the chapter directory. 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.

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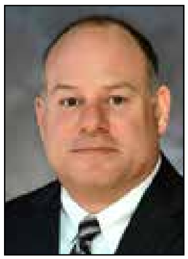
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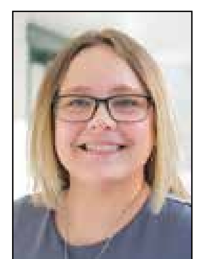
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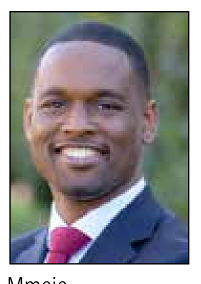
Mmeje

Rounds

David V. Bunch, FACHE, to CEO, Raleigh General Hospital, Beckley, W.Va., from president/chief administrative officer, Cumberland Medical Center, Crossville, Tenn.

Courtnay E. Caufield, DNP, RN, FACHE, to CNO, Cedars-Sinai Marina del Rey Hospital, Los Angeles, from CNO, Providence Saint Joseph Medical Center, Burbank, Calif.

Scarlet Clement-Buffoline, FACHE, to vice president, Operations, Ambulatory and Physician Services, Saratoga Hospital, Saratoga Springs, N.Y., from executive director, Saratoga Hospital Medical Group.

Nancy M. DiLiegro, PhD, FACHE, to CEO/president, Trinitas Regional Medical Center, Elizabeth, N.J., from chief clinical officer/vice president, Clinical Operations and Physician Services.

Jill Fragoso, FACHE, to chief human resources officer, LSU Health New Orleans, from vice president, Human Resources and Administrative Services, Children's Hospital New Orleans.

Shirley A. Gamble, FACHE, to division director, Bayada Home Health–Missouri, Minnesota, Indiana, Moorestown, N.J., from regional director, Operations, Gentiva (formerly Kindred at Home), Atlanta.

Katrina Garcia to director, compliance and onboarding, Emonics, Piscataway, N.J., from compliance manager.

William D. Kiefer, DNP, RN, NEA-BC, to CEO, Ottumwa (Iowa) Regional Health Center, from COO, Canyon Vista Medical Center, Sierra Vista, Ariz.

Rod L. Kornrumpf, FACHE, to CEO/managing director, The Meadows Psychiatric Center, Centre Hall, Pa., from vice president, Behavioral Health Service Line, Luminis Health, Annapolis, Md.

Michael A. Lieb, FACHE, to interim CEO, Arbor Health, Morton, Wash., from the board of Lewis County (Wash.) Hospital District No. 1.

Katie Clark McKinney, PharmD, FACHE, to assistant vice president, Pharmacy, St. Elizabeth Healthcare, Edgewood, Ky., from director, Pharmacy, UC Health, Cincinnati.

Ikenna "Ike" Mmeje, FACHE, to CEO, USC Arcadia (Calif.) Hospital, from COO, MemorialCare Long Beach (Calif.) Medical Center and Miller Children's & Women's Hospital Long Beach (Calif.).

Chris Myhaver, FACHE, to medical center director, Harry S. Truman Memorial Veterans' Hospital, Columbia, Mo., from Veterans Health Care System of the Ozarks, Fayetteville, Ark.

Jason G. Rounds, FACHE, to president/CEO, San Juan Regional Medical Center, Farmington, N.M., from chief administrative officer/associate vice chancellor, clinical finance, University of Arkansas for Medical Sciences, Little Rock, Ark.

Lucretia F. Stargell, FACHE, to president, Central Maine Healthcare's Bridgton and Rumford Hospitals, Lewiston, Maine, from consulting.

James A. Stuccio, FACHE, to senior vice president, East Region, WellSpan Health, York, Pa., from interim COO, Penn Medicine Lancaster (Pa.) General Health.

Bradley S. Talbert, FACHE, to CEO, Memorial Health, Savannah, Ga., from CEO, Florida Memorial Hospital, Jacksonville, Fla.

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for our communities

for each other

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