

HEALTHCARE EXECUTIVE

The Magazine for
Healthcare Leaders

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V39 | N3

22

Congress Generates
Big Ideas

48

Healthcare's Role in the
Presidential Campaign

54

AI: A CEO's Perspective

The Nursing Shortage

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Cover Story

8 **The Nursing Shortage: Beyond the Bandage**



How hospitals and health systems are leaving short-term fixes behind and building a sustainable nursing workforce.

Features

22 **Congress Generates Big Ideas**

More than 5,000 attendees joined speakers, volunteers and Premier Corporate Partners in Chicago to make this year's Congress a memorable event and a continued meaningful forum to advance healthcare leadership excellence with big ideas.

Departments

2 **Web Extras**

4 **Take Note**

6 **Perspectives**

The Ripple Effect of Connecting

34 **Healthcare Management Ethics**

Prioritizing Patient Benefits Over Hospital Income

38 **Diversity, Equity and Inclusion**

Inclusive Excellence in Healthcare

40 **Satisfying Your Customers**

The Workforce Venn of Zen Model

44 **Operational Advancements**

High Reliability in Environmental Services

48 **Public Policy Update**

Healthcare's Role in the Presidential Campaign

50 **Careers**

To Know Physicians, Shadow Them

52 **Improving Patient Care**

Leveraging AI to Support Improvement

54 **CEO Focus**

AI: A CEO's Perspective

Inside ACHE

56 **Executive News**

64 **Member Accolades**

66 **Chapter News**

68 **On the Move**

Fresh, Exclusive Content

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

Key Financial Principles for Healthcare CEOs

In this Q&A, **Charmaine S. Rochester, DHA, FACHE, CPA, CFO**, Florida Region, Cleveland Clinic, Weston, Fla., says that “every decision has financial ramifications, especially in today’s environment where health systems are working to rebuild margins following the pandemic and the subsequent labor crisis.”



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In “Healthcare Quality and AI,” **Richard G. Greenhill, DHA, FACHE, CPHQ**, program director/assistant professor, Texas Tech University Health Sciences Center, discusses challenges that AI can cause in an organization dedicated to quality and how healthcare leaders can overcome them.

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Randy Liss

Bolstering the Nursing Workforce

Anyone who thinks healthcare’s nursing shortage is starting to subside is encouraged to guess again. Nurses’ intent to leave the bedside remains high across all experience levels, according to a survey released in March by McKinsey & Company and the American Nurses Foundation (and shared during this year’s Congress on Healthcare Leadership).

About 30% of respondents indicated they were at least somewhat likely to leave their positions in the next six months. More worrying is that among the early tenure population, that number swells to 45%.

With that in mind, our cover story, “The Nursing Shortage: Beyond the Bandage” (Page 8) explores how hospitals and health systems are sharpening their strategies for building a sustainable nursing workforce. Approaches include partnering with colleges and universities to develop more nurses; engaging students in high school and even as young as middle school to grow their interest in nursing; focusing on staff retention; and using technology to ease nurses’ workloads.

One thing that also is needed: patience. As one expert told us, “It’s going to take the pipeline some time. Whatever intervention you’re going to do, it’s going to take a couple years to get there.”

This issue also features highlights from this year’s Congress, held this past March in Chicago, and a summary of the major award winners and others who were recognized throughout the week. Remember that next year’s Congress will be in Houston from March 24–27 at the George R. Brown Convention Center, so be sure to save the date.

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

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Deborah J. Bowen,
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The Ripple Effect of Connecting

A simple gesture can make a significant impact.

A well-known quote widely attributed to Mother Theresa is, “I alone cannot change the world, but I can cast a stone across the waters to create many ripples.” It’s not clear if she actually said that, but the intention behind those words are instructive to leading, nonetheless. Our interactions matter, regardless of how insignificant they may seem in the moment, and we oftentimes don’t realize the impact the simplest act can make.

I saw a news segment earlier this year titled “Mr. Bill’s Village,” which can be found at [cbsn.ws/3vTfTem](https://www.cbsn.ws/3vTfTem). It’s the story of Bill, a man in Cabot, Ark., who walked five miles each direction—two hours round trip—to his overnight shift at a local retailer. A couple of years ago, a woman named Christy saw Bill walking and offered him a ride. That’s when she learned he’s legally blind, and walking is his only way to get around town. After that, she began driving him whenever she could.

But she wasn’t always available, so she started a Facebook group called Mr. Bill’s Village in hopes that a few people in the community would offer him a ride when possible. The Facebook group exploded and now has more than 6,000 followers. Residents around Cabot help Bill get around nearly every day. But what is

even more inspiring is that such a simple gesture created a domino effect of goodwill and friendship—a sense of a community that cares.

There has been a lot of discussion about the leadership skills of the future and what will be required of all of us to navigate a viable path forward. It’s true we will need to learn about AI and leveraging capital and resources in new ways. We have to be smarter, faster and more agile. But I would also suggest that we are still in a business in which people matter, relationships matter, and they require we never lose sight of our own humanity.

Bill’s story is one reminder of that power—a kind gesture that turned into much more. Small actions can help turn the tide on a dark day, help us address a problem we are trying to solve or lead to the next step in a career. It’s the handwritten thank-you card you never expected, or taking time to check in with a team member or listening carefully to someone when we ask, “how are you?” Simple acts can help someone smile and be reminded we are not alone in this work. And perhaps unexpectedly, they inspire others to do the same in their own interactions, creating momentum that can impact a team, or a

department, or perhaps even an organization or entire community.

No doubt you have many stories to celebrate that come from the caregivers and other members of your workforce to comfort patients, families or colleagues. Having just finished our 2024 Congress on Healthcare Leadership, I am equally struck by the ripple effect of our community. For example, the volunteers who review resumes or provide advice to a student to help them advance in our field. Or the casual encounters that happen in the elevator, in the hallway or at a session that may lead to something more.

Within ACHE, peer-to-peer connections are our most powerful recruiter, and through others they can create a ripple effect to support those around us. I’ve heard so many stories about how someone met their next boss, was inspired to be a Fellow or was encouraged to attend a local event. I have gotten personal notes from attendees about how the speakers and sessions at Congress allowed them to find renewal or hope—turning a challenge into an opportunity. Our community is alive with support.

(Cont. on Page 65)



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The Nursing Shortage

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By Ed Finkel



How hospitals and health systems are leaving short-term fixes behind and building a sustainable nursing workforce.

Like many hospital CEOs, the two things that keep Michael Hansen, FACHE, CEO of Columbus (Neb.) Community Hospital, awake at night are workforce shortages and financial stability. And as many hospital leaders experienced during the COVID-19 pandemic, those two worries intertwined for Hansen when the facility needed to hire traveling nurses. Though the hospital still has about 22 travelers among its 950-plus positions, Hansen and his leadership team are trying to

lower that number, as have most institutions given that a traveling nurse can cost up to three times as much as a staff nurse.

During the pandemic, the Nebraska Hospital Association was already estimating a shortage of more than 5,400 nurses statewide by the end of 2025. As the disruptions caused by the pandemic hit, including staff burnout and resignations that reverberated throughout



healthcare, leaders at Columbus Community Hospital realized they were going to need to build their own workforce, not only for nursing but across the board.

“The shortage is not going to go away,” Hansen says. “You’re going to have to be more innovative and look at ways to build your own pipeline. It’s going to get harder and harder. A lot of organizations are using international nurses. We’ve used people from the Philippines. It is going to be a continuing challenge for sure.”

Although the U.S. healthcare system’s nursing shortage might have improved somewhat since the pandemic, it remains deep and broad enough to impact virtually all of healthcare, with no easy solutions and no end in

sight. Leaders in the field are realizing that the Band-Aid solutions organizations have been using for the past several years haven’t solved the issue, and in some cases have been quite costly. Nationally, the American Association of Colleges of Nursing estimates the number of nurses needs to grow from 3.1 million in 2021 to 3.3 million in 2031, with more than 200,000 openings per year.

Analysts and those working directly in healthcare see a range of solutions to help ease the crunch, from developing in-house nursing schools to better onboarding and professional development to flexible staffing and scheduling. The field also needs more licensed practical nurses, certified nursing assistants

The Nursing Shortage

BEYOND THE BANDAGE

and technicians to handle tasks that are below the license level of registered nurses.

“It’s not only nursing—this has expanded to techs, to medical assistants, to nurse’s aides across the board, which all affects nursing,” says Diane Smith, RN, a consultant with WittKieffer who focuses on the nursing workforce. “A lot of nurse executives are focusing on recruitment, retention and now adding in resilience. Pre-COVID, we already had a lot of challenges. Post-COVID, a lot of folks are talking about partnering with colleges and universities.”

Smith sees a modest amount of good news on the horizon. Hospitals are starting to reduce some of the travelers, while growing their own nursing staff internally through creative recruitment to hire full-time staff and retention strategies that nurture relationships with current nurses. However, the best path forward for larger, urban academic medical centers or for-profit organizations will differ from what smaller, tertiary and rural hospitals need (see sidebar on Page 13).

“What we’re seeing from health systems, and then as we get into smaller communities, varies,” she says.

Beyond that, Smith adds, strategies include creating internal travel nurse programs, partnering with nursing schools and colleges to train nurses with the hopes of hiring upon graduation, assessing salaries of current staff and making appropriate adjustments, and using international nurses.

Therese Fitzpatrick, PhD, senior vice president at Kaufman Hall, says the nursing shortage already has hit bottom and begun to modestly improve. “Folks are trying some really interesting innovations, which I think, based on both our client experience and what

I’m reading in the literature, are beginning to take hold,” she says. “What we’re seeing is organizations stabilizing turnover. We’ve seen double-digit declines in turnover. Maybe after the pandemic it was in the 20% range. Now it’s almost halved in many organizations.”

Fitzpatrick attributes that result to the aforementioned innovations, such as flexible scheduling with atypical lengths and start times, and “robust new graduate residencies and support systems, which have driven down first-year turnover,” she says. Another important step hospitals have taken is better defining career paths and investing in robust career development, so that, “from day one, a nurse understands where her next position is ... and she understands what skills she’ll be developing to be ready for that next position,” she says.

CHI Saint Joseph Health in Lexington, Ky.—an eight-hospital system that’s part of the statewide CommonSpirit Health system with 100 locations in 20 counties—expects a nursing deficit for the next 10 to 15 years, at least, says Anthony Houston, EdD, FACHE, market CEO. “We’re not going to make enough nurses in our state schools to satisfy the need in facilities and in state clinics,” he says. “We know there’s a net deficit.”

Nursing shortages impact any entity needing nursing care, no matter what the specialty and whether it’s a physician clinic or an acute care setting, but especially the latter, says Melissa Bennett, DHA, RN, FACHE, CHI Saint Joseph’s COO and chief nursing executive. CHI Saint Joseph is partnering with Lincoln Memorial University in Harrogate, Tenn., to create a new outpost of the LMU Caylor School of Nursing at Saint Joseph Hospital in Lexington.

Nursing shortages affect not just the overall numbers but career pathways, Bennett says. “It used to be you would graduate, enter the workforce, start in the



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The Nursing Shortage

BEYOND THE BANDAGE

medical-surgical unit, get a year or two of general nursing practice and then specialize, whether in critical care or telemetry or dialysis,” she says. “That doesn’t exist anymore. New graduates are able to go right into those specialty areas. That changes the workforce. They come in with no general knowledge, and you’re having to tackle that as you get them into the cath lab or the OR or women’s services helping to deliver babies. That makes planning very different.”

Building Pipelines

A common longer-term approach has been to boost higher education opportunities, Smith says. One of WittKieffer’s clients, a local community hospital, proposed that a local liberal arts college start a nursing program to be able to grow their own candidates. “At big universities, students come from all over, sometimes globally, and go back to from whence they came,” she says. “The hospital strategically went to a liberal arts college and said, ‘Hey, can we start this?’”

However, such an approach requires addressing a shortage in nursing educators. Smith says that needs to be tackled if enough new nurses are to be minted, noting that she’s heard of waitlists at colleges because they don’t have enough educators. “We’re clearly seeing the demand outpace the supply,” says Vinny Gossain, a consultant at WittKieffer. “That’s not going to change overnight.”

Fitzpatrick has seen an array of longer-term interventions that include partnerships with colleges of nursing—and with high schools—and then intentionally building to the next position once new nurses are hired. “Developing strong pipelines in clinical staff means providing clinical experiences for folks when they’re students,” she says. “I am seeing

tremendous flexibility ... working around class schedules to give folks part-time jobs within the organizations as a way to help solidify the pipeline.”

Once a new nurse is hired, providers are moving beyond initial orientation to stay in close contact and ensure that the new employee feels supported throughout their first year, Fitzpatrick says. Knowing that millennials and Gen Zers often aren’t staying in jobs for more than a couple of years, the pipeline building continues. “Once the employee hops on board, they’re immediately beginning organizational development in planning for the next step in that individual’s career,” she says.

To that end, Fitzpatrick says organizations are moving away from functionally oriented job descriptions to a concept called position architecture, which spells out the competencies required for a specific job. “When you have mastered these competencies, here are the positions and jobs that might be next in line for you,” she says.

Columbus Community Hospital begins its pipeline through pathway programs at local high schools that expose teens to healthcare occupations. Of those who have continued to college, 76% have chosen a healthcare-related major, Hansen says. “We think getting to them early is very helpful in helping them decide what career path they want,” he says. Students take basic health science courses and upon completion can enroll into a CNA program, he adds.

Columbus also has created a nurse apprenticeship program for college students, who work 24 hours a month in exchange for up to 75% of their tuition, books and other school costs, in addition to a \$2,400 stipend per term in their last year, Hansen says. The first cohort in 2022–2023 had 17 students, who are finishing their programs and becoming RNs and BSNs. The second finishes this May. “We’re starting to

Advice for Larger, Urban Providers—and Smaller, Rural Hospitals

While many of the steps healthcare institutions have been taking to address the nursing shortage apply to all sizes and types of providers, consultants and healthcare leaders have specific advice that applies more toward larger, academic medical centers or smaller, often more rural, hospitals.

For larger hospitals, Therese Fitzpatrick, PhD, senior vice president at Kaufman Hall, suggests leaning into their ability to leverage ideas, technology and enterprise-wide float pools across multiple hospitals in a larger geography. “Everything ... can be scaled,” she says. “That’s how these large systems can really take advantage of their size.”

As a seven-campus system that runs the gamut from metro to rural hospitals, and from ambulatory to freestanding EDs, CHI Saint Joseph Health in Lexington, Ky., suggests first talking to similar providers that are further down the road in implementing various initiatives aimed to quell the nursing shortage, says Anthony Houston, EdD, FACHE, market CEO. “Yes, we compete, but in this space we want to be collaborative,” he says. “See if your neighbors can help you. Or call us.”

Houston also suggests that larger systems collaborate with educational institutions at all levels. “We spent countless hours with all of our schools, starting with technical schools and nursing schools, but also high schools and junior high schools,” he says. “We hired an academic liaison who thinks full time about what we need, working in the community. If you have the scale, and you’re able to dedicate a resource to someone pointed into your community, you can better understand the needs of schools and help tell your story and what your needs are. If you’re a smaller hospital, ask for help from your bigger friends or statewide associations.”

Providers of all sizes should do what they can to be politically active so their state government can better understand their needs, Houston adds. “We have very rural areas with small hospitals and large academic centers in metro areas,” he says. “We all come together to lift our voices. There’s power in numbers; there’s power in collaboration.”

Melissa Bennett, DHA, RN, FACHE, COO and chief nursing executive at CHI Saint Joseph Health, urges

providers of all sizes to become more familiar with technological options to deliver virtually integrated nursing and other care.

“Everyone wants to have technology,” but different providers have different needs, and resources, she says. “How do you think about partnering if you’re a standalone facility? Having the right technology in the right spot to help your workforce takes planning. ... [Use] your resources—your treasure, if you will—to get the biggest gains.” Without careful evaluation, she adds, “you might invest a lot of money in technology that goes into a drawer and doesn’t get utilized.”

Mid-sized to smaller institutions should work to build their academic pipelines with local community colleges in the same way larger, urban systems do with university medical centers, Fitzpatrick says. While large multistate systems have developed their own nursing schools, “that can also be achieved through collaboration with local schools,” she says. “Not everybody has the ability to develop their own [on-site], necessarily.”

Michael Hansen, FACHE, CEO of Columbus Community Hospital in Nebraska, advises smaller rural hospitals to start recruiting people at a young age, while they’re still in high school, and encouraging them to come see the hospital. They can learn more about not only clinical positions such as doctors and nurses, but also other types of opportunities, such as in business and accounting.

“I encourage people to do rural rotations through your hospitals,” he says. “That’s your best opportunity to recruit people. Critical access hospitals are 25 beds or less. It’s harder to get them to come to rural areas, but they don’t have as many positions to fill. They usually can eventually fill those positions. It depends on the community and what amenities you have to offer.”

CEOs need to be visible in those facilities and talking about what they have to offer during the recruiting process, while human resources staff should get involved in career fairs in the surrounding region, Hansen says. “We have three high schools here. We do a lot of outreach,” he says. “There’s about six counties around us that we provide services to, not only our physicians and things like that but also athletic trainers.”

The Nursing Shortage

BEYOND THE BANDAGE

see the fruits of our labor,” he says, adding that the hospital is funding the program through operations for now but seeking grant opportunities.

In exchange for the financial assistance, Hansen says, students “have to give us a certain amount of service, typically three to four years. That helps build the workforce and retain people.” Columbus also offers externships with 135 hours of clinical experience for nursing students, who are paired up with an RN.

When it comes time to hire nurses, Columbus asks behavioral questions during interviews to ensure candidates would fit with the organization’s culture. Hansen says the hospital tends to hire people with roots in the Midwest, if not necessarily Nebraska, and follow-up interviews are done after 30 days and then 90 days to ensure that they’re progressing. Columbus also offers mentoring programs to help new hires along the way and to answer questions or address concerns.

“We know that we can’t just sit around and wait for people to fall into our lap,” Hansen says. “We have to be proactive and build our own pipeline of healthcare people for the future.”

CHI Saint Joseph Health’s new arrangement with Lincoln Memorial University begins this fall and will provide the opportunity for college-age students to gain a BSN. But the hospital system also is engaging with students even earlier, moving beyond partnering with high schools and connecting with students in middle school and even elementary school, searching for those interested in health science. Bennett says opportunities include spending a day job-shadowing and “trying to help people understand what they can be.”

“As we go back into high schools and middle schools,” Bennett says, “if you think you’re interested in nursing, how do we get you into that technical track?”

The system partnered with Americorps to give high-school-aged students a firsthand look at careers in healthcare, bestowing upon them the title of “ambassadors.” “We’re trying to push them toward nursing,” Bennett says. “But more importantly, how do we help support them going to school and getting an advanced education?”

Many local high schools have healthcare pathways and other STEM-type programs already in place. As a Catholic healthcare institution, CHI Saint Joseph has worked with faith-based community groups as well, Houston says. “We’re excited to see children matriculate,” he says. “We have a plethora of relationships with academic institutions around nursing.”

CHI Saint Joseph focuses on both boosting nursing school enrollment and ensuring there are enough instructors to train the workforce. The hospital system also has expanded its extern program to reach students as early as possible in their educational cycle rather than simply during their last year of nursing school, Bennett says. The system has about 190 externs, and Kentucky requires that students first take the “nursing 101” fundamentals. “We have been much more assertive with getting nursing students as soon as they finish that,” she says. “As soon as they meet that definition, we ask, ‘How do we partner with them?’”

To help guard against burnout, the organization has put together a critical care endorsement program with EMTs in the ED. That enables them to partner with nurses to provide care, which also has reduced the need for high-dollar travel or temporary nurses.

“During the pandemic, emergency nursing was a hard field to be in,” she says. “All those patients in the ER



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The Nursing Shortage

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needed a higher level of care. We were seeing staff leaving—and most often leaving not only that kind of nursing but leaving the field because of physical and mental exhaustion. Adding in the paramedics not only reduced contract labor, but it also has enabled us ... to make the workload and work environment much more balanced.”

Culture and Resources

Cultural and governance issues also come into play in recruiting and retaining nursing staff, Smith says. “We’re hearing more around, ‘the culture needs work,’” she says. “Coming out of the pandemic into whatever we call this time period, there is a refocus on that. For a while, nurses were just surviving the day-to-day.

We’re seeing a shift. You can go down the street to earn more from a nearby provider, but is that the place you want to be?” Shared governance is key, she adds.

WittKieffer’s Gossain, who focuses on physician recruitment and retention, notes that overall organizational structure, as well as whether people are being given adequate resources to do their jobs, also can affect keeping positions filled. “Those have got to be considerations for any CEO thinking about, ‘how do I fix the staffing to remove barriers from our teams?’” he says. “There isn’t any magic wand. But more organizations are open to, ‘how does our structure relate to what’s out there in the market? What do you see that’s been more successful?’”

A corollary to that: Nursing recruitment and retention cannot all be placed in the lap of the nursing executive,

Virtual Case Studies From WittKieffer

WittKieffer provided back stories of numerous clients with which they have worked on projects to provide care virtually and improve the work experience for nursing staff.

One Midwest institution uses virtual touch points for chronic care patients with diabetes, cardiac issues and other ailments. To avoid unnecessary ED visits, primary care providers see patients monthly or even every three to four months. Visits in the interim are then conducted by nurse practitioners or RNs to virtually discuss medication compliance and lifestyle changes.

An academic medical center in the Southeast uses telenursing for admissions, hourly rounding, discharge, documentation and mentoring, which

improves patient experiences. The medical center also implemented the LPN model, led by bedside RNs, to give them ownership.

A client in the Northeast has set up nurse practitioners and nurses to perform virtual intake in programs like bariatric surgery, spinal surgery and oncology care; 10% of visits overall have become virtual. Before the patient arrives at the flagship center, the staff has gathered images and testing and answered patient questions.

“The in-person visits are more the business model we have,” says Vinny Gossain, a WittKieffer healthcare consultant. “But people are trying to spread their teams to places where they can be efficient with their time.”

Smith says. “It’s all of the senior leadership coming together, even with community leaders, to solve the challenges,” she says. “Everybody is looking at it and getting creative with different care delivery models.”

Organizations that don’t will see patients simply go to the nearest care provider, Gossain says. “Consumers want to be seen efficiently and quickly,” he says. “That’s been a challenge because these are complex organizations. But if you have no staff, you have no ability to provide great service.”

Building a culture that retains talented people also means prioritizing not only physical safety but emotional safety as well, Fitzpatrick says.

“I literally cannot think of a client that does not have a significant programmatic focus around employee well-being—counseling, mental health support and making sure folks are able to work and making sure employees get their PTO, which was something that we weren’t necessarily able to do during COVID,” she says.

Role, Schedules and Technology

To move beyond the Band-Aid approach to the nursing and overall workforce shortage, Smith sees health systems rethinking roles to ensure everyone is working at the top of their license, including EMTs in the ED, and LPNs, techs, medical assistants and nurse’s aides handling everything they are eligible to do.

“It’s going to take the pipeline some time,” Gossain says. “Whatever intervention you’re going to do, it’s going to take a couple years to get there.”

For the moment, Gossain says, “how can you use the staff you have in ways that are efficient and patient-centric? In what functions do you need nursing? Where do you need nursing assistants? How do you make sure they feel supported and engaged in that whole conversation?”

Many organizations have turned to flexible scheduling to meet the needs of their recruits, Smith says. Gossain

adds that also can help better meet patient demand. “If patients want to come in later in the afternoon or the evening, you’ve got to figure out how to do that with the teams you have,” he says. “Not everybody wants to work 7-to-5.”

Fitzpatrick agrees that flexible scheduling can provide a morale boost to stressed-out nurses and other staff.

“Everything from typical start times to a typical shift length. Various programs have weekend-only shifts,” she says. “There are lots of very interesting things happening around float pools. They are being constructed as ‘internal staffing agencies’ with salary structures that recognize flexibility and clinical expertise. ... In larger systems, we’re seeing a migration of folks away from travel contract assignments into a more local version of that with their health system.”

Technology has been top of mind for clients of Kaufman Hall, Fitzpatrick says. “It’s kind of rare, at least in the larger health systems now, where you don’t see robots in the hallways delivering supplies,” she says.

More and more hospitals and health systems are using a virtual nursing model, in which a nurse oversees a unit or two without being on-site but can still admit patients and do discharge planning.

“Somebody on the unit simply rolls a computer up to the patient’s side, and they interact with the nurse, who does admission, education and helps with documentation,” Fitzpatrick says. She’s seen this at everywhere from a 90-bed, semirural hospital to a 700-bed academic medical center.

CHI Saint Joseph Health has a virtually integrated care program in which virtual nurses augment the team, which “allows you to tap into a workforce that historically would need to work fewer hours or consider retirement because of physical limitations,” Bennett says. “It taps into individuals who love nursing but for family reasons, because they have a sick mother or a sick child—it allows flexibility with that kind of workforce.”

The Nursing Shortage

BEYOND THE BANDAGE

Tackling the Shortage: Results to Date

These various methods of addressing the nursing shortage have begun to pay dividends on myriad fronts, according to consultants and healthcare organizations. Columbus Community Hospital notched an overall patient rating of 87th percentile for 2023 on the Centers for Medicare & Medicaid Services' Hospital Consumer Assessment of Healthcare Providers and Systems score.

The hospital expects to have reduced its use of traveling nurses nearly 37% by September from the post-pandemic high point.

Meanwhile, CHI Saint Joseph Health has gone from 50 traveler full-time equivalents in its ED across Kentucky to zero today, Bennett says, and there are no vacancies in five of the seven locations where the system delivers emergency care. "In today's environment, that's pretty amazing," she says.

Outcomes and patient and employee satisfaction scores there also have improved, Houston says. Among them: Employee engagement rose 4.5% year-over-year from 2022 to 2023 as the nurse extern program grew from summer to year-round and more than doubled in size.

The system also enjoyed a 54.5% reduction in healthcare-associated infections and a 38.5% reduction in healthcare-associated infections per expected infection. This success has led to various accolades, including CHI St. Joseph being listed as one of the nation's top 15 health systems in 2023 by PINC AI and reported by *Fortune*.

"We see more volume," Houston says. "All of those statistics have improved for us since we started this work. Certainly the way we staff the emergency

department, and the culture that comes from that, makes this a place people want to work."

Bennett adds that fewer than 0.7% of patients leave the ED without being seen, well below the national benchmark of 2%. And time to initial assessment averages 15 minutes, about half the typical 30. "Having a stable workforce allows us, from a leadership standpoint, to focus on efficiencies," she says. "We don't want patients to have a bad outcome and leave. We want the percentage of patients leaving to be zero."

She says the quicker somebody can make contact with a patient, whether it's an advanced practice person or a physician, and do an initial assessment, the better. "Getting started quickly is key," she adds.

CHI Saint Joseph also has seen significantly higher nursing satisfaction scores, as well as improvements in quality outcomes like falls and hospital-acquired infections, Bennett says. "What we hear from frontline nurses is, 'by having access to that virtually integrated care team member, I'm able to focus on my patient. ... I go in the room and I've gotten so integrated with the virtual nurse, I can put hands on my patients, and I can provide a healing touch. Then I can talk to the virtual nurse, and I don't have to worry about documenting.'"

This has boosted communications evaluation scores as well, Bennett says. "Often, people can't come to visit a loved one, mom or dad, until they're off work. They've got some barrier to getting there," she says.

"If the doctor is in the room with the nurse and the patient, and they're talking about what the next 24 hours are going to look like, they'll call the virtual nurse. Later that night, when the family might be visiting, they can connect with that family and close the loop."

Ed Finkel is a freelance writer based in Chicago.



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Tapping Healthcare Real Estate's Potential

With all the challenges on healthcare executives' minds, real estate doesn't often rise to the top of a list of possible solutions.

But healthcare leaders might want to take another look: Strategic opportunities exist within healthcare real estate that can improve patient care and experience, maximize efficiency and reduce operating costs. In fact, at a time when many healthcare organizations are facing aging infrastructures—and scarce resources—reviewing their real estate portfolios could unveil untapped potential. “Conducting regular portfolio assessments and evaluating the spaces that you and your caregivers, patients and communities are cared for in can help you identify opportunities for consolidation, space redevelopment, cost reduction and freeing up capital for patient care investments,” says Alison Flynn Gaffney, FACHE, president, Healthcare Division, JLL. Following is a look at how an effective real estate and facilities management strategy can reveal such opportunities, including those that support quality care, enhance patient experience, and serve as recruitment and retention tools.

Ensuring Safer Spaces

Strategic use of real estate assets can help create enhanced healing environments. That includes thoughtfully designed spaces that support health and safety, infection control, privacy and security. “Every healthcare organization's top-of-mind focus is delivering high-quality, safe care,” Flynn Gaffney says. “That starts with ensuring that your real estate portfolio meets all your regulatory standards and

quality accreditation requirements.”

Developing and maintaining environmentally sustainable buildings also is essential, including the use of eco-friendly building materials and implementation of proper ventilation systems and sustainable lighting. “You must be thinking of the care and safety of all the humans occupying a space in your buildings at all times,” Flynn Gaffney says. “Real estate experts can help organizations prioritize sustainable building practices and focus on creating healthy environments.” Integrating technology by making buildings as “smart” as possible can also aid in sustainability efforts by increasing energy efficiency, which, in turn, helps reduce costs. Real estate experts can work with organizations' facilities management teams on capital planning and project management. “For example, a large academic medical center saved nearly \$9 million just within its energy and sustainability work in the first five years of the program,” Flynn Gaffney says.

Enhancing Patient Care and Experience

Patients today have more choices than ever about where to seek care, making the look, feel and navigability of care environments even more important. Real estate developers and facility designers can create healthcare spaces that promote well-being and healing by incorporating natural

light, soothing colors and other design principles, and amenities such as health and wellness facilities. “The features can help reduce stress and anxiety for patients, which improves the overall experience,” Flynn Gaffney says. “A more focused approach to your real estate portfolio can also provide private and comfortable spaces for patients to receive care.” Examples include separate waiting areas for specialties and subspecialties and soundproofing measures.

Focusing on patient-centered layouts is also key to enhancing patient experience. This includes ensuring patient-friendly navigation throughout campuses and facilities, minimizing walking distances and using clear signage, which all reduce confusion and improve efficiency, according to Flynn Gaffney. Finally, overall accessibility is essential for patients and caregivers. That means considering proximity to public transportation and major highways and providing accessible amenities, such as ample parking, wheelchair ramps and well-designed entrances, all choices Flynn Gaffney says are aimed at removing potential barriers to care. “Every decision a healthcare executive or provider makes is with the patient and caregiver front of mind, and real estate is no exception to that,” Flynn Gaffney says. Making sure patients’ and caregivers’ voices are heard when it comes to decisions about design and other initiatives is critical, she says. To that end, organizations should consider developing community boards that literally give patients a seat at the table.

“Having a community board that includes patients as part of design and strategic planning initiatives has been very successful in many organizations around the country,” Flynn Gaffney says.

Boosting Recruitment and Retention

Attracting and retaining clinicians and staff has become a top priority for healthcare organizations. That’s no surprise, considering that for the third year in a row, hospital CEOs have cited workforce challenges as their No. 1 concern, according to the American College of Healthcare Executives’ 2023 survey of top issues confronting hospitals. The same elements that attract patients to healthcare facilities also can play a role in attracting caregivers. “Some systems around the country are investing very deeply in amenities that support not just their patients but their workforce because it’s so

competitive,” Flynn Gaffney says. “If you don’t have enough trained and qualified people, you cannot provide the high-level quality of care and excellence you need as a healthcare organization to support your mission.”

Healthcare organizations should look to incorporate shared spaces that create a “community of knowledge transfer” among caregivers, Flynn Gaffney says. In addition, a focus on convenience is paramount to promote work-life balance and prevent burnout. Healthcare leaders should consider how they can support their team members 24/7, according to Flynn Gaffney. “Some of these lessons came out of the pandemic, such as having on-site grocery options and other features within your spaces and in your facilities to provide nourishment and care for your caregivers and incorporating ‘quiet’ or meditation spaces to reduce stress,” she says.

Aligning With Strategic Real Estate Partners

Whether it’s redeveloping or repurposing existing assets, exploring shared spaces with other healthcare providers, or updating a facility’s infrastructure to enhance its technological capabilities, there are myriad opportunities for harnessing real estate in healthcare. Doing so successfully, however, requires aligning with the right strategic partners. Flynn Gaffney’s advice to healthcare executives seeking a real estate partner is to zero in on experts who are attuned to healthcare trends and can anticipate—and navigate—healthcare organizations’ needs in a constantly changing landscape. “You want a partner that understands healthcare—one that can leverage their market knowledge, financial modeling and insights to make informed decisions, negotiate favorable terms on your behalf and navigate the complexities of our healthcare field and complex real estate transactions,” she says.

Perhaps above all, healthcare organizations seeking a real estate partner should make sure they are aligned on their overall values and mission to deliver the safest, highest quality care possible to the communities that rely on them. “Healthcare is present in all facets of our lives,” Flynn Gaffney says. “In real estate, we look to how we, as a strategic partner to the healthcare field, can help elevate and expand an organization’s ability to deliver their mission by saving dollars—real dollars—that they can then invest back into their caregivers, teams and their communities.”

For more information, please contact Alison Flynn Gaffney, FACHE, president, Healthcare Division, JLL, at alison.flynn@jll.com.



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big
ideas.

make no small plans

Record numbers of healthcare executives dedicated to advancing healthcare excellence attended this year's sold-out event, March 25–28 in Chicago, to share big ideas and plans for the future.

Leaders at every level today confront two stark realities: doing more with less and the prevalence of old-school management techniques. Bestselling author Daniel H. Pink, an expert on innovation, competition and the changing world of work, kicked off the conference by demonstrating the new ways leaders are persuading, influencing and motivating others—including a thought-provoking discussion on how the four core regrets shared by people around the world contain the seeds of a reimagined and more powerful corporate culture.

In addition, healthcare executives have had to challenge themselves to be nimble and creative in the last five years, and Mick Ebeling, CEO of Not Impossible Labs, encouraged attendees to think about ways to maintain an innovation culture in a disrupted and strange new world during the Malcolm T. MacEachern Memorial Lecture and Luncheon. Ebeling empowered the audience with the gift of positive failure and reminded them that the healthcare landscape has never been more primed for breakthrough innovation.

Carla Harris' keynote at the Arthur C. Bachmeyer Memorial Address and Luncheon focused on intentional leadership and tools that can help maximize success. Harris, senior client adviser at Morgan Stanley, provided critical guidance on the essential components of being a powerful and intentional leader, the power of perception and authenticity's place in influential leadership. Abraham Verghese, MD, professor and vice chair, Theory and Practice of Medicine, Stanford University, focused his remarks at the Leon I. Gintzig Commemorative Lecture and Luncheon on another tool—one that is constantly in the news recently for both its power and pitfalls. Artificial intelligence could liberate providers from clerical burnout and allow more meaningful patient interactions, but Verghese cautioned that without forethought, oversight and user input, every new advance can have unintended human consequences.

Carrie Owen Plietz, FACHE, president, Kaiser Permanente Northern California, carried the theme of intentional leadership through to the Women Healthcare Executives Address on Tuesday, highlighting neuroscience-backed research that demonstrates how leading without fear allows people to tap into their creativity to solve problems and discussing how she has cultivated this approach as one of the leading female executives in healthcare today. And Roxie C. Wells, MD, chief physician executive and chief strategy officer, Novant Health, made the case for deliberately investing in the growth and development of diverse healthcare professionals—and shared strategies on how to prioritize diversity in executive leadership—in the Thomas C. Dolan Diversity Address.

Every year, an overarching theme of Congress is togetherness—networking, career advising, and sharing insights and best practices. Over the four days, we thanked our outgoing Board of Governors members for

their tremendous service; welcomed new Governors and Regents into office; and honored our Fellows, friends and colleagues for their service to the healthcare profession and commitment to leadership excellence. ACHE also installed its new Chair, William P. Santulli, FACHE, president, Advocate Health—Midwest Region, Downers Grove, Ill., and Chair-Elect, Michele K. Sutton, FACHE, president/CEO, North Oaks Health System, Hammond, La. Delvecchio S. Finley, FACHE, president, Atrium Health Navicent, Macon, Ga., now Immediate Past Chair, concluded his time at the helm, having worked to foster ACHE’s ability to provide leadership in advancing well-being, eliminating healthcare disparities and helping healthcare workers connect to their purpose.

The following is a summary 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.

2024 Richard J. Stull Student Essay Competition Winners

Undergraduate Division



First Place

Second Place

Third Place

Paige N. Rothlisberger
Bowling Green State University
“AI-Powered Patient-Centered Care: A Call for Innovation”

Annie McDonald
Auburn University
“Utilizing the Four-Day Workweek to Stay Sharp in an Everchanging Staffing Environment”

Mila Stropkay
Loyola University Chicago
“Printing the Path to Progress”

Graduate Division



First Place

Second Place

Third Place

Mariam Fawzy Eid
Baylor University
“Utilizing Artificial Intelligence in Electronic Health Records to Mitigate Physician Burnout: A Roadmap to AI Integration into the EHR”

Warren A. Poquiz
Texas Woman’s University, College of Business
“Navigating the Risks of AI Foundation Models in Healthcare: How Health Systems Can Respond”

Payton Ferguson
Trinity University
“The Healthcare Industry: Focusing on the Cross Section of Environmental Sustainability and Healthcare”



Swap Receives Gold Medal Award

The 2024 recipient of the American College of Healthcare Executives' Gold Medal Award led both remote healthcare clinics and major metropolitan health systems during her more than 30 years of dedicated service to the United States Navy. She was a trailblazer for women in the military and for aspiring women healthcare executives—in addition to making significant contributions as a leader, guiding Navy Medicine through recent transformations.

The accomplishments of Rear Admiral Anne M. Swap, FACHE, include outstanding executive and operational performance, excellent mentorship and a laser focus on improving healthcare services and medical readiness. Throughout her career, she progressed to the highest levels of the military health system, including a role as director of the Medical Service Corps, which leads a diverse group of over 2,500 professional officers from 32 different specialties and is responsible for ensuring Navy Medicine has the capabilities to support Navy and Marine Corps operations around the globe. She also served as commander, Navy Medicine East, overseeing healthcare delivery for 78 hospitals and health clinics spanning from Chicago to Manama, Bahrain. As one of two regional commanders, she directed 19 commanding officers.

She was appointed as the director, National Capital Region Medical for Military Medicine, serving the president of the United States, congressional representatives, wounded warriors, Army, Navy, Air

Force, Coast Guard and families. This position included overseeing Walter Reed National Military Medical Center, a major training platform responsible for providing the Army, Air Force, Navy and Marine Corps with fully trained physicians, dentists and medical professionals to serve on active duty and deploy throughout the world. During her tenure, Congress and the Department of Defense initiated budgetary pressures, which were exacerbated by the challenge to deliver exceptional service during the COVID-19 pandemic. Despite these constraints, Rear Admiral Swap continued to provide a high level of cost-effective care to all service personnel, retirees and their families and led changes in the National Capital Market's human capital structure.

Recognizing the need to mentor future military healthcare professionals, Rear Admiral Swap traveled across the country to speak with high school and college students about careers in military service. During these travels, she found time to discuss local healthcare issues with concerned veterans.

She has been a member of ACHE since 1989, has served on the Confidential and Nominating committees and has been a Regents Advisory Committee member with continuous service over the past 12 years. She has been recognized with the Senior Level Regent Award and the Service Award. Her volunteer service outside of ACHE includes a role as a human handler for the Facility Dog Program and helping others at her local church food pantry.

Rear Admiral Swap retired from active service after 32 years in July 2023. Her personal awards include the Distinguished Service Medal, Legion of Merit, Bronze Star, Meritorious Service Medal, Navy and Marine Corps Commendation Medal, and Navy and Marine Corps Achievement Medal. She earned a Master of Public Health/Health Services Administration degree from San Diego State University and a bachelor's degree from James Madison University.

Rear Admiral Swap spent her career improving military healthcare access and quality for the force. Colleagues note that she is the "epitome of what a healthcare executive should be personally and professionally."



Vertuno Named Young Healthcare Executive of the Year

The recipient of the American College of Healthcare Executives' 2024 Robert S. Hudgens Memorial Award for Young Healthcare Executive of the Year leads with a servant's heart for the community and lifts others through mentorship. Her journey to date has epitomized a dedication to excellence in caring, compassion, commitment and innovation, driving revenue, community involvement and elevating standards of care.

Ashley R. Vertuno, FACHE, was featured in *HCA Healthcare Magazine* in 2020 as the youngest CEO in HCA at the time, paving the way for others who aspire to make a mark in healthcare leadership. As the CEO at HCA Florida JFK North Hospital, West Palm Beach, Fla., she has been the visionary leader for rebuilding and transforming a singular service line hospital to a more broadly acute care service hospital to meet the needs of the growing community. Ms.

Vertuno has repositioned the organization with cultural transformation and has delivered on the leadership development commitment of building a diverse, talented executive team. She has energized the staff, physicians and community with an attitude of possibilities and opportunities, as well as increased the hospital's market share and financial stability.

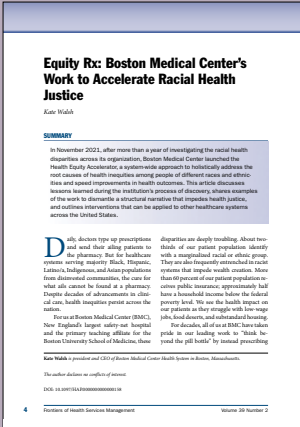
Ms. Vertuno has inspired more than a dozen leaders to advance to higher roles within JFK North Hospital and the wider HCA organization, and this supportive culture has delivered tangible results, including a decline in colleague turnover to 16% from 21% annually. She also has championed the need for a \$65 million investment in the facility.

Ms. Vertuno's remarkable journey in healthcare leadership shines brightly with seven out of nine executive team members being female. With the unwavering support of executive coaching, mentorship and sponsorship, she passionately leads the way for others aspiring to excel in this field, especially women. Her commitment to mentorship programs with organizations like Women in Healthcare Florida, East Florida Division Women Colleagues' Network, the American Heart Association, and Girl Scouts of South Florida is a testament to her "why." Through her guidance, she illuminates the path forward and shares the triumphs she's achieved in overcoming obstacles, inspiring countless healthcare leaders on their own profound journeys.

Prior to her current role, Ms. Vertuno was COO at HCA Florida Westside Hospital, Plantation, Fla., where she led a three-story expansion that added 24 beds into the community. She accomplished this while ensuring patients had access to the most advanced cardiac care, even during a pandemic, and leading a

Publication Awards

Dean Conley Award

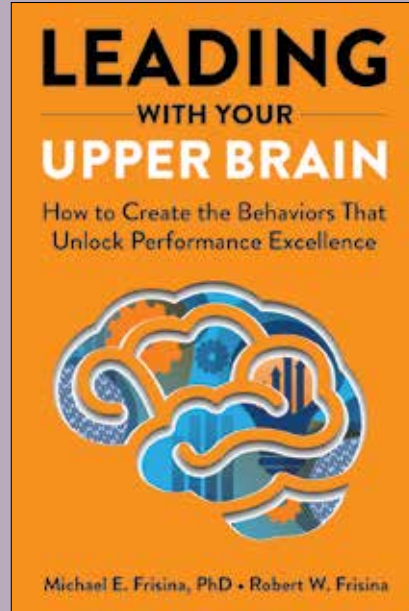


“Equity Rx: Boston Medical Center’s Work to Accelerate Racial Health Justice”

Kate Walsh

Published in the winter 2022 issue of *Frontiers of Health Services Management*.

James A. Hamilton Book of the Year Award



Leading With Your Upper Brain: How to Create the Behaviors That Unlock Performance Excellence

Michael E. Frisina, PhD, and Robert Frisina
(Health Administration Press)

Edgar C. Hayhow Award



“Understanding the Impact of Span of Control on Nurse Managers and Hospital Outcomes”

Asiah Ruffin, RN; Maria R. Shirey, PhD, RN, FACHE; Tracey Dick, PhD, RN, CNE; Pariya L. Fazeli, PhD; and Patricia A. Patrician, PhD, RN, FAAN

Published in the May/June 2023 issue of the *Journal of Healthcare Management*.

Higher Education Network Award Winners

ACHE established the Higher Education Network Awards to recognize participants whose programs have demonstrated a commitment to engagement with ACHE. Please join us in celebrating these programs' accomplishments.

Undergraduate Program



Graduate Program



team to implement the drive-through COVID-19 testing clinic model for HCA East Florida Division's 14 facilities.

Ms. Vertuno received a master's degree from the University of South Carolina and a bachelor's degree from Virginia Commonwealth University. She has been an ACHE Member since 2010. She is a current member of the ACHE Nominating Committee, the ACHE Florida Eastern Regent Advisory Committee and a member-at-large of ACHE of South Florida, as well as a mentor in the Leadership Mentoring Network.

She is a past Regent for Florida—Eastern and a past member of the Early Careerist Committee, the

ACHE.org Editorial Committee and the Council of Regents Assessment Committee. Her achievements have been acknowledged with the ACHE Regent Award, the Service Award and the Distinguished Service Award.

She also has been recognized for excellence by numerous organizations as a young leader, including *Modern Healthcare*, the *South Florida Business Journal* and the Palm Beach North Chamber of Commerce.

Those who know Ms. Vertuno say her vision, strategic insight and can-do spirit are palpable as she sets lofty goals and encourages her teams to aim high.

Regents Recognized for Their Contributions



Karen G. Schwartz, FACHE, Regent for South Carolina, won the award for best message from the Regent (Geographic Regents) published during the 2022-2023 Convocation year.



LCDR Richard Bly, FACHE, Regent for Navy, won the award for best message from the Regent (Federal Sector) published during the 2022-2023 Convocation year, and he won the award for the greatest percentage of the designated goal of Members advancing to Fellow.



Alfred A. Montoya Jr., FACHE, Regent for Veterans Affairs, won the award for recruiting the greatest percentage of the designated goal for new Members and Fellows in the federal sector.

The Time Is Now to Nominate a Colleague

Gold Medal Award

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

[ache.org/GoldMedal](https://www.ache.org/GoldMedal)

Lifetime Service and Achievement Award

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

[ache.org/LifetimeService](https://www.ache.org/LifetimeService)

Robert S. Hudgens Memorial Award

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

[ache.org/Hudgens](https://www.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.

2024 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.

CDR Eugene Smith Jr., DHA, FACHE, executive officer to assistant secretary of Defense/Health Affairs, Office of Secretary of Defense.

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.

Top Leader-to-Leader Participants Recognized

These three ACHE members recruited the greatest number of new Members and/or successfully encouraged advancement to Fellow in 2023 through the Leader-to-Leader Rewards Program:

Courtney Caufield, DNP, FACHE

Kerrie Anne Ambort-Clark

CDR Temitope Ayeni, FACHE

Jennifer Wasielewski, assistant director, Southern Arizona VA Health Care System, U.S. Department of Veterans Affairs.

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 Aaron-Christian T. Abreu, FACHE, flag aide to the Navy Deputy Surgeon General, U.S. Navy Bureau of Medicine and Surgery, Falls Church, Va.

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.

Edward C. Payton III, associate director, U.S. Department of Veterans Affairs, Nashville, Tenn.

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.

CDR Eugene Smith Jr., DHA, FACHE, executive officer to assistant secretary of Defense/Health Affairs, Office of Secretary of Defense.

Governors Award

Issued to outgoing District Six Regents.

Alfred A. Montoya Jr., FACHE, is acting assistant under secretary for Health, Support Services, and deputy assistant under secretary for Health, Operations, for the Veterans Health Administration at the Department of Veterans Affairs, Washington, D.C.



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CONTACT

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The Elevated Hospitalist Program

Creating Inpatient Capacity While Generating Revenue Growth

An efficient hospitalist program can have significant positive impacts throughout the hospital. While these programs have historically been costly to operate, organizations can employ several strategies to help offset these costs by increasing inpatient capacity, which will drive additional revenue while also improving quality.

Reducing Length of Stay

Length of stay remains top of mind for healthcare executives today—and for good reason. Not only does reducing LOS have patient satisfaction and financial implications, but it is also an access issue, according to Rachel Thompson, MD, CMO, Core Clinical Partners.

“If we want to improve access to care in our communities, we have to have beds, and if we have inefficiencies in our systems that result in long length of stay, we don’t have that access,” says Thompson, who is also an ACHE Member and immediate past president of the Society of Hospital Medicine. “Hospitalists can help improve care and increase efficiency.”

One way an efficient hospitalist program can help address LOS is focusing on interdisciplinary team care models. According to Thompson, that involves identifying the key players on the team—clinicians, including the hospitalist who is the primary clinician in

charge of a patient’s care; nurses; therapists; social workers; utilization management staff; patients; and families—and making sure everyone’s goals are aligned.

“No one role on the team is responsible for an increased length of stay,” she says. “We need to have a team care model where everybody is owning the plan of care together.”

Two other strategies Thompson deems critical to reducing LOS are enhanced communication and improved team geography. “Scripted” opportunities for communication, such as multidisciplinary rounds, help care team members better understand a patient’s care plan and any challenges, including discharge barriers. Being what Thompson calls more “geographic”—ensuring the care team is working as closely together as possible, even in a shared office—can also help enhance teamwork and communication. A well-run hospitalist program can also help bridge the gap between acute care and post-acute care services. Hospitalists are already leading patients’ care, so they’re well-positioned to manage them to the next step of the continuum of care, including coordinating with post-acute facilities to ensure smooth handoffs.

“The hospitalist team can be the leaders who are saying, ‘We need to prioritize talking with post-acute earlier in the morning, making sure that our rounds are done earlier,

and connecting with all the other services and everything that needs to be done to discharge,” says Jessica Long, COO, Core Clinical Partners, and an ACHE Member.

Increasing Capacity

Increasing capacity, improving access and freeing up beds for patient transfers are direct byproducts of improving LOS. The additional transfers into a hospital that come from just a small decrease in LOS can more than offset the cost of the hospitalist program.

“Making turnover more efficient is key and one part of the puzzle,” Thompson says. “The other part is having the right patient in the right place at the right time, and that includes focusing on opportunities to treat patients in ways we didn’t know we could even five years ago, such as through telehealth.”

Since the COVID-19 pandemic accelerated adoption of telehealth capabilities, provider organizations now have more opportunities to use these technologies to see more patients and improve overall patient flow.

“In some settings, we’ve actually reduced the need for transfers when we deploy technology or simply improve communication among different care sites,” Thompson says. For example, a patient who was going to be transferred might be a good candidate for a telehealth visit, which could eliminate the need for a transfer and improve patient care continuity and, often, patient satisfaction.

Effective hospitalist programs across the country have also had success rethinking observation units as another way to improve patient turnover and increase bed capacity. When lower acuity patients are grouped together in a high-functioning observation unit, care can be better coordinated and more protocol driven, which can increase efficiency and reduce LOS, according to Thompson.

“If this is done effectively with the hospitalist team, then you can be much more efficient and continue to get your length of stay down by having this particular patient population more effectively cared for,” Long says. Adds Thompson, “a well-run observation unit should

have lengths of stay that are 15 to 18 hours. This is in contrast to the 36 to 48 hours that observation status patients often stay in hospitals.”

Improving Patient Satisfaction

Several studies have shown that effective hospitalist care can also contribute to increased patient satisfaction. In one study, which appeared April 12, 2019, in the *Journal of Community Hospital Internal Medicine Perspectives*, patients scored hospitalists particularly high on their concern for patients’ worries and their responsiveness to patients’ questions. As the primary contact for their inpatient care, hospitalists have the unique position to improve communication and foster patient trust.

“The hospitalist has the opportunity to be a constant for our patients,” Long says. “To know that this is the person who is quarterbacking their care and understanding everything that is going on is a tremendous satisfier.”

Partnering for Success

With the right partner, implementing these and other strategies aimed to elevate an organization’s hospitalist program can be even more successful. A strategic partner should be able to think holistically about hospital medicine and be nimble enough to understand what Long describes as the “ripple effects” of every decision made in a hospital.

“In hospital medicine, you can be efficient with your rounding and discharging and the coordination of all the different individuals who are caring for a patient, and then that creates capacity to see other patients faster, which enables you to generate revenue,” she says. “In addition, if the hospitalists are driving increased patient satisfaction, this can drive other people to want to come to your hospital.”

In the fast-paced, day-to-day business of healthcare, it’s also important for healthcare leaders to take a moment to recognize the immeasurable value all front-line clinicians, including hospitalists, bring.

“Elevate your hospital medicine teams and celebrate the work that they’re doing,” Thompson says. “This is a group of clinicians who can—and will—drive the change that you need.”

For more information, please contact Joyce Kennedy, senior vice president of Strategy, Core Clinical Partners, at jkennedy@coreclinicalpartners.com.





Paul B. Hofmann,
DrPH, LFACHE

Prioritizing Patient Benefits Over Hospital Income

There should be no debate about why serving patients is most important.

A Nov. 30, 2023, essay in *The New York Times* titled “Why Are Nonprofit Hospitals Focused More on Dollars Than Patients?” raised several eye-opening points about how it appears some nonprofit hospitals may be straying from a focus on patients to a focus on profits.

Amol Navathe, MD, a practicing physician, senior fellow at the Leonard Davis Institute of Health Economics, and co-director of the Healthcare Transformation Institute at the University of Pennsylvania, writes about detailed media reports showing some hospitals “hounding poor patients for money, cutting nurse staffing too aggressively and giving preferential treatment to the rich over the poor.”

Dr. Navathe notes that some “nonprofit executives have embarked on an acquisition spree, assembling huge systems of hospitals and physician practices to raise prices and increase profits.” He adds that significant evidence shows development of these “giant systems” is resulting in healthcare that is less affordable for those who need it most.

He also acknowledges that nonprofit hospitals can make

money. Hospital operating margins, however, have traditionally hovered between 1% and 2%. Kaufman Hall’s National Hospital Flash Report released this February shows operating margins for all hospitals the past 12 months reaching or breaking 2% just three times, with February 2023 at -0.4% and January 2024 seeing a bump to 5.1%.

Tax-exempt hospitals provided nearly \$130 billion in total benefits to their communities in 2020 alone.

In return for being tax exempt under the IRS, these hospitals are required to invest that money back into their communities by lowering healthcare costs, providing community health services, conducting research and offering free care to those in their communities who cannot afford it.

Tax-exempt hospitals provided nearly \$130 billion in total benefits to their communities in 2020 alone—the most recent year for which comprehensive data is available, according to the American Hospital Association.

Although Navathe focuses his attention on nonprofit hospitals, his recommendations—and those here—also apply to investor-owned hospitals and systems. Following is a handful of suggestions, which executives can consider adopting as an ethical imperative to help reinforce their focus on prioritizing service to their communities over profits.

Most of the recommendations include examples of organizations that have accomplished impressive results. Successfully adopting these suggestions requires the active involvement of hospital and health system governing bodies and senior management.

Tie Executive Compensation to Organizational Mission

As noted in Navathe’s essay, a 2017 ACHE survey (“Chief Executive Employment Contracts and Performance Evaluations: Current Practices”) found that only one-quarter of nonprofit hospitals tied chief executives’ bonuses to their organizations’ community service efforts.

Tying at least a portion of executive compensation to meeting the organization’s mission—not solely financial goals—is a good way to keep this mission top of leaders’ minds.

Address Social Determinants of Health

If improvement in community health status were included as a metric for today's healthcare organizations, it is more likely that addressing social determinants of health would have high priority. Excellent examples exist in the field, and several healthcare organizations have been cited for their innovative efforts in this area. The American Hospital Association's May 8, 2023, "Chair File: Highlighting the Extraordinary Work of Hospitals and Health Systems" highlighted two such examples. Guadalupe County Hospital in eastern New Mexico was acknowledged for setting up school-based health clinics to offer preventive care for students. The clinics increased access to healthcare services for children and their families in remote rural areas. Norman Regional Health System in central Oklahoma was recognized for improving community health through a food pharmacy, community health navigator program and community call center and through administration of flu and COVID-19 vaccines.

Target Hospital-Acquired Infections

Hospital-acquired infections affect one of every 31 patients and cause 72,000 deaths annually, according to a 2022 report from the Centers for Disease Control and Prevention. No one would insinuate that hospitals are oblivious to this issue, but it should be included on organizations' performance dashboards. In its "National HAI Targets & Metrics,"

published Sept. 2, 2021, the U.S. Department of Health and Human Services cited progress in reducing the six most common infections between 2015 and 2021. More work, however, needs to be done. According to recent HHS data, Medicare patients suffer an adverse

event in one out of four hospitalizations. One-third of those adverse events are serious, including catastrophic outcomes. Therefore, it is certainly reasonable that every hospital should be tracking and reducing these adverse events.



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Reduce Racial and Ethnic Inequities

Substantially reducing racial and ethnic inequities is still a massive challenge, but meaningful advancements have also been made in this area. More hospitals and health systems, for example, are being recognized by the AHA's Equity of Care awards.

Bloomington, Minn.-based HealthPartners has been stratifying its patients' experiences and outcomes by race and ethnicity for more than 15 years.

Kaiser Permanente has experienced notable success in improving control of chronic conditions among minority patients. The work of Point32Health has established more than 70 ongoing health equity initiatives in collaboration with Harvard Pilgrim Health Care and the Tufts Health Plan, which together involve 2 million members. Reducing racial and ethnic inequities will require documenting such disparities; therefore, hospitals and health systems should consider partnering with local health departments and collaborating with other hospitals in the same service area to accelerate progress.

Take Care of Caregivers

Professional burnout among clinicians has become ubiquitous, leading to clinical errors, moral distress and early retirement. Executives should continue to focus on prevention and mitigation of burnout among their front-line staff. The insights provided in "Battling Clinician Burnout: Fighting the Epidemic From Within," appearing in the January/February 2019 issue

of *Healthcare Executive*, are a helpful resource. Achieving and maintaining excellent nurse and physician satisfaction survey results is a reasonable indicator of how an organization stands regarding burnout rates among its staff.

.....
The U.S. Department of Health and Human Services cited progress in reducing the six most common infections between 2015 and 2021.
.....

Keep Employees Safe

Closely associated with the goal of reducing burnout is preventing violence against staff members. Healthcare workers in the U.S. suffer more nonfatal injuries from workplace violence than workers in any other profession, including law enforcement, according to August 2023 reporting by the Associated Press.

Consequently, reduction in workplace violence is a valid performance metric and one that should be emphasized in today's healthcare provider organizations. An April 2023 AHA issue brief titled "Building a Safe Workplace and Community: Mitigating the Risk of Violence" included a case study of the NewYork-Presbyterian Health System's efforts to prevent and mitigate workplace violence. The same issue reported on how Connecticut-based Bristol Health greatly reduced violent incidents within three years and the steps taken by Atlanta-based Grady Health to train all staff in de-escalation, self-defense and response to emergency codes.

Help Reduce Medical Debt

Nearly one in 10 adults has medical debt, according to a March 2022 KFF analysis. Patients delaying treatment because of medical debt remains a significant problem, frequently resulting in patients needing more expensive treatment when they go to the ED or require hospitalization. To help reduce this serious issue, more hospitals are now operating mobile clinics. Examples of two such organizations include The Mayo Clinic Health System and Providence Santa Rosa Memorial Hospital, which provides medical care for the uninsured and under-insured population in Sonoma County, Calif.

The value of encouraging governing bodies and senior management to include documentation of current, expanding or new programs reflecting this type of community benefit on their dashboards is obvious.

Admittedly, some health systems and hospitals may not choose to follow all these recommendations. Even adopting some of them, however, can and should influence institutional performance. And they should certainly serve as a good reminder to keep hospitals' focus where it needs to be—on prioritizing patient care above all else. ▲

Paul B. Hofmann, DrPH, LFACHE, is president of the Hofmann Healthcare Group, Moraga, Calif., and co-editor of Managing Healthcare Ethically: An Executive's Guide, published by Health Administration Press, and Management Mistakes in Healthcare, published by Cambridge University Press (hofmann@hofmannhealth.com).

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Dennis Delisle,
ScD, FACHE



Milly Valverde



Leon McDougle, MD

Inclusive Excellence in Healthcare

How one organization is shaping culture through intention and commitment.

Healthcare is an industry of people caring for people. The team-based nature of care delivery requires the contribution and collaboration of many individuals. Building a culture founded on connection, trust and partnership can lead to dramatic and sustainable results. As we struggle with healthcare workforce shortages, employers need to be a magnet to attract and retain faculty and staff. The strength of the organizational “magnet” lies in its culture. To that end, leaders must drive deliberate focus on culture shaping, creating a more diverse and inclusive environment to advance healthcare equity.

At The Ohio State University Wexner Medical Center, this focus continues to evolve. Leaders, faculty and staff throughout the medical center contribute cultural shaping efforts through a myriad of programs and groups that aim to enrich workplace climate and the team makeup. The intentional approach to improve cultural humility, diversity, equity and inclusion yields meaningful outcomes.

One of the medical center’s strengths lies in its robust employee resource group structure. The ERG committee of the organization’s diversity council features 10 groups, each supported by a pair of executive sponsors. The ERGs receive funding from the medical center and form a network of teams that

actively engage, support and drive inclusion efforts across the organization. ERGs provide the opportunity for faculty and staff to participate in training programs, celebrations and advocacy efforts, among other initiatives. They offer a voice for faculty and staff who may have previously felt mis- or under represented.

A cornerstone of the medical center’s commitment is reflected in the diversity council’s cultural humility and patient-centered care curriculum and participation. Over 24,000 faculty and staff completed 40,000 curricular courses in this past year, a 13% increase from the prior year. Through comprehensive training, faculty and staff are equipped with the tools to achieve National Culturally and Linguistically Appropriate Services Standards and navigate the intricacies of optimizing care for diverse populations. These actions allow the organization to serve patients and families in more than 100 different languages.

To further strengthen competency development, staff can earn a certificate of inclusive excellence, which is a way for them and faculty to demonstrate their commitment and advance their knowledge to foster inclusive excellence for their patients, the communities they serve and for each other. The program was developed in partnership with key

stakeholders that include the ERGs, the Office of Institutional Equity, the Diversity Council, patient advisories and the health science colleges. The program saw a 64% increase in prior year completions, which included 650 individuals earning the certificate of inclusive excellence and 485 individuals achieving the “Champion” level, which requires completing 12 training sessions. Eight individuals achieved the “Ambassador” level, the highest rating, requiring 22 training hours plus a completed capstone project. The total level of engagement showcases the depth of commitment among faculty and staff to actively contribute to fostering an inclusive culture.

Leading by example was displayed in fiscal year 2020 when the executive leadership team, Faculty Experience Group and Diversity Council prioritized implicit bias mitigation. The kickoff included the top 200 leaders completing the classroom or the Kirwan Institute online implicit bias mitigation module. This was followed by a robust voluntary response by faculty and staff, with nearly 50,000 training completions in the past three fiscal years.

In addition, for fiscal year 2023, there were 37 self-directed cultural humility and patient-centered care training options in the curriculum.

OSU's forward-thinking initiatives include diverse healthcare workforce development programs tailored to cultivate future talent (see chart below). The Diversity Equity and Inclusion Digital Marketing Internship Program, the Buckeye Diversity Summer Internship Program, the Diversity Mentorship Program and the Inclusive Leadership Development Program all play pivotal roles in growing a skilled and diverse healthcare workforce. These initiatives not only provide opportunities, they actively contribute to breaking down barriers to entry and advancement.

These pathway programs focus on identifying and developing future leaders who have an interest in serving historically marginalized and minoritized groups. This approach not only enriches the talent pool, it also fosters an environment where different perspectives converge to drive innovation, excellence and belonging.

The return on investment for these culture-shaping initiatives is seen in

outcome measures from the workforce engagement survey. In the 2023 survey, over 14,000 faculty and staff shared their voices, representing colleagues across all mission areas: clinical, research and education. In addition, English was a second language for respondents speaking 10 different languages. DEI scored as the highest rated domain in the survey across the medical center at 80% favorable. This impressive result helps to validate the investment and effectiveness of a robust culture-shaping strategy grounded in human connection.

The results and experience suggest other healthcare organizations may benefit from deliberate programming and development efforts. Through a robust ERG structure, impactful training achievements and forward-thinking talent pathway development programs, The Ohio State University Wexner Medical Center is actively fostering a culture of belonging and excellence. As we reflect on these achievements, it is evident that inclusive excellence is not just a goal

but a guiding principle that can propel healthcare organization transformation.

Organizations that foster genuine connection, invest in development and reflect the communities they serve will lead the way to healthcare equity. As the expression goes, "culture eats strategy for lunch." Cultural change is not an organic process, but rather requires an intentional effort to mold, shape and evolve over time. Efforts such as the ones described in this article offer insight into the impact these programs can have to make a meaningful difference day to day and year over year. ▲

Dennis Delisle, ScD, FACHE, is executive director, University Hospital, Brain and Spine Hospital, and Richard M. Ross Heart Hospital, Milly Valverde is director, Destination Medicine Global Health Care, and Leon McDougle, MD, is chief diversity officer and associate dean for Diversity and Inclusion, with The Ohio State University Wexner Medical Center.

Leader Development Programs

Program	Description
Buckeye Diversity Summer Internship Program	A 10-week summer enrichment program in which six undergraduate interns are paired with executive directors from across the organization to work on high-level projects and participate in weekly professional and personal development on strengths assessments, networking, creating a personal brand and more.
DEI Digital Marketing Internship Program	Aims to increase diversity in the field of marketing and communications by providing exposure, training and professional development opportunities.
Diversity Mentorship Program	Internal program aligning staff and leaders through structured mentoring and job shadowing
Inclusive Leadership Development Program	Internal program focused on developing leaders through structured mentoring, training, networking and stretch projects.



Mira Yaache



Yvonne Mitchell



Tangwan Azefor, MB

The Workforce Venn of Zen Model

A framework for overcoming healthcare workforce challenges.

A central challenge facing CEOs and other C-suite leaders today is how to reinvent their organizations to address employees' changing needs and expectations.

A central challenge facing CEOs and other C-suite leaders today is how to reinvent their organizations to address employees' changing needs and expectations.

Current State

The healthcare industry is experiencing a workforce renaissance, as employees' desires may not be aligned with employers' traditional offerings. In 2023, the top two reasons causing employees to change jobs or to actively seek new opportunities were better compensation and improved work-life balance, according to the "State of Hybrid Work 2023" study from Owl Labs. From a clinical perspective, the hospital setting has been transformed due to the implementation of strategies on the payer side seeking to move healthier patients to outpatient settings and to consolidate the sickest, most complex patients in one care venue.

This has resulted in longer, more onerous and unpredictable workdays for clinical and support staff.

In addition, the administrative demands on clinical staff are increasing, especially with the advent of technology. Technology has facilitated the spread of one's work beyond the physical workplace, which can propel the rate of burnout if "online" expectations are not managed.

Ideal Future State: Workforce Venn of Zen

The foundational premises of the theoretical model called the Workforce Venn of Zen is that having flexibility and autonomy on the job—plus commensurate compensation at market rates—creates an intrinsic harmony within the employee that will lead to increased morale and productivity. This increases overall employee well-being within the institution, ultimately achieving the organization's set mission and creating a healthy organizational culture (see graphic on Page 41).

To test consumer perspectives on the Workforce Venn of Zen model's features, Johns Hopkins conducted a focused quantitative study in February 2024. There were 127 participants, with 42% from

clinical areas and 58% from nonclinical areas. Administrative staff (55%), followed by attending physicians (21%) and advanced clinical practitioners (13%), were the highest participating job categories. Most participants (94%) indicated that remote work should become an accepted norm within healthcare when suitable and possible. One hundred percent of participants agreed that autonomy was between very important and somewhat important to how they perform their jobs.

The majority (87%) of participants agreed with aligning compensation to productivity. Most respondents (86%) also indicated risk aversion to having two-sided risk, where there would be a reduction in salary if performance measures were not met, even if there was no cap to the increase in salary. Seventy-five percent of participants said they would choose competitive cash compensation plus average benefits

This column is made possible in part by Exact Sciences.

INTUITIVE

over an average cash compensation with attractive and useful benefits.

Implementing Workforce Venn of Zen

The responses from the focused survey provided insights and considerations on how organizations can implement the Venn of Zen model:

Time: Flexibility With When and Where Employees Work

The pandemic provided experiential evidence that remote work is viable within healthcare when appropriate, and that it will not jeopardize the standard of care delivery once there is a critical mass on-site to provide in-person services. The Owl Labs study indicated that flexibility in remote work is better for employees' mental health. There is also no discrediting the value of face-to-face

interactions: The key here is to offer work schedule flexibility.

The concept of the four-day workweek is one to explore, as research reported in the same Owl Labs study shows that one in four workers (25%) would take a 15% pay cut to work a four-day week. The research shows employees working a shorter week reported less burnout and stress, higher job satisfaction and a feeling of being "refreshed."

Autonomy: How Employees Work

Leaders should communicate clear expectations, provide employees with the psychological support and physical resources to get the job done, and provide space and degrees of freedom for employees to execute their work. This approach

favors a results-and-outcome orientation rather than a process orientation.

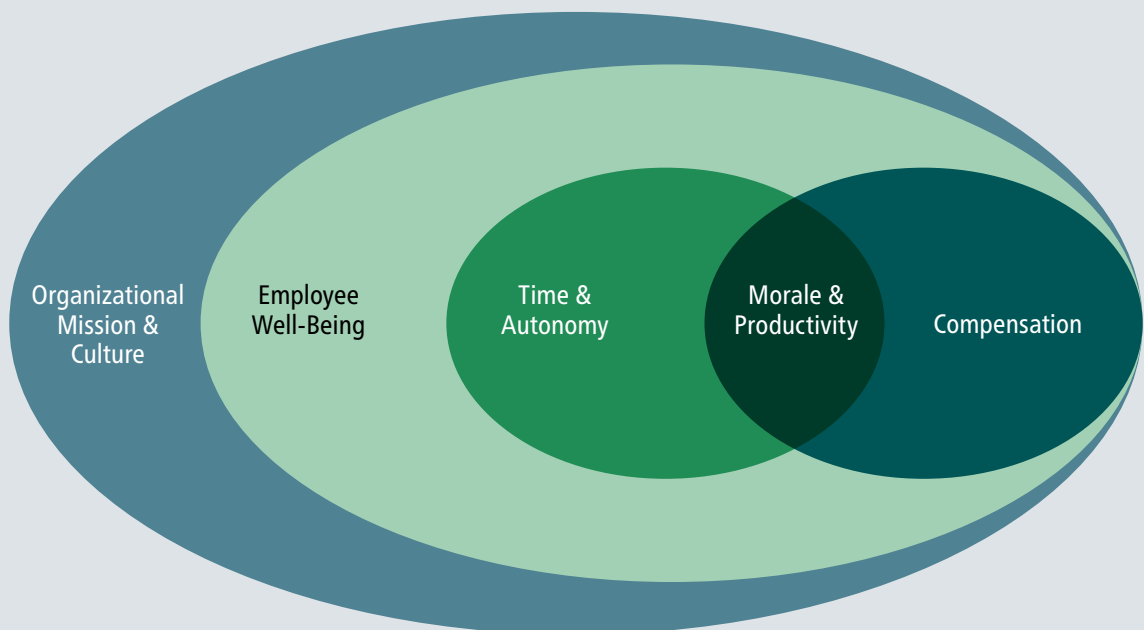
For example, once there are guardrails and established protocols to follow, employees should be empowered to add value in how they perform their roles. Underlying this is the factor of trust between the employer and employee, which can result in meaningful professional relationships, employee loyalty and increased productivity.

Commensurate Compensation: Base Pay, Benefits and Performance Incentive

To attract talent, the base pay offering should be the competitive market value for the role and should increase annually in alignment with

The Workforce Venn of Zen

Time & Autonomy + Commensurate Compensation =
Morale + Productivity -> Employee Well-Being -> Organizational Mission & Culture



inflation. Risk-sharing compensation models should be carefully designed with employee feedback at the center, as most healthcare workers are risk averse when it comes to their salary.

Independent contractor (1099 status) should be considered as a viable job-status offering option for new hires, as this can result in a higher base pay, while eliminating the cost of benefits to the institution. Overall, organizations should reassess the traditional benefit offerings and learn from employees which benefits they value. This bottom-up, not top-down, approach can help employers understand their employees' preferences at the individual level, noted authors Andrew Curcio and Alastair Woods in their July 27, 2021, article in *strategy+business*, a PwC publication.

***Morale and Productivity:
Increasing Performance and
Job Satisfaction***

When commensurate compensation and flexibility on the job are combined, improved employee morale and productivity are inevitable. Productivity, however, should be well-defined, metric measured and dashboard accessible, and involve a performance feedback loop with the employee. It also should be tied to the job role and to individual metrics and be within the employee's sphere of control, especially when the productivity metrics relate to compensation. When performance incentives are well-designed, they can be powerful tools to increase morale and productivity.

***Employee Well-Being: Patient
Care Requires Employee Care***

Employee well-being is the equilibrium achieved when the employee experiences self-actualization, work-life

harmony and a sense of belonging on the job. At work, it includes supportive relationships with managers and colleagues, feeling valued and a balanced expectation of productivity. With the increased prevalence of mental health issues in the present day, leaders should protect their human capital by prioritizing employee well-being through supportive services and offerings that help employees achieve this well-being equilibrium.

.....
*The Workforce Venn of Zen
framework can help leaders
tackle workforce shortage
concerns through redesigning
job offerings and placing
central emphasis on employees'
experiences and needs.*

.....
***Organizational Mission and
Culture: The Employee Experience***
Culture can be the biggest adversary to mission realization. When employees are in a state of optimal well-being, the organization's mission will be fulfilled, and there will be a cultural transformation. Leaders should consider conducting an assessment of their business culture to understand its distinctiveness, identify the traits individuals associate with it and recognize the habitual behaviors followed by people internally. Encouraged by PwC in its *Global Workforce Hopes and Fears Survey*, and pulse surveys among employees, combined with external social listening and online monitoring of employee review websites and social media platforms, organizations have the potential to

bring attention to cultural issues that employees may not be openly discussing with leaders.

***In a Transformative Period,
Focus on Employees' Needs***

The healthcare sector is experiencing a transformative period characterized by unprecedented turnover rates and driven by shifts in healthcare professionals' preferences. The responses from a majority of our survey respondents indicating remote work should become an accepted norm within healthcare reflect a departure from traditional, labor intensive work structures to a more integrated approach that incorporates work-life balance.

Leaders grapple with the challenge of attracting and retaining top performers in a highly competitive market to fulfill their missions, all while managing and controlling labor costs. Backed by survey data, the Workforce Venn of Zen framework can help leaders tackle workforce shortage concerns through redesigning job offerings and placing central emphasis on employees' experiences and needs. ▲

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Official Notice

for the 2024—2025 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. 13, 2024. If you submit your letter of intent and you haven't received confirmation by Sept. 16, 2024, contact Nate Muckley at nmuckley@ache.org.

Please visit [ache.org/RegentElection](https://www.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 2025 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.



Tom Snyder, RN,
FACHE



Purvi Patel, PT



Steven Lewis

High Reliability in Environmental Services

Daily management system boards at Banner Health improve performance.

High reliability in a hospital system refers to the organization's commitment to minimizing errors and enhancing safety. This involves a culture of continuous improvement, clear communication and a focus on standardization. Leadership plays a crucial role in fostering this culture, emphasizing accountability and ensuring staff are empowered to identify and address potential

problems. Examples of principles that encompass high reliability include standardized processes, preoccupation with failure, sensitivity to operations, commitment to resilience and deference to expertise. Being highly reliable encompasses moving safety forward individually and as teams.

As part of its journey to being a high reliability organization, Banner

Health, Phoenix, implemented daily management system boards in the environmental services department at one of its hospitals in January 2023. The DMS boards have made a positive impact on environmental services performance improvement, including improved turnaround and response times. The health system plans to eventually incorporate the boards across all Banner hospitals.

Dashboard Benchmarks

The following dashboard benchmarks for all environmental services departments are updated daily, with the prior day completed request:

Request to Complete, also referred to as "turnaround time," is the difference between the "Request Date/Time" and the indicated "EVS Completed Date/Time." This is calculated in seconds, divided by 60 and rounded approximately. Unless otherwise indicated, any requests that took longer than 24 hours are omitted from the number on the dashboard.

Request to Start, also referred to as "response time end," is the difference between the "Request Date/Time" and indicated "EVS Start Date/by Time." This is calculated in seconds, divided by 60 and rounded approximately. No adjustment is made for this metric on the dashboard. The metric can be overstated, as EVS team members frequently mark it as "started" after they have already initiated the job.

Start to Complete is the difference between the "EVS Start Date/Time" and the "EVS Complete Date/Time" as marked by an EVS team member. This is calculated in seconds, divided by 60 and rounded approximately. Due to requests being marked as started after a job is almost complete, there is an "adjusted Start to Complete" metric shown on the dashboard, which omits any request that was completed within 120 seconds.

The Mission

As part of its high reliability project in environmental services, Banner Health used evidence-based research to implement daily management system boards on all units for huddles at Banner Ironwood Medical Center, Queen Creek, Ariz. It is a full service, acute care hospital with more than 500 beds.

The DMS boards are prominently displayed in department hallways, serving as visual management tools that provide real-time information to care teams. It is important to note

This column is made possible in part by Exact Sciences.



that DMS boards do not include any protected health information, which ensures patient privacy.

The purpose of DMS boards is to promote transparency of information by displaying key performance indicators, metrics and goals related to patient care, safety and operational efficiency. This transparency encourages awareness, accountability, a safe zone for staff to express concerns, and continuous improvement and education, and it fosters a culture of unending improvement within departments throughout the organization.

The DMS boards act as a central hub for communication among patient care teams for sharing important updates, information about improved and new procedures, and best practices. This improved communication helps ensure staff is well-informed, confident, supported and aligned in delivering exceptional care. DMS boards also both facilitate problem-solving initiatives by visually representing data and trends that help staff identify areas for improvement, and they encourage collaborative problem-solving and teamwork.

Alongside the DMS boards, Banner Ironwood Medical Center care teams engage in regular staff huddles, which include environmental services team members. The huddles provide an opportunity for team members to share critical information and discuss patient care needs while ensuring a seamless care experience.

The Outcomes

The visual representation of information on the DMS boards within the Banner Ironwood Medical

Center environmental services departments has been a game changer. Visuals can convey complex concepts and data in a concise manner, making it easier to process and comprehend. Research published in the February 2023 issue of *Management Review Quarterly* suggests that our brains are wired to process visual information

more efficiently than text or verbal information. Visuals engage multiple senses and can have a stronger impact on memory, making it easier to remember and recall the presented information.

Visual representations also have the advantage of being able to display

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relationships, patterns and trends in data more effectively. Through charts, graphs, diagrams and infographics, complex information can be simplified and patterns can be easily identified, allowing for better analysis and decision-making. Moreover, visuals have a universal appeal and can transcend language barriers.

The Banner Ironwood Medical Center environmental services DMS boards have positively affected departmental metrics since the boards were implemented in early 2023. As two examples, the team successfully decreased Request to

Complete time from 77 minutes to 62 minutes and decreased Start to Complete time from 42 minutes to 39 minutes. (See graphs below.)

A throughput goal, “5 x 5” (5 minutes to accept, 5 minutes to start), and a focus on patient experience (every patient, every time) were added to the daily top five categories on the DMS board along with environmental services department goals and key performance indicators. The board provides a visual management tool to streamline communication with real-time information to the team. It

clearly displays metrics and goals related to efficient operations. The visual aspect of the board helps team members understand both individual and departmental performance to facilitate problem-solving and identify areas for improvement as a team. This has propelled the Banner Ironwood Medical Center environmental services team into the top five in the system rank among all Banner Health facilities.

Staff Recognition

Environmental services staff who work in hospitals may have other employment options outside the hospital environment. Thus, their work satisfaction and retention are paramount to patient and quality outcomes and integral to organizational culture. Banner Health has supported the latter through human resources messaging of “One Team” and encouraging employee recognition through an online portal.

Banner Ironwood Medical Center leadership have encouraged the use of the DMS boards to emphasize that all employees “are Banner” and that employees and leadership are accountable for the respective departmental data, outcomes and DMS board content—and for the organization’s shared high reliability journey. ▲

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Dashboard Benchmarks



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Paul H. Keckley, PhD

Healthcare’s Role in the Presidential Campaign

Stakeholder messaging ahead of the election requires careful consideration.

The U.S. healthcare system per se is not on the ballot for the nation’s presidential election this year. Polls indicate economic issues are what matter most to voters, with inflation and the cost of living their primary focus. It is in this context that healthcare affordability and issues related to healthcare costs will surface in campaign rhetoric.

While activism in political campaigns is generally discouraged by boards of directors, informing key stakeholder groups—media, employees, trustees/directors—about policy proposals is a vital part of the leader’s role.

The context in which voters consider healthcare issues like affordability is based on personal circumstances. Studies show health status, insurance coverage and household income are key factors in how much voters use the healthcare system and their attitudes about its effectiveness. Against this backdrop, the presidential candidates will face an electorate in which the

majority hold a negative view of the health system. Consider that:

- Polling by Gallup about the medical system among U.S. adults has shown a gradual erosion of “trust and confidence,” dropping from 80% in 1975 to 38% last year.
- In a November 2023 Keckley Poll, 69% of adults agreed that the U.S. health system is fundamentally flawed and in need of major change. Sixty percent agreed the health system “puts its profits above patient care in day-to-day operations,” and 52% said they “feel confident in their ability to navigate the U.S. system when they have a problem,” versus 32% who have mixed feelings and 16% who aren’t sure.
- A Kaiser Family Foundation poll in February 2024 found that 74% of U.S. adults worry more about unexpected medical bills than any other financial concern—well above fears about food, energy and housing.

With the notable exception of abortion rights in which candidates are pressed for specifics, proposals on issues like affordability will not be advanced beyond aspirations that align with the platforms of their

respective political parties. The 10 issues in the chart on Page 49 reflect those distinctions.

Each campaign will opine support for policy changes without offering details on what, when and how. Each will recognize the roles states and courts play in directing health policies, and neither will propose transformative policy changes like privatizing Medicare or adopting single-payer healthcare because they’re too risky.

Implications for Healthcare Leaders: How to Address Stakeholder Messaging

Healthcare leaders are expected to be informed about regulations and issues that impact the sustainability of their organizations. While activism in political campaigns is generally discouraged by boards of directors, informing key stakeholder groups—media, employees, trustees/directors—about policy proposals is a vital part of the leader’s role. In these communications, three themes should be integrated to optimize credibility and impact:

1. **Election Uncertainty:** Election outcomes are hard to predict. Equally complicated are health policies, regulations, court decisions and trends that could impact the health system’s future.

Caution should be reflected in predicting election outcomes and their impact on the health system.

2. **Business Practice**

Transparency: Stakeholders expect full transparency regarding financial, clinical and administrative business practices and results in every healthcare organization. A tone of candor is required to address a growing backlash against the system’s opaque pricing and consolidation to build trust. Leaders who encourage stakeholders to promote a

specific position on a political issue or to provide support for a particular candidate risk losing community support in this highly charged political environment. Messaging must be thoughtful, necessary and respectful.

3. **Purpose:** While the maladies of the health system are multifactorial and complicated, the focus of leader messaging must be about solutions rather than blaming others. The healthcare system is unique: It’s vital to communities, the

economy and every household. Its future is uncertain, requiring leaders to be leaders.

The result of this year’s presidential election will set the stage for healthcare’s future at a time when its critics are loud and its value proposition to voters uncertain. Though it might not be a dominant theme in campaign rhetoric in the coming weeks, healthcare is certain to play a significant role in who occupies the White House next year. ▲

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

Policies of Two Presidential Candidates

Healthcare Issue	Biden Policy	Trump Policy
Access to Abortion	A basic right for women protected by the federal government.	Up to the states and should be safe and rare.
Affordability	The system is unaffordable because it’s dominated by profit-focused corporations. It needs increased regulation, including price controls.	The system is unaffordable to some because it’s overly regulated and lacks competition and price transparency.
Health Insurance Coverage	Necessary for access to services and should be universally accessible and affordable.	A personal choice. Government should play a limited role.
Medicare	Foundational to seniors’ well-being and should be protected, but demand is growing, which requires modernization and additional revenues (taxes, plus appropriations).	Foundational to senior health and is in need of modernization through privatization. Waste and fraud are problematic to its future.
Medicaid	Medicaid Managed Care is its future, with increased enrollment and standardization of eligibility and benefits across states.	Medicaid is a state program allowing modernization and innovation. The federal role should be subordinate to the states.
Competition	The federal government should enhance protections against vertical and horizontal consolidation that reduce choices and increase prices in every sector of healthcare.	Current antitrust and consumer protections are adequate to address consolidation in healthcare.
Price Transparency	Transparency is necessary and essential to protect consumers.	Transparency is necessary to drive competition in markets.
Affordable Care Act	A necessary foundation for health system modernization that appropriately balances public and private responsibilities. Motto: “Fix and repair.”	An unnecessary government takeover of the health system that’s harmful and wasteful. Motto: “Repeal and replace.”



To Know Physicians, Shadow Them

Doing so can build trust, reduce burnout.

Amer Kaissi, PhD

Physician burnout is prevalent, spanning all medical specialties. A January 2024 Medscape report noted 83% of physicians surveyed said their burnout comes directly from the day-to-day stressors they encounter in their work at various healthcare organizations. Although healthcare leaders are certainly aware of the issue, they can be far removed from the realities of patient care and might have significant blind spots in understanding the extent of clinician burnout and its ramifications.

When organizations adopt shadowing practices consistently, physician engagement and resilience will drastically improve while burnout will significantly decrease.

Blind Spots in Understanding Burnout

Despite their good intentions, leaders often lack a deep appreciation of physicians’ journeys, their workloads and their lack of time for vacation or paid time off. This potentially

leads to more physician burnout and the further distancing of administrators from their clinical teams.

Fernando Triana, MD, medical director of cardiovascular services at Methodist Healthcare in San Antonio, observes:

“Very often I find that the physician journey and workload are not well understood by healthcare executives. Typically, a physician is expected to work in a hospital setting at least one weekend out of the month. Traditionally, we have referred to those hours to work during the weekend as being ‘on-call,’ implying that the physician is available if needed. This is very far from reality. The actual requirement is for the physician to leave their home and accomplish a series of tasks, such as rounding on patients in the hospital and evaluating patients that come to the emergency room. The reality is that physicians are committed to a certain workload during these ‘on-call weekends,’ and that workload may vary from as little as 10 hours to as many as 40 hours during a single weekend.”

In addition, administrators often are not aware of how little personal time

off many physicians have. Recent research conducted by the American Medical Association, in collaboration with several universities and health systems, revealed that some physicians hesitate to use some or all their vacation days. Their reasons included financial concerns and the inability to find another physician to cover their patients while they are gone. The study, which appeared in the Jan. 12, 2024, issue of *JAMA Network*, showed that one in five physicians take five or fewer vacation days each year.

To their credit, most healthcare organizations have developed burnout reduction programs that aim to improve resilience. Unfortunately, many of these programs unintentionally make physicians feel that burnout is their fault. The programs tend to focus on overly simplistic solutions, such as deep breathing and meditation, while not realizing that physicians feel as if they are the proverbial canary in the toxic coal mine: If the environment around them doesn’t change, their burnout is not likely to change.

Physician burnout, however, can be lessened a great deal when we systematically take the time to understand what they go through day in and day out. This approach can build trust and make physicians feel

appreciated and noticed, which can build and strengthen relationships between executives and the organization.

As an executive coach that has worked with dozens of physicians, I have found that most physicians just want better understanding and appreciation by administrators so that they can serve their patients more effectively.

.....
Although healthcare leaders are certainly aware of the issue, they ... might have significant blind spots in understanding the extent of clinician burnout.
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Shadowing: An Effective Approach to Reduce Burnout

One important way to help better understand physician challenges is shadowing them. Paul DeChant, MD, a national expert on physician burnout and principal/co-founder, Organizational Wellbeing Solutions, believes shadowing physicians is the simplest and most effective strategy to better understand their burnout:

“There are few approaches that are more effective at eliminating information deficit between administrators and physicians than direct observation by shadowing physicians while they work. When done carefully, with preparation and a supportive intent, shadowing also builds the trusting relationships that are key to engaging physicians in transformational change.”

Immersive shadowing, where executives spend several days from the beginning of the shift to its end following a physician around, can help leaders develop empathy and change their perspective for the long term. With empathy and understanding in place, every physician interaction will have positive intentions that give physicians the benefit of the doubt. This mindset requires the humility to take the time to be on the front lines and to be open-minded to learn, and the ambition to want to improve physician engagement and help lower their burnout. It is a “humbitious” approach to leadership.

Experienced leaders who have never shadowed a physician can start planning to make shadowing a regular part of their weeks. Certainly, time limits are an obstacle for schedules that are already packed, but what could be more important for a healthcare executive than medical staff engagement and well-being? The main barriers, other than time limitations, include convincing superiors and corporate offices that shadowing is worth the investment in terms of time and effort. An effective approach is to coordinate with physicians and block times on their calendar months in advance, committing to the practice of shadowing while making the business case for it. The benefits will far outweigh the costs for them, their organizations, their patients and their communities.

In addition, it’s important for early careerists to intentionally shadow physicians as soon as possible in their career. This goes beyond watching a

surgery being performed or spending their lunch hour in the physician lounge. It is about committing to following physicians from the time they start their day at their practice, to their commute to the hospital, to their rounding on patients or time in the OR, to their hours on-call, and all the way until the end of their shift.

Some higher learning institutions are even requiring postgraduate students to shadow physicians as part of their coursework. The Health Care Administration graduate program at Trinity University San Antonio, for instance, is piloting an initiative that requires students to spend at least one week of their administrative residencies fully immersed in shadowing several physicians. The program’s administrators strongly believe that nothing can be more formative for an early careerist than to start understanding physicians’ worlds and their daily struggles and challenges. Only then can young executives develop empathy and realize that physicians just want to provide their patients with high-quality care without being pushed beyond their human limits.

When organizations adopt shadowing practices consistently, physician engagement and resilience will drastically improve while burnout will significantly decrease. As a result, quality of care and patient safety will only benefit. ▲

Amer Kaissi, PhD, is a professional speaker, executive coach and professor of healthcare leadership at Trinity University in San Antonio. An ACHE Member, he is also the author of the book Humbitious: The Power of Low-Ego, High-Drive Leadership (amer.kaissi@trinity.edu).



Marina Renton



Eric Poon, MD, FACMI



Jeff Rakover

Leveraging AI to Support Improvement

Important considerations for quality leaders.

Since ChatGPT burst onto the scene with great fanfare in November 2022, industries worldwide have been assessing the impact of a widespread uptake of generative AI technologies. These tools not only answer questions but also generate new content, including text, images, data visualizations and more, with relatively modest human prompting.

In healthcare, generative AI is showing tremendous potential in helping providers save time on documentation, patient education, communication and note taking. But what effect might these technologies have on healthcare quality improvement activities? To answer this question, the Institute for Healthcare Improvement scanned the literature and consulted dozens of experts. The findings indicate that generative AI will likely change how quality improvement teams distribute their time, approach education and manage routine data analysis.

We suggest that quality leaders think of AI as an assistant and facilitator that enables their talent to spend more time on activities that they want to do, but for which they may lack adequate resources, especially time. Examples include deeply exploring clinicians' challenges and brainstorming

solutions, engaging with patients and families to understand their needs and pain points, and co-producing improvements with multiple stakeholders. The great potential for AI, however, does not override the importance of proceeding with caution and identifying, acknowledging and proactively attempting to mitigate the attendant risks.

Using AI to Support Quality Improvement

IHI's research identified several powerful use cases for generative AI in healthcare:

- **Data Visualization and Analysis:** ChatGPT Plus and similarly powered tools can create classic quality improvement data visualizations like run charts, control charts, Pareto analyses and histograms. In addition, some AI tools can analyze data to help identify statistically significant variation.
- **Quality Improvement Education:** AI tools provide largely accurate responses to basic questions posed in a conversational tone such as "What is a Plan-Do-Study-Act cycle?" or "Why is it important to look at change over time?"

- **Change Preparation:** The tools can help improvement teams identify and iterate on change ideas, build driver diagrams and devise measurement strategies. Because AI tools rely on existing information, they are most suited for topic areas in which best practices are well known, such as reducing patient falls, infections and discharge delays.
- **Consultation:** The tools do a reasonable job of brainstorming options when implementation barriers arise, such as resistance to change from peers. They can help users take a step back, consider alternatives and identify a first step.

Considerations for Leaders

Healthcare leaders may be tempted to leverage efficiencies afforded by AI to scale back on staffing. Research suggests that quality-related job roles may be disproportionately impacted by AI, given the knowledge and work required of quality specialists, which AI can facilitate in many ways. We strongly suggest that quality leaders avoid this line of thinking because AI tools can make factual errors, invent facts and perform basic calculations inaccurately. Regarding patient safety, healthcare

organizations cannot afford to rely on generative AI for anything other than assistive support.

Perhaps the best way to leverage efficiencies introduced by generative AI is to free up quality professionals for activities best performed by humans, such as overseeing automated tools' outputs to ensure they are factually accurate and fine-tuned to the local culture.

Another way to leverage generative AI is to help organizations implement a quality management system, such as IHI Whole System Quality, which emphasizes a holistic approach comprising three interrelated components: quality planning, quality improvement and quality control. Linking these components and building the attendant data collection and management systems can prove daunting to quality managers overstretched with meeting the needs of regulators, accreditors, risk managers, patients, clinicians and others. Generative AI may be able to help by analyzing large troves of qualitative and quantitative information and even facilitating activities like patient-facing interviews to better understand service user needs via specially designed chatbots.

Expanding the use of AI tools to these types of activities provides quality leaders with the opportunity to enable managers and staff to focus on other aspects needed to bring Whole System Quality to life: co-design, facilitation and skill-building.

Further Implications

Many healthcare organizations are in the early stages of considering how

best to harness the power of AI. Some forbid the use of existing generative AI solutions, given that they are not HIPAA-compliant. Others may choose to build a homegrown solution using an open-source model, thus ensuring that no data leave the institution, or use an enterprise version of a "closed-source" model, such as Microsoft Copilot. Still others may want to work with OpenAI or a similar vendor to adopt the privacy practices that best fit their business.

Whichever path is chosen to operationalize their organization's vision for incorporating generative AI, it is important for quality leaders to consider the following:

- **Seek multidisciplinary input and oversight:** Ensure that an existing or new multidisciplinary committee with representation from clinicians, executives, IT leaders, risk and legal analysis experts, researchers, quality managers and operations leaders is closely examining use cases and policies pertaining to generative AI. For example, Duke Health, Durham, N.C., and UC Davis Health, Sacramento, Calif., are building such structures.
- **Identify training required for staff:** The foundational skill for generative AI is "prompt engineering," or the art and science of knowing how to ask generative AI chat tools questions in a way that will offer the most useful, informative, accurate and relevant results. Prompt engineering requires no background in computer coding or programming to master, and numerous free offerings are already in place.

Generative AI is primed to reshape knowledge work—including quality improvement work—for years to come. We don't yet fully understand all the workforce implications, and research questions on the tools' overall accuracy and reliability across diverse use cases still require careful study. Additional tools will become available that offer AI-powered quality management through continuous monitoring, ambient listening, real-time transcription and even AI-enabled visual tracking to identify deviations from standard processes and prevent problems. At the same time, these technologies could jeopardize workforce well-being by heightening surveillance and reducing autonomy.

Leaders need to proceed cautiously and consider AI tools that improve both care quality and workforce well-being, assessing such technology adoption together with point-of-care clinicians and staff, and building guardrails around their uses (for example, the primary user of such data should be the clinician working with patients, not the clinician's manager). Seeking feedback from patient and family representatives is also important to the development and implementation process.

Healthcare quality leaders are well-poised to begin understanding the implications of AI for their work—finding that the essential quality improvement principles of test, learn, test, learn and adapt still apply. ▲

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Robert G. Garrett,
FACHE

AI: A CEO's Perspective

Hackensack Meridian Health's leader provides his strategy.

New applications of AI have shown tremendous potential to transform healthcare, offering innovative solutions to long-standing challenges and wielding greater efficiency in how we approach patient care and treatment decisions.

AI offers practical solutions that can help organizations overcome challenges by improving outcomes, enhancing care and advancing health equity.

Operationalizing this groundbreaking tool is a major challenge and an extraordinary opportunity. The global healthcare AI market is forecast to be worth almost \$188 billion by 2030, according to a Statista report "AI in healthcare market size worldwide 2021-2030." This growth comes at a critical crossroads in healthcare, with a projected shortage of nearly 10 million physicians, nurses and midwives globally by 2030 at the same time we are faced with the increased needs of an aging population. AI offers practical solutions that can help organizations overcome these challenges by

improving outcomes, enhancing care and advancing health equity.

Hackensack Meridian Health's guiding principle in this journey has been that it must be highly strategic. The organization's priority is to deploy AI safely, making sure the right governance mechanisms are in place. We are committed to ensuring AI is not acting without human intervention and oversight.

Here are a few ways teams were challenged to demystify the process.

They started by framing the discussion around key areas to guide them in selecting the best options for Hackensack Meridian Health's network of 18 hospitals and more than 500 patient care locations. They also created a predictive health team that worked with stakeholders across the network to leverage AI technology and prioritize projects.

The teams created a pipeline focused on three areas: clinical, operational and research, where AI would provide either diagnostic support or predictive analytics to enhance care delivery. They funneled all the projects their leaders suggested and ultimately selected five to pursue, with the purpose of improving clinical outcomes, enhancing

operational efficiencies and advancing health equity.

The five pilot projects include:

1. Harnessing the power of AI to identify complex patterns in imaging data and to provide quantitative evaluation of radiographic traits. The goal is to better manage the radiology workflow queue, ensuring more complex and urgent images are prioritized. They may also detect modalities that can benefit from further inspection.
2. Testing the capabilities of AI to enable primary care providers to identify Stage 3 chronic kidney disease earlier to slow disease progression, potentially a major advance for health equity. Black Americans experience kidney failure at three times the rate of white Americans. This is vitally important, as America faces a tsunami of chronic disease, much of it undetected. In fact, an estimated 100 million people have an undiagnosed chronic disease, contributing to 90% of the country's healthcare costs, or about \$3.7 trillion, according to the Centers for Disease Control and Prevention.

Despite our best efforts, there simply isn't enough time for

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healthcare providers to support all the preventive, chronic and acute care needed. One study by Justin Porter, MD, with the Department of Medicine, University of Chicago, in 2022, “Revisiting the Time Needed to Provide Adult Primary Care,” factored that it would require physicians to work an impossible 26.7 hours per day to meet the need. AI has tremendous potential to improve the treatment of chronic illness.

3. Integrating AI for operating room time optimization. The goal is twofold. First, it is important to account for the “pairwise” familiarity—the number of past collaborations of pairs within the clinical team. According to the Harvard Business Review, researchers studying cardiac teams that conducted more than 6,000 surgeries over seven years found that the composition of the team made a significant impact on productivity. Second, they are developing recommendations of procedures for patients that can fill unused time.
4. Using Serious Illness Continuum Connect, which helps ensure patients get into the right care setting sooner, both to improve their care and decrease bed days and readmission rates. Too often, our industry does not provide palliative care at the most opportune time for patients because of administrative and cultural issues, among others.
5. Using AI concepts to generate a list of patients for case managers

to consider for transferring to long-term acute care hospitals. These facilities treat patients with serious medical conditions who require care on an ongoing basis but no longer need intensive care or extensive diagnostic procedures.

Another promising area for AI is in drug discovery and development. Keep in mind that only about 12% of drugs entering clinical trials are ultimately approved to be introduced by the FDA, an expensive and challenging process. AI applications can analyze vast amounts of data to quickly identify high-potential drug candidates, predict their effectiveness and safety, and optimize their design. Hackensack Meridian Health’s Digital Technical Solutions team and leaders from its Center for Discovery and Innovation, along with Google, are working to develop a research data enclave and digital lab infrastructure to enable and accelerate the effectiveness of AI models.

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While we should embrace AI as a groundbreaking tool, it is critically important to establish guardrails to ensure that it’s used effectively and ethically.
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While we should embrace AI as a groundbreaking tool, it is critically important to establish guardrails to ensure that it’s used effectively and ethically.

For example, AI has the potential for bias. The effectiveness of AI models

relies heavily on the quality, representativeness and diversity of the data used. Biased or incomplete datasets can lead to algorithmic biases and erroneous outcomes, potentially exacerbating healthcare disparities. There are also many ethical concerns related to privacy, security and informed consent. This is why Hackensack Meridian Health is joining with other organizations, including Google Cloud, to develop best practices. All the pilots they launched have a multidisciplinary team that oversees them. This includes clinicians, colleagues who are in the same field and administrative oversight from both their IT department and operations. A data governance committee of the board also provides oversight and makes sure safeguards are in place.

Hackensack Meridian Health is also part of a nationwide commitment to harness AI’s potential while managing the risks posed by this breakthrough technology. The network joins organizations, including CVS Health, Boston Children’s Hospital and Houston Methodist, to define a set of voluntary commitments and guide their use of frontier models in healthcare delivery and payment.

With more collaboration and a commitment to positive change, we can harness the power of AI to improve and transform healthcare in our communities, throughout our nation and ultimately around the globe. ▲

Robert C. Garrett, FACHE, is the CEO of Hackensack Meridian Health, New Jersey’s largest health network, which includes the Hackensack Meridian School of Medicine.

ACHE MEMBER UPDATE

Santulli Installed as 2024–2025 ACHE Chair



William P. Santulli, FACHE, is president, Advocate Health–Midwest Region, Downers Grove, Ill.

He also serves as Chair of the American College of Healthcare Executives, an international professional society of more than 48,000 healthcare executives who lead hospitals, healthcare systems and other healthcare organizations. With comprehensive programs in credentialing, education, career counseling, publications and research, ACHE works toward its goal of being the preeminent professional society for leaders dedicated to advancing health.

Board certified in healthcare management as an ACHE Fellow, Mr. 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, Mr. 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, Mr. 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, Mr. Santulli received the Service Award through ACHE’s Recognition Program.

Mr. 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.

Sutton Elected 2024–2025 ACHE Chair-Elect



Michele K. Sutton, FACHE, is president/CEO, North Oaks Health System, Hammond, La.

She also serves as Chair-Elect of the American College of Healthcare Executives, an international professional society of more than 48,000 healthcare executives who lead hospitals, healthcare systems and other healthcare organizations. With comprehensive programs in credentialing, education, career counseling, publications and research, ACHE works toward its goal of being the preeminent professional society for leaders dedicated to advancing health.

Board certified in healthcare management as an ACHE Fellow,

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Ms. Sutton served as an ACHE Governor from 2020 to 2023 and as the ACHE Regent for Louisiana from 2015 to 2018. She was also president of Louisiana Chapter of Healthcare Executives, an ACHE chapter, in 2014, in addition to serving on various chapter committees.

Ms. Sutton joined North Oaks Health System in 1988 as community resources officer. She served as executive vice president/COO from 2006 to 2016, before assuming her current title.

In addition to her service to ACHE, Ms. Sutton has been a member of the Louisiana Hospital Association since 1988. She is treasurer of its board of trustees and immediate past chair of its political action committee, HOSPPAC. She also is a member of the LHA Trust Funds board of directors and has participated on committees for the American Hospital Association and the Louisiana Department of Health. Furthermore, former Louisiana Gov. John Bel Edwards appointed Ms. Sutton to serve on the Louisiana Emergency Response Network State Commission, representing hospital service districts.

Ms. Sutton is the recipient of numerous awards and commendations. She received the Distinguished Service Award (2018 and 2022) through ACHE's Recognition Program, the American Hospital Association Grassroots Champion Award (2022), the AHA PAC Most Valuable Player Award

(2019 and 2021), Alumna of the Year Award, presented by the Southeastern Louisiana University Alumni Association (2019), the Chancellor's Award for College Advancement (2020) and the Distinguished Alumni Award (2023) from Northshore Technical and Community College.

Ms. Sutton earned a master's degree in business administration and a bachelor's degree in marketing from Southeastern Louisiana University in Hammond, La.

Dunn, Horton, Montoya and Vargas-Mahar Elected ACHE Governors

Four ACHE Fellows were elected to serve three-year terms on ACHE's Board of Governors. Each took office March 23.



Ajani N. Dunn, FACHE, is chief administrative officer, Mayo Clinic in Florida, Jacksonville, Fla.

He also serves on the Board of Governors of the American College of Healthcare Executives, an international professional society of more than 48,000 healthcare executives who lead hospitals, healthcare systems and other

healthcare organizations. With comprehensive programs in credentialing, education, career counseling, publications and research, ACHE works toward its goal of being the preeminent professional society for leaders dedicated to advancing health.

Board certified in healthcare management as an ACHE Fellow, Mr. Dunn served as the ACHE Regent-at-Large for District 2 from 2019 to 2024 and on various ACHE committees. He was also president of ACHE—North Florida Chapter from 2010 to 2012, in addition to serving as the chair of various chapter committees.

Mr. Dunn joined Mayo Clinic in 2002 as an administrative fellow before moving into the role of operations manager in 2004. From 2006 to 2014, he served as operations administrator and as associate administrator from 2014 to 2021. Then, he was promoted to his current title of chief administrative officer. He also serves as Mayo Clinic's interim chief digital officer.

In addition to his service to ACHE, Mr. Dunn serves on the board of the Nonprofit Center of Northeast Florida, the board of governors for Jacksonville (Fla.) Chamber of Commerce, and the board of directors for the World Affairs Council of Jacksonville (Fla.). He is also a member of Mayo Clinic's board of trustees.

Mr. Dunn received the Service Award (2009), the Distinguished

ACHE MEMBER UPDATE

Service Award (2013) and the Exemplary Service Award (2018) through ACHE’s Recognition Program, as well as an Early Careerist Healthcare Executive Regent Award in 2005 and the Regent Award in 2012 from ACHE.

Mr. Dunn earned his master’s degree in healthcare administration and bachelor’s degree in physical therapy at the University of Florida.



Wendy M. Horton, PharmD, FACHE, is CEO, UVA Health University Medical Center, Charlottesville, Va.

She also serves on the Board of Governors of the American College of Healthcare Executives, an international professional society of more than 48,000 healthcare executives who lead hospitals, healthcare systems and other healthcare organizations. With comprehensive programs in credentialing, education, career counseling, publications and research, ACHE works toward its goal of being the preeminent professional society for leaders dedicated to advancing health.

Board certified in healthcare management as an ACHE Fellow, Dr. Horton has served on various ACHE committees.

Prior to her current role, she served as COO, UVA Medical Center, from 2020 to 2021. Previously, she served as chief administrative officer, The Ohio State University Wexner Medical Center, Columbus, Ohio, from 2017 to 2020. She also served the University of Wisconsin Hospital and Clinics, Madison, Wis., in a variety of roles, including vice president, operations, from 2014 to 2017; surgery program director, from 2009 to 2014; and senior clinical pharmacist/technology assessment analyst, from 2008 to 2009.

In addition to her service to ACHE, Dr. Horton has held several volunteer leadership positions, including serving on the Vizient AMC CEO Executive Advisory Council and on the board of directors for Habitat for Humanity of Greater Charlottesville and the American Society of Health-System Pharmacists Foundation. She has also served as an at-large delegate for the American Hospital Association RPB Region 3.

In 2023, Dr. Horton was honored as one of the Top Women Leaders in Healthcare by *Modern Healthcare*. Additionally, she received the Service Award (2018) through ACHE’s Recognition Program, as well as an Early Careerist Healthcare Executive Regent Award from ACHE in 2013. Dr. Horton earned a Doctor of

Pharmacy degree from the University of Utah, a master’s degree in business administration from the University of Wisconsin–Madison and a Bachelor of Science degree in pharmacy from Oregon State University.



Alfred A. Montoya Jr., FACHE, is acting assistant under secretary for health, support services, and deputy assistant under secretary for health, operations, Veterans Health Administration/Department of Veterans Affairs, Washington, D.C.

He also serves on the Board of Governors of the American College of Healthcare Executives, an international professional society of more than 48,000 healthcare executives who lead hospitals, healthcare systems and other healthcare organizations. With comprehensive programs in credentialing, education, career counseling, publications and research, ACHE works toward its goal of being the preeminent professional society for leaders dedicated to advancing health.

Board certified in healthcare management as an ACHE Fellow, Mr. Montoya served as the ACHE Regent

for Veterans Affairs from 2022 to 2024 and on various ACHE committees.

Mr. Montoya was appointed to his current role in February 2023. Prior to that, he served as senior advisor to the U.S. deputy under secretary for health, Department of Veterans Affairs, from 2022 to 2023. He served as medical center director, VA Connecticut Healthcare System, from 2019 to 2022, medical center director, Manchester VA Medical Center, from 2018 to 2019, medical center director, White River Junction VA Medical Center, from 2016 to 2018, and assistant director, VA Connecticut Healthcare System, from 2012 to 2016. He previously served in the U.S. Air Force for over 10 years.

Mr. Montoya served as a mentor in the 2023 mentor program for the National Association of Hispanic Federal Executives.

In 2018, Mr. Montoya received the James A. Hamilton Founders Award from the New Hampshire Hospital Association, and he received the VA Secretary's Award for Excellence in Nursing and Advancement of Nursing Programs in 2019. He also received the Early Careerist Healthcare Executive Regent Award in 2018 from ACHE.

Mr. Montoya earned his Master of Science degree in healthcare administration from Walden University, Minneapolis, in 2011, and his bachelor's degree in occupational education from Wayland Baptist University, Plainview, Texas, in 2003.



Monica C. Vargas-Mahar, FACHE, is the market CEO, Carondelet Health Network, and CEO, St. Joseph's Hospital, Tucson, Ariz.

She also serves on the Board of Governors of the American College of Healthcare Executives, an international professional society of more than 48,000 healthcare executives who lead hospitals, healthcare systems and other healthcare organizations. With comprehensive programs in credentialing, education, career counseling, publications and research, ACHE works toward its goal of being the preeminent professional society for leaders dedicated to advancing health.

Board certified in healthcare management as an ACHE Fellow, Ms. Vargas-Mahar has served on various ACHE committees.

She most recently served as CEO at The Hospitals of Providence East Campus in El Paso, Texas, from 2014 to 2021, and as CEO, The Hospitals of Providence Sierra Campus, El Paso, Texas, from 2014 to 2018. She previously served as COO and vice president of ancillary services.

In addition to her service to ACHE, Ms. Vargas-Mahar has served as a board member of numerous organizations, including United Way of Tucson and Southern Arizona, Campus Research Corporation, Texas Lyceum and International Women's Forum Arizona. She has also served as a board member of Trinity University's Healthcare Administration program and Loretto Academy High School. She also served as chair of the National Association of Latino Healthcare Executives.

In 2012, Ms. Vargas-Mahar was named an "Up & Comer" by *Modern Healthcare*. Additionally, she received the Service Award (2021) through ACHE's Recognition Program.

Ms. Vargas-Mahar earned her master's degree in healthcare administration from Trinity

In Memoriam

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

Gary W. Buchanan, FACHE (R)
Riverview, N.B.

Mary J. McHugh, FACHE
Seattle

Beverly Hardy-Decur, DNP, RN, FACHE (R)
New Orleans

William A. Brown, LFACHE
Louisville, Ky.

Drew A. DeWitt, FACHE
Chapel Hill, N.C.

ACHE MEMBER UPDATE



Andersen



Buck



Chawla



Gamber



Gormont



Hall



Isaacks



LaFontaine



Leach



Leech



Macon



Mankin

University and a bachelor's degree in business administration from Loyola Marymount University.

ACHE Welcomes New Regents

Twenty healthcare executives have been elected to serve three-year terms as Regents, and one has been appointed to serve as Regent-at-Large for District 2. The Regents took office March 23 at the Council of Regents Meeting preceding ACHE's 67th Congress on Healthcare Leadership. In addition, two Regents were appointed to represent members on an interim basis in Missouri and Veterans Affairs, and one Regent-at-Large has been appointed on an interim basis to serve District 5.

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:

Alabama: Robert E. Leech, FACHE

Canada: Karen A. Hall, FACHE

Delaware: John D. Shevock, FACHE

District of Columbia & Northern Virginia: Marque Macon, FACHE

Hawaii/Pacific: Kara Gormont, FACHE

Illinois—Central & Southern: Lexie Schwartz, FACHE

Idaho: Travis P. Leach, FACHE

Kansas: Angela Gamber, FACHE

Louisiana: April L. LaFontaine, DHA, FACHE

Massachusetts: Justine Zilliken, FACHE

Missouri: William B. McNally, JD, FACHE (Interim Regent)

Montana: Jason A. Spring, FACHE

Nevada: Khanh P. Andersen, FACHE

New Hampshire: Michelle L. Buck, DNP, FACHE

New Mexico & Southwest Texas: Jillian R. Springer, FACHE

Oklahoma: Joe Mankin, FACHE

Oregon: Jane Russell, FACHE

Texas—Northern: Jared C. Shelton, FACHE

Utah: Lisa Vitkus, FACHE



McNally



Radford



Russell



Schwartz



Shelton



Shevock



Spring



Springer



Urrutia-Comas



Vitkus



Watson



Zilliken

Veterans Affairs: David B. Isaacks, FACHE (Interim Regent)

Vermont: Kelly O. Watson, DNP, RN, FACHE

Wisconsin: Alexandra Urrutia-Comas, FACHE

Regent-at-Large, District 2: Nicole Radford, FACHE

Regent-at-Large, District 5: Amandeep K. Chawla, FACHE (Interim Regent)

For additional information about these representatives, visit [ache.org/Regents](https://www.ache.org/Regents).

ACHE Call for Nominations for the 2025 Slate

ACHE's 2024–2025 Nominating Committee is calling for applications for service beginning in 2025. ACHE Fellows are eligible for the Chair-Elect and Governor vacancies and are eligible for the Nominating Committee

vacancies within their districts. Those interested in pursuing applications should review the candidate guidelines for the competencies and qualifications required for these important roles. Open positions on the slate include:

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

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

- **District 2:** District of Columbia, Florida, Georgia, Maryland, North Carolina, Puerto Rico &

Virgin Islands, South Carolina, Virginia, West Virginia.

- **District 3:** Illinois, Indiana, Iowa, Kentucky, Michigan, Minnesota, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin.
- **District 6:** Uniformed Services/Veterans Affairs.

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

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

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

ACHE MEMBER UPDATE

nature of work conducted by the Nominating Committee, candidates should demonstrate effective and successful prior experience as a healthcare leader and ACHE volunteer.

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

The first meeting of ACHE's 2023–2024 Nominating Committee was held March 26 during the 2024 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 26 submission deadline, the committee may meet to determine which candidates for Chair-Elect and Governor will be interviewed. All candidates will be notified of the committee's decision no later than Sept. 27, and candidates for Chair-Elect and Governor will be interviewed in person Oct. 17 in Chicago.

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

PEOPLE

Two ACHE Members Receive Baldrige Foundation National Leadership Awards

The Baldrige Foundation presented two members with National Leadership Awards during the 35th annual Foundation Awards Ceremony Quest for Excellence conference near Washington, D.C., April 9.

Theresa Sullivan, FACHE, CEO, Samaritan Health, Evanston, Ill., and **Ashley R. Vertuno, FACHE**, CEO, HCA Florida JFK North Hospital, West Palm Beach, Fla.

They were two of the five recipients of the 2024 Foundation Awards for Leadership Excellence in Healthcare.

The Baldrige award recognizes leaders in the business, nonprofit, government, healthcare, education and cybersecurity sectors who provide exceptionally outstanding support to Baldrige and the foundation's mission.

To learn more about the Baldrige Foundation National Leadership Awards, visit [baldrigefoundation.org](https://www.baldrigefoundation.org).

ACHE Member Receives AHA Rural Hospital Leadership Team Award

Stephany Nihipali Vaioleti, FACHE, president and CEO, Queens North Hawaii Community Hospital, Waimea, Hawaii, was awarded the American Hospital Association's 2023 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. 11–14 in Orlando, Fla.

ACHE STAFF NEWS

ACHE Announces New Hires and Promotions

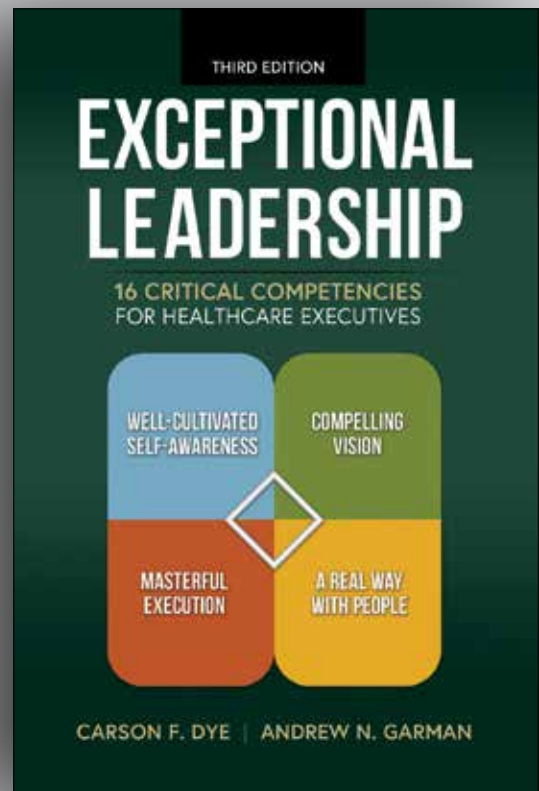
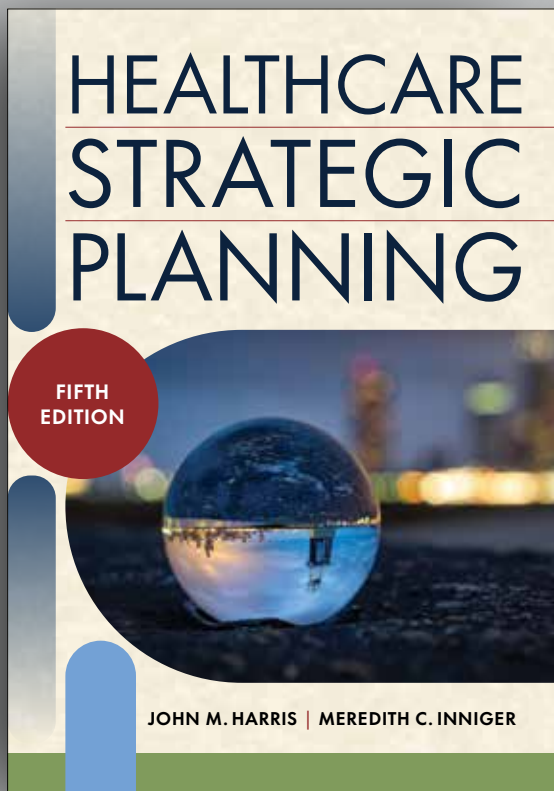
Salina Alvarez welcomed as coordinator, Department of Executive Engagement.

Carla Nessa promoted to creative director, Department of Communications and Marketing, from art director.

Hazel Oreluk welcomed as director of research, Department of Research, Executive Office.

Zoe Siftar welcomed as program specialist, Learn, Department of Professional Development.

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HealthAdministrationPress

Foundation of the American College of Healthcare Executives

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

Tim P. Adams, FACHE, regional operating officer, Ascension, St. Louis, received the Senior-Level Regent Award from the Regent for Tennessee.

Kelletta Blackburn, senior marketing strategist, RUSH University Medical Center, Chicago, received the ACHE Health Studies Student Award from the Regent for Illinois—Metropolitan Chicago.

Ellen A. Feinstein, vice president, Cancer Service Line Administration, Advocate Health, Downers Grove, Ill., received the Healthcare Leadership Award from the Regent for Illinois—Metropolitan Chicago.

Russell Fiorella, FACHE, system CMO, Sinai Chicago, received the Healthcare Leadership Award from the Regent for Illinois—Metropolitan Chicago.

Katherine C. Henderson, FACHE, operations executive, LHC Group, Lafayette, La.,

received the Senior-Level Regent Award from the Regent for Texas—Central & South.

Katherine L. Hill, FACHE, COO, Benefis Medical Group, Great Falls, Mont., received the Senior-Level Regent Award from the Regent for Montana.

Julia Lamb, CCBHC project director, Aurora (Colo.) Mental Health and Recovery, received the Regent Award from the Regent for Colorado.

Asher Lhowe, RN, project manager, Intermountain Health, Salt Lake City, received the Regent Award from the Regent for Colorado.

Philip A. Patterson, FACHE, president, Ascension Providence, St. Louis, received the Senior-Level Regent Award from the Regent for Texas—Central & South.

Russell C. Peters, director, Brain & Spine Services, UT Medical Center,

Knoxville, Tenn., received the Early Careerist Regent Award from the Regent for Tennessee.

William P. Santulli, FACHE, president, Advocate Health—Midwest Region, Downers Grove, Ill., received the Career Achievement Award from the Regent for Illinois—Metropolitan Chicago.

Dino M. Scanio, director of clinics, Driscoll Children's Hospital, Corpus Christi, Texas, received the Early Careerist Regent Award from the Regent for Texas—Central & South.

Raymond J. Swisher, FACHE(R) received the Career Achievement Award from the Regent for Illinois—Metropolitan Chicago.

Joseph Webb, DSc, FACHE, CEO, Nashville (Tenn.) General Hospital, received the Senior-Level Regent Award from the Regent for Tennessee.

Robin Womeodu, MD, FACHE, chief academic officer, Methodist LeBonheur Healthcare, Memphis, Tenn., received the Excellence in Diversity Award from the Regent for Tennessee.

Want to submit?

Send your "Member Accolades" submission to he-editor@ache.org. Due to production lead times, entries must be received by June 1 to be considered for the Sept/Oct issue.

(Cont. from Page 6)

There is a lot of talk about mental health and the loss of our connections to each other. We are losing ground in the battle of our own social capital. As a community of leaders, we each have the power to pay it forward—to help someone. Informal gestures such as handwritten notes, a smile in an elevator, or celebrating wins and sharing something positive on social media are just some examples. More formal gestures matter, too, such as mentoring or sponsoring a rising star. What is most important is not the channel you adopt, it's the intentionality of connecting to those around us. To tune in, not out.

I am proud to be part of a community that practices and values this sort of leadership. And I encourage all of you to remember the power you hold in your everyday world through your own interactions—the kind that can produce a ripple effect that will affect you and others for the better.

“Just as ripples spread out when a single pebble is dropped into the water, the actions of individuals can have a far-reaching effect.”
—Dalai Lama ▲

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

Do you know how influential you are?

In 2023, more than 2,100 healthcare leaders joined ACHE or became board certified in healthcare management as an ACHE Fellow (FACHE®) because of encouragement from members like you. Thank you.

Make a difference by sharing the value of ACHE

Each time you refer a new Member, or a current Member advances to Fellow, you earn rewards through our Leader-to-Leader Rewards Program.

To learn more, visit [ACHE.org/L2L](https://www.ache.org/L2L)



Award-Winning Performance

High-performing chapters recognized at Congress for service.

Thirty-one ACHE chapters were recognized for their 2023 performance as part of the Chapter Management and Awards Program at the 2024 Congress on Healthcare Leadership. The award-winning chapters were honored during the Malcolm T. MacEachern Memorial Lecture and Luncheon on March 26.

One chapter received the Award for Chapter Excellence. Additionally, 10 chapters won the Award of Chapter Distinction, and 20 chapters won the Award of Chapter

Merit. Seven chapters won a second award, the Award for Sustained Performance.

To receive recognition, chapters must meet or exceed one or more of the four performance standards based on a tiered recognition system. There are six awards:

- **Award for Sustained Performance:** Chapters meet at least one of the four performance standards for three consecutive years.
- **Board of Governors Award:** Chapters meet all four of the performance standards in a current award year.
- **Award for Chapter Excellence:** Chapters meet three of the four performance standards in the current award year.
- **Award of Chapter Distinction:** Chapters meet two of the four performance standards in the current award year.
- **Award of Chapter Merit:** Chapters meet one of the four performance standards in the current award year.
- **Award for Sustained Chapter Excellence:** Chapters meet three of the four performance standards for four consecutive years.

Meeting and Exceeding Chapter Standards

ACHE—North Florida Chapter is the sole winner of the 2024 Award for Chapter Excellence, and it's the first year the chapter won this award. ACHE—North Florida Chapter President Alexis T. Kainz, FACHE, operations administrator, Mayo Clinic, Jacksonville, Fla., says the board is passionate about ACHE's mission to advance members and healthcare leadership excellence. "While we are excited and honored to be receiving this award, we are most proud of the impact we are making in our communities and profession by growing our membership and providing educational and networking opportunities to inspire and assist members as they



William P. Santulli, FACHE, Chair, ACHE, presents the 2024 Award for Chapter Excellence to Alexis T. Kainz, FACHE, president, ACHE—North Florida Chapter, during the Congress on Healthcare Leadership.

lead and serve their organizations,” says Kainz.

The chapter increased its educational offerings in 2023, with focused efforts on planning in-person events across North Florida. Through partnerships with its Higher Education Network universities, local health systems and community sponsors, the chapter was able to reach a larger number of members over its large geographic region. Highlights from the year include hosting Erica M. Scavella, MD, FACHE, assistant under secretary for health, U.S. Department of Veterans Affairs; adding a Women’s Leadership Forum; and collaborating with other Florida chapters and the Florida Hospital Association at its annual meeting.

ACHE—North Florida Chapter achieved the award standard in member satisfaction. “Receiving feedback from our members was critical, so we let them know how much we valued their response to the member survey and how to check their profile to ensure they were receiving it,” says Kainz. “Our members wanted educational offerings that were convenient to them, so we offered virtual and in-person events across the region at varied times to meet their needs. We also enhanced our communication with members with regular updates through LinkedIn, our website and email. Finally, our members wanted to learn how to get more involved, so we have expanded our committee structure to increase engagement and assist with succession planning for our board.”

The chapter is working toward receiving the Board of Governors

Award and the Award for Sustained Performance next year. “The chapter hopes to accomplish this by elevating our efforts from 2023,” says Kainz. “Additionally, we are working on formalizing a mentorship program and creating a sponsorship structure that will allow us to increase member engagement. We are appreciative of the collective efforts of ACHE, our board, members and sponsors that allow us to make a difference in our communities.”

Encouraging Exceptional Service ACHE’s Chapter Management and Awards Program recognizes the delivery of high-quality services to ACHE members at the local level. The program’s goals include creating a system that compares chapter performance objectively, manages success based on a common set of indicators and provides well-deserved recognition to top-performing chapters.

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

Fully chartered chapters had to meet or exceed the following standards to receive one of the 2024 awards:

- **Education and networking performance.** This key indicator is a calculation of the number of programming hours multiplied by the number of attendees and divided by the total chapter membership at the beginning of the current award year. In 2023,

winning chapters were required to provide at least 8.4 hours of chapter event programming per chapter member.

- **Net membership growth.** This outcome is measured by the percentage difference between the total number of ACHE-affiliated chapter members in all membership categories at the beginning and end of the year. In 2023, winning chapters were required to have a net membership growth of at least 6.2%.
- **Level of member satisfaction.** Each chapter is expected to have a top-ranking level of member satisfaction as measured in the annual survey administered by ACHE. In 2023, winning chapters were required to receive at least a 4.2 on a 5-point scale in chapter member satisfaction.
- **Advancement of eligible members.** This outcome is measured by the percentage of the eligible pool to advance to Fellow each year. In 2023, chapters were required to advance a number greater than or equal to 9% of the chapter members eligible to advance at the beginning of the year.

Congratulations to the 2024 chapter award winners. View the full list of award recipients at ache.org/about-ache/news-and-awards. ▲

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.



Boyles



Cash



Farmer



Fine



Mastaler



Potomski

John Ballard, MD, to CEO, Frankfort (Ky.) Regional Medical Center, from CEO, Forrest City (Ark.) Medical Center.

Lee Boyles, FACHE, to president, Intermountain Health Montana/Wyoming Market, and St. Vincent Regional Hospital, Billings, Mont., from CEO, St. Anthony Summit Hospital, Breckenridge, Colo.

Kofi A. Cash, DSc, FACHE, to executive director, Enterprise Hospital Operations, McLean Hospital, Mass General Brigham Health Care System, Belmont, Mass., from COO, Jewish Hospital, UofL Health, Louisville, Ky.

Kerin Da Cruz, RN, NE-BC, FACHE, to senior vice president/CNO, UF Health Jacksonville (Fla.), from senior vice president/CNO/acting COO, Lawrence + Memorial Healthcare, New London, Conn.

Douglas F. DiVello, FACHE, to retirement, from president/CEO, Grace Cottage Family Health and

Hospital, Townshend, Vt. We thank Doug for his many years of service to the healthcare field.

Crystal Farmer, RN, FACHE, to COO/CNO, Augusta Health, Fishersville, Va., from CNO.

Peter S. Fine, FACHE, to retirement, from president/CEO, Banner Health, Phoenix, effective June 30. We thank Peter for his many years of service to the healthcare field.

E.J. Kuiper, DPT, to president/CEO, Franciscan Missionaries of Our Lady Health System, Baton Rouge, La., from CEO, Midwest Division, CommonSpirit Health, Chicago.

Barbara Martin, RN, FACHE, to president, Ascension Saint Joseph-Joliet (Ill.), from chief administrative officer/CEO, Community First Medical Center, Chicago.

Emily Mastaler to chief administrative officer, Stony Brook Southampton (N.Y.) Hospital, from

president/CEO, River Hospital, Alexandria Bay, N.Y.

Angel McCullough, DNP, RN, FACHE, to CNO, St. Mary Medical Center, Langhorne, Pa., and Nazareth Hospital, Philadelphia, from senior director, Nursing Operations and Patient Care Services, Jefferson Health System, Philadelphia.

Hong Potomski, FACHE, to market leader, Florida Blue, Pensacola, from senior director, Regional Business Development.

Bert Roberson to CFO, U.S. Department of Veterans Affairs, West Consolidated Patient Accounts Center, Las Vegas, from clinic administrator, VA Southern Nevada Healthcare System, North Las Vegas.

Drew Tyrer, FACHE, to CEO, HCA Florida Westside Hospital, Plantation, Fla., from CEO, TriStar Southern Hills Medical Center, Nashville, Tenn.

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This column is made possible in part by Core Clinical Partners.



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 Sept/Oct issue.

Late might be too late.

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

In a large study, those who were not up-to-date on screening were nearly **3X more likely to die from CRC**.^{3†}

Your health system has the power to positively impact these outcomes by implementing appropriate CRC screening resources.

Exact Sciences can help optimize EHRs to prioritize CRC screening pathways that achieve essential organizational goals. Connect with us to learn more.



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

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

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

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