HEALTHCARE EXECUTIVE

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Building Mid-level Mastery

How managers are the link to organizational success.

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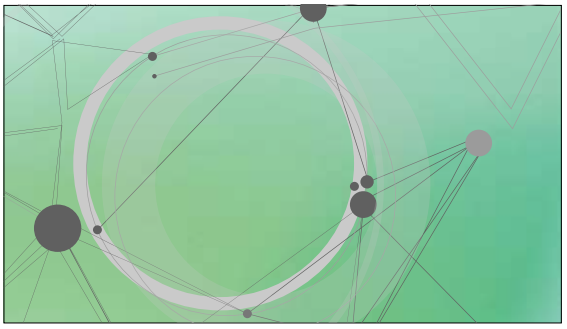

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The key is valuing and supporting this integral cohort. Mid-level leaders can be make-or-break players in organizational performance.

Feature

This year's Congress was especially momentous, as it was held for the first in Houston, and the attendance of more than 7,000 shattered last year's previous record.

Departments

Inside ACHE

Fresh, Exclusive Content

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

Corewell Health: Integration Update
Tina Freese Decker, FACHE, president and CEO, Corewell Health, provides an update on the integration of Beaumont Health and Spectrum Health and how Corewell Health is committed to helping everyone be well so that they can live their healthiest life possible.

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In "Mid-Career Mastery: Finding Joy and Impact," **Antwan Williams** with Orlando Health and **Alex Maiersperger** with SAS share how they have navigated their mid-career phases and nurtured meaningful connections.

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Randy F. Liss

To Strengthen the Workforce, Don't Forget Managers

Gallup's most recent *State of the Global Workplace* report offers an interesting statistic: 70% of team engagement is attributed to the manager. The report found that across professions and countries, managers who are engaged at work are more likely to have teams that are as well.

Managers' importance to employee engagement makes perfect sense. Given their exposure to both front-line staff and the C-suite, they can influence just about every part of an organization. For those leading hospitals and health systems, a key to addressing the industry's many workforce challenges might lie with engaging this often-overlooked segment of an organization's hierarchy.

In our cover story, "Building Mid-level Mastery" (Page 8), healthcare leaders discuss the essential skills and support today's mid-level managers need. "A significant shift has taken place around the expectations for middle managers," one provider tells us. During a time of uncertainty and volatility in healthcare, the time might be right to prioritize the critical role they play in patient care and organizational success.

This issue also features highlights from this year's Congress on Healthcare Leadership (Page 18), held in Houston for the first time, and a summary of the major award winners and others recognized there. Congress will be back in Houston for 2026, although a little earlier than usual—March 2–5. So be sure to save the date.

Thank you so much for reading. As always, if you'd like to share any feedback about this issue or the magazine in general, just send me a note at rliss@ache.org. ▲

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Deborah J. Bowen, FACHE, CAE

Leading Through Uncertain Times

Right here, right now is our opportunity to transcend the ordinary.

Today's environment is both complex and uncertain. The changes and directives affecting our industry are coming at incredible speed and at a scale we have not before experienced. We know that healthcare always has its challenges to navigate, but this moment feels different, like an inflection point in which we evaluate more deeply our own leadership capabilities.

Yet inflection points, by nature, can be times of great opportunity and breakthrough. The winds of change that brought these challenges to the surface can also stoke the fires of creative and transformative thinking, propelling us through uncertainty and moving us toward a brighter future.

In this moment, let us take stock of who we are so we can embrace it and help others do the same. Coming off our 2025 Congress on Healthcare Leadership, I am reflecting a great deal on our speakers and theme, "Right Here, Right Now: Transcend the Ordinary." Three of our headliners were research professor Brenè Brown, PhD; historian Doris Kearns Goodwin, PhD; and Michael J. Sorrell, EdD, president of Paul Quinn College in Dallas. While I would not profess to do any of them justice in words or presentation, I offer a few highlights of my takeaways. For those of you who attended Congress, I invite you to share your own takeaways on social media.

Poetry and plumbing. You need both. A compelling vision that's like a story so vivid, it can be seen and felt by all in Technicolor. Yet a vision cannot live on its own. It needs an executable plan supported by operational systems and processes to make it work.

The space between the stimulus and response. Like you, I run *toward* problems, trying to find the path that will offer light and opportunity. But in that crucial moment of conflict or problem is a space called choice. A choice that, if our own flags don't block it, is an opportunity to be real, human and vulnerable. By being vulnerable and truly real, we build the foundation for trust, empathy and connection. When we acknowledge where we are, we can then find the strength, courage and resolve to move forward. With vision and direction, anything is possible. Throughout time, the ability to understand and inspire others has been a vital trait for effective leaders.

No one path to leadership. History has shown that leaders are made, not born. Lessons from the past have illustrated that key leadership ingredients stand out, including humility, empathy and connection. But how leaders are shaped requires deep reflection and perseverance, usually born from adversity. Resiliency is a crucial competency to possess, as setbacks will occur. But being resilient allows ambition to rise above frustration. It's difficult to see the outcome, however, when you are in the middle of a defining moment, but leaders can play vital roles to strengthen, enlighten and provide hope for the future. History provides the insights; it is up to each of us to reflect, define and shape ourselves through the choices we make.

"Right Here, Right Now: Transcend the Ordinary" served as more than a theme for this year's Congress. It is a reminder that the future is in our hands, your hands. No matter where you are in your position or career, we are here to support your journey. Relationships matter; you matter. You are at the heart of our mission, and your presence and engagement with ACHE and one another is more important than ever. Please know that whatever challenges you face, we are there with you through it all. ▲

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

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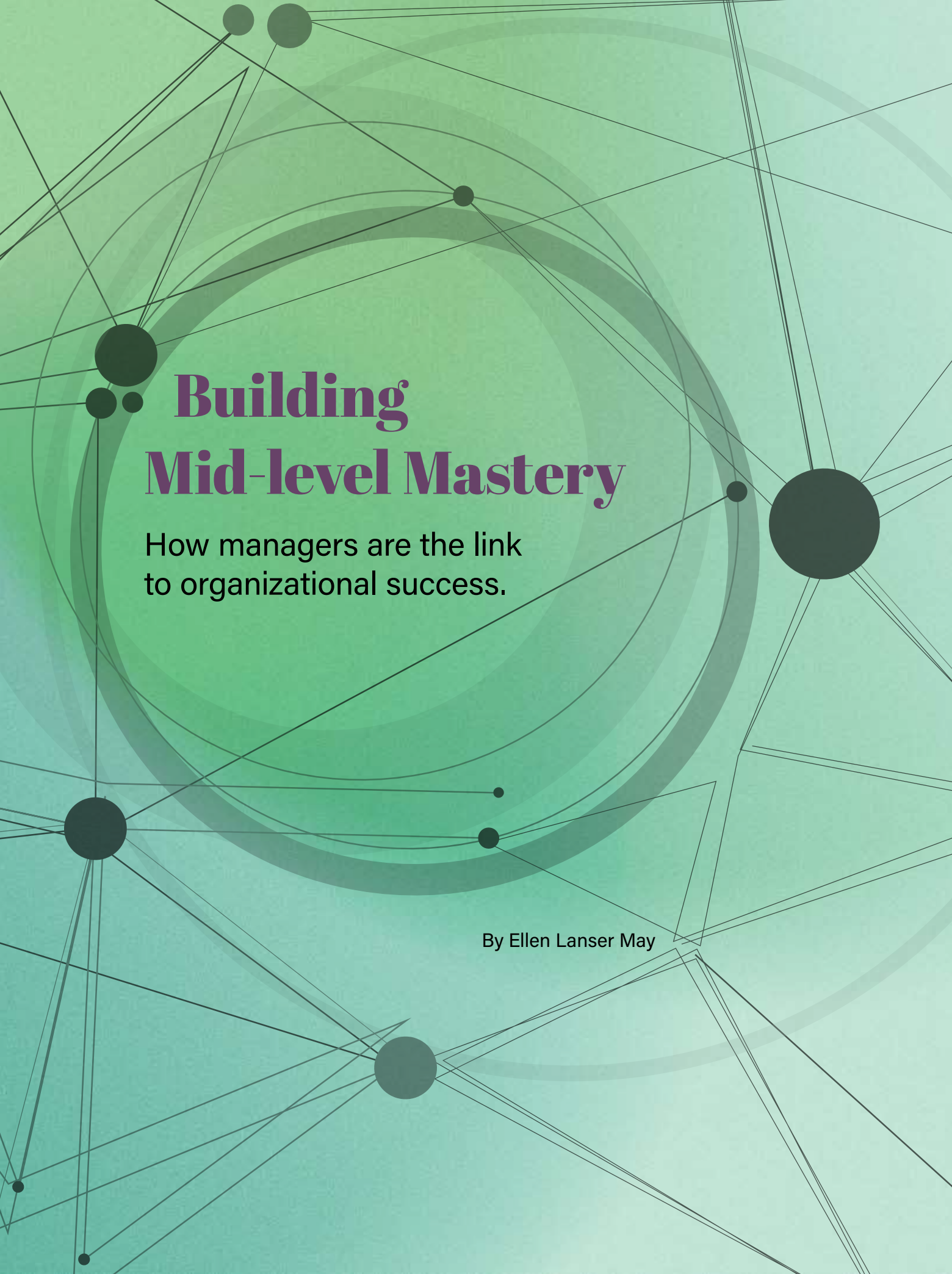

Building Mid-level Mastery

How managers are the link to organizational success.

By Ellen Lanser May

"People leave managers, not jobs." As well-worn as this trope is, research underscores its truth. For example, the "Frontline Leader Project" from leadership development firm Development Dimensions International found that 57% of 1,000 workers surveyed left a job because of a manager, while an additional 32% "seriously considered leaving" because of one.

The importance of managers in employee retention was also identified by the Achievers Workforce Institute, a thought leadership organization. In its 2023 study "The Future Is Flexible," the organization found that people who said their manager supported them in building strong team relationships were 22% less likely to job hunt.

The importance of managers is clear at a time when clinical personnel shortages, staff burnout and rising labor costs continue to be top concerns in healthcare organizations. ACHE's most recent annual Top Issues Survey, released in February, listed workforce challenges No. 1 among hospital CEOs' concerns, tied with financial challenges.

To help address today's workforce challenges, executives have a key staffing asset waiting to be mobilized and engaged: mid-level management.

"Many organizations invest in well-being programs or other benefits to retain staff," says Anne McGilvray, chief of staff, Hospital Administration, Keck Medical Center of USC, Los Angeles. "Those are positive things, but they often do not factor in the role of middle managers in the retention of team members and the impact leaders have on front-line staff and engagement."

A View of Today's Mid-level Leaders

Just a few decades ago, transactional duties—creating budgets, conducting reviews, tracking supplies—occupied much of a mid-level leader's time.

"A significant shift has taken place around the expectations for middle managers," says Cachet Colvard, director of operations at SCAN Health Plan and an ACHE

Building Mid-level Mastery

Member. "In my experience and listening to the experiences of others, mid-level leaders are expected to become drivers of change and increase their strategic contributions."

As healthcare becomes increasingly dynamic, so must the role of mid-level leaders. In a fluid and complex healthcare environment, what essential skills do these professionals need to fulfill their potential and help their organizations succeed?

> "Escalating issues to the C-suite can be intimidating, but to improve your organization and create trust with staff, middle managers have to be brave enough to have tough conversations."
>
> —Kristin Wolkart, RN, FACHE
> H.O.P.E. Healthcare Consulting

Purpose-Driven Leadership

The healthcare field tends to attract workers who value its altruistic purpose. But with any job, purpose can be overshadowed by workplace factors. Given that a 2024 study ("Psychological Safety in the Changing Workplace") by the American Psychological Association found that 93% of respondents believe it is important to have a job where their work has meaning, the link between work and purpose is crucial to healthcare retention efforts. More than ever, mid-level leaders are being called upon to strengthen that connection.

"As we emerged from the pandemic, so much research came out showing, especially for younger generations, that finding value in work was one of the most important parts of a job," says Keck Medical Center's McGilvray. For mid-level leaders, this means not just promoting the well-being of their staff but also ensuring that their teams are seen, valued and respected. To that end, Keck Medical Center's leadership team created an infrastructure around Brenè Brown's *Dare to Lead* principles by blending operational priorities with Brown's tools. (Brown served as the Opening Session keynote speaker at this year's Congress on Healthcare Leadership).

These leaders learn skills through book club sessions that they then practice at monthly lunch-and-learns. "We leveraged the *Dare to Lead* research and created a program that is unique to our organization and empowers our managers to build relationships with their teams," says McGilvray.

The program has resulted in an alignment of values among the organization's mid-level management teams and in the organization's DNA. McGilvray notes that the program has taught staff how to lead with empathy and compassion, which has had a tangible impact on Keck Medical Center's retention rates. According to the *NSI National Health Care Retention & RN Staffing Report*, the national voluntary employee turnover rate for hospitals in the United States in 2023 was around 20.7%; at Keck Medical Center, that figure is currently only 8%. Among managers, the medical center's turnover rate has been 0% for 11 straight months, as of press time.

Emotional Discernment

Emotionally intelligent people can recognize, understand and regulate their own emotions as well as the emotions of others in their personal and professional relationships. Mid-level leaders find themselves in the unique position of exercising their emotional intelligence in two different directions: in relation to those they oversee and to those up the chain of command. Colvard believes it takes a special level of discernment coupled with emotional intelligence to effectively bridge the gap.

"A CEO may offer her managers the trust and space to bring staff concerns to her, but managers need to be able to decipher if those issues are things that should be

Building Mid-level Mastery

escalated or if they can be resolved at the mid-level," says Colvard. "Conversely, if significant changes are forthcoming on the organizational level, middle managers need to know how to take that information back to staff in a way that doesn't scare them yet, at the same time, effectively communicate the core message."

> "A significant shift has taken place around the expectations for middle managers."
>
> —Cachet Colvard
> SCAN Health Plan

In a similar vein, Kristin Wolkart, RN, FACHE, president and CEO of H.O.P.E. Healthcare Consulting and former executive vice president and system CNO at Franciscan Missionaries of Our Lady Health System in Baton Rouge, La., cites emotional bravery as a critical component of strong mid-level leaders. "Escalating issues to the C-suite can be intimidating, but to improve your organization and create trust with staff, middle managers have to be brave enough to have tough conversations," she says. When it comes to those uncomfortable discussions, the best mid-level leaders do so in a way that doesn't put their staff on the defensive. This is where robust communication skills become an intrinsic part of emotional intelligence.

"We've found that successful managers use their strong communication skills to lean into difficult situations

Turning Your Mid-Level Leaders Into "Force Multipliers"

A 2023 report by the McKinsey Global Institute, *"Performance through people: Transforming human capital into competitive advantage,"* found that only 20% of middle managers surveyed strongly agreed that their organizations supported their growth.

To create managers who are what McKinsey calls "force multipliers," employers can take the following four steps, which are adapted from McKinsey's article "Investing in Middle Managers Pays Off—Literally," published on its website on June 26, 2023.

1. Optimize the organization's "spans." For managers, a "span" refers to the number of employees a manager oversees. Obvious challenges result from spans that are too large or too small. Take a deep dive into the spans within your organizational structure. How many direct reports do your middle managers have? What are the strains on their time? Are their spans allowing them to succeed and create value? Can managers with smaller spans be transitioned into "expert roles" that play to their strengths?

2. Reset manager roles. In McKinsey's middle manager survey, nearly half of respondents cited bureaucracy as the least positive aspect of their work. Consider analyzing management roles within your organization by identifying specific management tasks and whether they add value. Can some tasks be automated? Are all meetings necessary? Are approval processes overly complicated? In other words, are your managers spending time on things that matter?

3. Pivot to capability building. With your managers' spans and roles optimized, the next step is for the organization to select which managerial behaviors and practices will lead to personal and organizational success. According to McKinsey, those behaviors and practices should be the ones that "allow the organization to best unleash business impact and live up to its commitments to employees, stakeholders, and society." After assessing how managers currently execute those behaviors and practices, your organization can implement customized learning to close gaps.

4. Build in accountability mechanisms. If your organization doesn't already have a formal performance management system, the time to build one is now. These systems should include goal setting, continuous feedback, performance review, rewards and consequence management. All those elements should be tied to what leaders want from their managers in terms of strategic thinking.

with curiosity and grace," says Annette Sy, DNP, RN, NE-BC, CNO, Keck Medical Center of USC. "They engage their staff and ask for insight so that they can better understand barriers and challenges their team members are facing."

"Ruthless" Prioritization

As the link between strategy and execution, mid-level professionals continuously juggle competing priorities. The key to keeping things afloat is knowing what to address and when. "I call it 'ruthless prioritization,'" says Colvard. "Middle managers receive pressure from the C-suite to address certain issues while staff may push from the other side with their concerns. When there's so much coming at you and you have more work than you can finish, you must know what to address first—and when to lean on others for support."

To that end, Wolkart believes it's crucial to be surrounded by people who are striving for the same goals and who you can confidently delegate to. She has also found that successful mid-level leaders proactively follow up with staff after action has been taken. Circling back is an effective way to keep focus areas and critical issues moving forward. "If staff talks to you about a particular process or machine that isn't working and you say you'll look into it, get back to them and let them know what happened as soon as you can," says Wolkart. "Even if the problem cannot be immediately fixed, communicating that fact is more effective and efficient in the long run than just ignoring it."

Supporting Mid-Level Leaders From the Top

Considering the complex and wide array of responsibilities placed on today's management teams, consistent support and guidance from senior leadership is essential. In addition to creating an atmosphere in which managers can flourish (see Sidebar on this page), healthcare executives can take individual, intentional actions to demonstrate how much they value these pivotal teams. Here are two examples.

Strategies for Preventing Burnout

As they navigate the pressures of meeting organizational goals while problem-solving for their staff, mid-level leaders can lose sight of their own needs. WellRight, which provides corporate wellness programs, recommends the following ways to support mid-level leaders:

Promote healthy coping mechanisms that build resilience. Provide opportunities for managers to learn about personal wellness strategies like stress management, adaptability, mindfulness and problem-solving to give your teams the tools they need to manage their own well-being. In addition to offering personalized wellness strategies that focus on emotional regulation through things like exercise, hobbies or meditation, organizations can also work on creating a supportive workplace culture, where seeking help isn't just normalized, it's encouraged.

Emphasize clear communication and feedback. With their managers, executives can provide unambiguous, consistent messages to avoid confusion. Keep everyone aligned with organizational goals through regular meetings, clear documentation, or open channels for comments, questions and concerns.

Prioritize work-life balance. Mid-level leaders are prone to overworking themselves. Create organizational policies such as flexible working hours, remote options, mental health days or compressed workweeks to formalize support for a healthy balance. Respect the boundaries of personal time by setting clear expectations around working hours, such as discouraging after-hours communication.

Recognize and reward hard work. Acknowledging big achievements and small wins are positive motivators. Rewards such as additional time off, career growth opportunities, or involvement in strategic meetings and decision-making can go far in boosting morale.

Encourage autonomy at every level. By empowering these professionals to make their own decisions and innovate, executives demonstrate trust. This can go far in improving job satisfaction while boosting engagement. Just be sure that this autonomy is balanced with any needed support systems.

Building Mid-level Mastery

Listen

Without exception, everyone interviewed for this article emphasized the importance of listening. "Executives can feel as if they know what is best by the nature of their experience and roles," says Wolkart. "But as a leader, you need to listen to the people who understand and are connected to the root cause of an issue. Middle management knows what's broken, and they also know how to fix it."

Wolkart has devoted blocks on her calendar for "boots on the ground" time with staff and her managers. This includes visits to the lunchroom where she randomly selects groups of employees to sit with and invites them to talk about any work issues that are on their minds. In a more deliberate approach, Wolkart selected a few key metrics—staff turnover, patient complaints, quality scores—and compared managers. Once she identified the high performers, she took informal opportunities to ask about the strategies that have worked for them and what she could do to better support their efforts.

> "We've found that successful managers use their strong communication skills to lean into difficult situations with curiosity and grace. They engage their staff and ask for insight so that they can better understand barriers and challenges their team members are facing."
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> —Annette Sy, DNP, RN, NE-BC
> Keck Medical Center of USC

Develop

Mid-level leaders often fear being "stuck" and unable to reach their full potential in their positions. Organizations that focus on upskilling and development are demonstrating that their managers are worth the investment. Keck Medical Center's Sy works with her nursing staff to ensure they can pursue advanced degrees.

"I was fortunate to be mentored by leaders who valued and supported my decision to pursue a doctorate degree," says Sy. "We make sure that our staff can acquire new skill sets and network with other nurses so that they continue to grow professionally."

Traditional conferences and seminars as well as hands-on learning experiences can provide managers with tools they can immediately implement.

Professional development for healthcare managers should support a broad notion of what is important to an individual's specific job. "Staying knowledgeable about industry trends in different healthcare sectors outside of your own is crucial," says Colvard. "We tend to focus on our own narrow scope, space or specialty in our professional development. But I would like to see support for blending the industry more when it comes to learning. With my leadership team, I've been able to proactively address issues outside of my silo because I stayed current with issues in the payer world."

What's Next for Healthcare's Mid-Level Leaders

Healthcare's rate of change will only continue to escalate, and middle management will be asked to navigate an increasingly turbulent system. Success in these roles will require crisis management skills, financial acumen, regulatory and policy knowledge, and comfort with evolving technology. But the core of successful healthcare management will always revolve around people—leading them, supporting them and serving them.

Ellen Lanser May is a freelance writer based in Naperville, Ill.

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Pathways to Improvement Through Emerging Technology and Talent

Evolution is essential.

Recent years have brought challenging market conditions, continuous technological advances and growing patient expectations. Science and regulatory policy have been changing rapidly, and so have customer and patient needs. Many believe the healthcare industry has been slow to adapt.

In fact, surveys by McKinsey & Company in 2023 and 2024 revealed consumers reported low to medium satisfaction with many steps in their healthcare journeys. It was clear the industry needed to do more to meet stakeholder expectations.

Customer engagement, in particular, had to become more customer-centric, refocusing around the wants and needs of patients. Patients deserve easy, transparent and equitable access to best-in-class medicines. Providing this is a strategic business necessity and a moral imperative.

As such, the field must make it easy for all patients to get the transformative medicines they need. During the past several years Genentech has taken a multi-pronged approach: embedding emerging technologies, cultivating a culture of continuous improvement and bringing its people along on the journey. Today, efforts are underway to support strategic workforce planning.

Embedding Emerging Technologies
Genentech's Customer Engagement function has integrated AI, data and analytics, and other digital innovations into its workflows over the past few years. This has resulted in customer insights that could have only been dreamed of a decade ago, enabling the organization to personalize its interactions and, ultimately, deliver more value.

Examples include the following:

Next Best Action, or NBA, is a predictive, AI-driven technology that analyzes multiple data sources to provide timely, targeted insights and suggestions that help Genentech's Customer Engagement function anticipate customer needs and personalize the organization's approach. Many companies use NBA. Genentech differentiates itself with end-to-end execution using a unique patient- and customer-centric approach. This approach offers rich customer insights that provide best-in-class NBA use cases.

Healthcare provider personas are profiles based on market research and data that are used to understand customers: their mindsets, behaviors and how they want to engage. Healthcare provider personas are being scaled across the organization's therapeutic areas.

Free text insights capture key insights from the field that are being synthesized by Genentech's first large language model, deepsense.ai, to drive critical business strategies and tactics based on real-time customer preferences and barriers.

With these and other tools, the organization can operate in an omnichannel environment—reaching customers where they are and giving them what they need. These powerful measurement tools indicate what's working and what's not, so that improvements can be made as best practices evolve.

Cultivating a Culture of Continuous Improvement
It has not been easy to institute, and adjust to, all of these changes. Many customer engagement functions have had to reorganize and retrain workforces to embed these new tools into their workflow. And it's never-ending; as technology evolves, so does customer engagement. Competing in today's world requires real resilience.

Having to learn a new way of working is stressful and requires resilience. And it's a muscle Genentech is developing. "Becoming more resilient not only helps you get through difficult circumstances, it also empowers you to grow and even improve your life along the way," according

to an article on building your resilience published by the American Psychological Association.

Genentech encourages continuous learning to exercise this muscle. And it makes clear the "why" behind the need to evolve, especially for some of its more experienced people, who have successfully done things the same way for years–the "why" is that the organization must pull more levers than ever to remain competitive.

Bringing Staff Along on the Journey

And yet there is a danger of becoming overly reliant on all these technological advances at the expense of the workforce and clients.

In fact, a few years ago technology became a primary focus, overlooking the fact that the right people are essential to analyze and implement technology to be effective.

This topic was elevated at the Reuters' Pharma Customer Engagement 2024 conference. The panel, titled "Re-humanize your Customer Engagement to Rebuild Trust," discussed that, even as AI, digital and omnichannel tools are used, the approach must be personalized, using timely, targeted insights to deepen the understanding of customers and anticipate their needs.

All of this requires staff to decide what tools to use to build trust and connection with patients and to operate with the compassion required to build the relationships critical to any successful customer engagement function.

The best use of technology is in partnership with people.

Strategic Workforce Planning

Strategic workforce planning is a strategic approach to ensuring organizations have the right people today and into the future. Given the dynamic external environment, Genentech has made multiple adjustments to its work and workforce in real time over the past few years: stopping certain work, pivoting to new areas, and integrating emerging technology into the workflow, all of which is inefficient, creates a feeling of insecurity and, inevitably, impacts the workforce.

With strategic workforce planning, Genentech hopes to ***gradually*** make changes by intentionally strategizing where the industry is going by:

- Determining what skills, capabilities and roles we need in the next few years.
- Figuring out where the gaps are.
- Creating a strategic plan to fill them by hiring, upskilling and outsourcing.

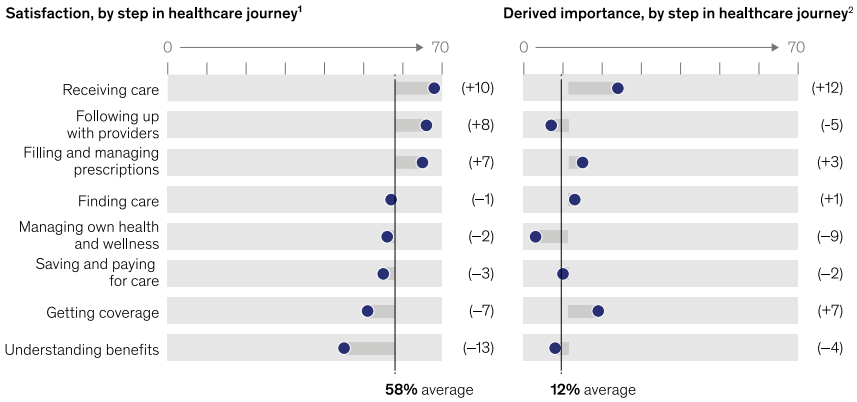
Delivering for Patients

It's clear the organization will continuously refine its model. But a solid foundation is in place.

By embedding emerging technologies, cultivating a culture of continuous improvement, bringing staff along on the journey, and undertaking strategic workforce planning, Genentech will meet stakeholder expectations, maintain its competitiveness and continue to deliver for patients.

Surveyed US consumers report low to medium satisfaction with many steps in their healthcare journeys.

Relative satisfaction with and importance of steps in a healthcare journey,
% (percentage-point difference from average)



[1]Questions: On a scale of 1–10, please rate your satisfaction for the most recent time you had each of the following experiences with a healthcare provider (n = 3,112); On a scale of 1–10, please rate your satisfaction for the most recent time you had each of the following experiences with your health insurer (n = 2,219).
[2]Derived importance methodology based on Johnson relative weight analysis, using overall satisfaction (1–10) as the dependent variable and satisfaction of journey (1–10) as the independent variable.
Source: 2024 McKinsey Consumer Health Insights Survey, April 2024

McKinsey & Company

For more information, please contact Kate Rowbotham, head of U.S. Customer Engagement, Genentech, kathrynr@gene.com.

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Transcend the Ordinary at Congress

Each March, thousands of healthcare executives from around the country gather at the Congress on Healthcare Leadership, ACHE's flagship event. Members continue their lifelong learning, connect with friends and meet new colleagues.

This year's Congress was especially momentous. Not only was it held for the first time in many years outside Chicago (in Houston), but also the attendance of more than 7,000 shattered last year's previous record of nearly 5,400.

Congress saw a new Chair and Immediate Past Chair installed, and a new Chair-Elect elected, along with four new Governors and several Regents. The outgoing Board of Governors were thanked for their tremendous service, and new Fellows and colleagues were honored for their service to the healthcare profession and commitment to leadership excellence.

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Transcend the Ordinary at Congress

Welcome New Members of the Board of Governors

To learn more about ACHE's new board members, see their bios in the "Executive News" section beginning on page 50.

Chair: Michele K. Sutton, FACHE
Chair-Elect: Noel J. Cárdenas, FACHE
Immediate Past Chair: William P. Santulli, FACHE
Governor: Jennifer D. Alderfer, FACHE
Governor: Corwin N. Harper, FACHE
Governor: Bonnie J. Panlasigui, FACHE
Governor: Peter J. Wright, FACHE

Thank You to Outgoing Board of Governors

Delvecchio S. Finley, FACHE, Immediate Past Chair
Noel J. Cárdenas, FACHE, Governor
Michael K. Givens, FACHE, Governor
Michele R. Martz, CPA, FACHE, Governor
Dodie McElmurray, FACHE, Governor

New Regents Elected

For a full rundown of the newly elected Regents, see the "Executive News" section beginning on page 50.

Skogsbergh Receives Gold Medal Award

James "Jim" H. Skogsbergh, FACHE, was the recipient of the Gold Medal Award, the highest honor bestowed by ACHE on outstanding leaders who have made significant contributions to the healthcare profession.

Skogsbergh led Advocate Health Care for 16 years, along with four years at the helm of Advocate Aurora Health, and then served as CEO of Advocate Health, which was created in late 2022 through the combination of Advocate Aurora and Atrium Health. He retired in 2024.

ACHE's Immediate Past Chair, William P. Santulli, FACHE, presented Skogsbergh with his award during the Opening Session. Santulli and Skogsbergh partnered and worked together for 30 years at Advocate Health and at Iowa Health System.

"He's an extraordinary leader on so many levels," said Santulli. "I am eternally grateful for the impact [he's] had on my professional journey and life."

Monice Named Young Healthcare Executive of the Year

Pierre Monice, FACHE, has had a unique journey to his position as president of MacNeal Hospital, Berwyn, Ill., going from church pastor to healthcare recruiter, hospital COO and regional chief human resources officer. Monice has managed multiple large construction projects; built or expanded a diverse array of healthcare service lines; steered several financial turnarounds; and focused attention on increasing clinical quality.

"I believe that leadership is not about personal achievement—it is about personnel achievement. Everyone you meet has goals. Good leaders help those who follow to get closer to their goals," said Monice during his acceptance speech.

It’s hard to argue with hard ROI and that’s what we got with LeanTaaS. The CFO asks you why you didn’t do it sooner.”

– Aaron Miri, MBA, FCHIME, FHIMSS, CHCIO, SVP and Chief Digital and Information Officer, Baptist Health

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The award recognizes early careerists for outstanding achievements in the field of healthcare management.

Jackson Selected as Honorary Fellow

ACHE honored Richard "Rick" L. Jackson as its 2025 Honorary Fellow. Jackson is founder, chair and CEO of Jackson Healthcare, Alpharetta, Ga., which he launched in 2000 and today is one of the largest U.S. healthcare staffing companies.

Honorary Fellowship is a special category of ACHE membership that recognizes professionals who have rendered distinguished service in healthcare or related areas and who would not ordinarily be ACHE members.

Over the course of his career, Jackson has been instrumental in conceptualizing and developing more than 30 healthcare companies—staffing companies, surgery centers, practice management companies, clinics and hospitals. He has a passion for the market and a proven track record in anticipating opportunities and identifying underserved niches.

Regents Recognized for Their Contributions

John Kueven, FACHE, Regent for Georgia, won the award for best message from the Regent (Geographic Regents) published during the 2024-2025 Convocation year. His summer 2024 message focused on healthcare leadership as a calling and the importance of ACHE in challenging times.

CDR Richard Bly, FACHE, Regent for Navy, won the award for best message from the Regent (Federal Sector) published during the 2024-2025 Convocation year. His fall 2024 newsletter emphasized the importance of recruitment, engagement and advancement and promoted various strategies for Navy members to align with these efforts.

Bly also won the award for recruiting the greatest percentage of the designated goal for new Members and Fellows in the federal sector, with 9.2% growth.

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

Brazosport College
The College of Choice

Graduate Program

Baylor University

3 Takeaways From Congress

By Dottie DeHart

Congress was an amazing experience, with so many thought leaders to immerse oneself in the healthcare community. One message came through loud and clear: Times like these call for strong leadership. The best, brightest and most innovative leaders are needed to navigate the seas of change reshaping the field.

Strong, resilient cultures are forged in tough times. There are two big truths about culture, according to Mark C. Clement, president and CEO, TriHealth, and Quint Studer, co-founder, Healthcare Plus Solutions Group, who presented at a Leadership Insights session. One, it's the key to growth and change. A strong culture keeps people engaged. Two, the strongest cultures are often forged in trying times.

Invest in building leaders for the moment. During a "fireside" chat at the Tuesday luncheon, historian Doris Kearns Goodwin, PhD, said leaders really matter now. Start investing in leaders the minute they hit the ground. Give them the tools, the resources and the training to do their job and do it well.

Attracting and retaining talent is job No. 1. Leaders at Sutter Health, Froedtert ThedaCare Health, Inova Health, Orlando Health, and WittKeiffer said during a Hot Topic session that it's not enough to be constantly recruiting: Act as if everybody in the organization is a recruiter now.

Dottie DeHart is president, Dehart & Company Public Relations (Dottie@dehartandcompany.com).

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Transcend the Ordinary at Congress

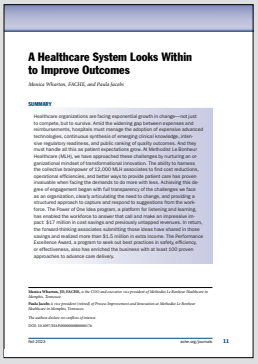
Publication **Awards**

James A. Hamilton Book of the Year Award

Building a Culture of Ownership in Healthcare

Joe Tye and Bob Dent, DNP, RN, FACHE

(Sigma Theta Tau International)

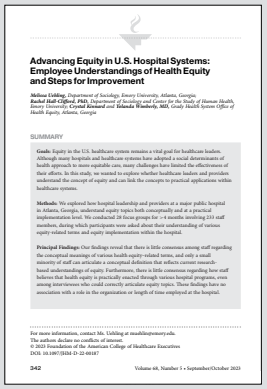


Dean Conley Award

"A Healthcare System Looks Within to Improve Outcomes"

Monica Wharton, JD, FACHE, and Paula Jacobs

Published in the Fall 2023 issue of *Frontiers of Health Services Management*.



Edgar C. Hayhow Award

"Advancing Equity in U.S. Hospital Systems: Employee Understandings of Health Equity and Steps for Improvement"

Melissa Uehling; Rachel Hall-Clifford, PhD; Crystal Kinnard; and Yolanda Wimberly, MD

Published in the September/October 2023 issue of the *Journal of Healthcare Management*.

David Isaacks, Regent for Veterans Affairs, won the award for the greatest percentage of the designated goal of Members advancing to Fellow, with 10.3% growth.

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.

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.

Brett H. Venable, FACHE, chief of staff, Medical Readiness Command, JBSA Lackland, Texas.

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.

Indra Sandal, PhD, chief of innovation, U.S. Department of Veterans Affairs, Tampa, Fla.

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.

LCDR Raben B. Talvo, FACHE, portfolio manager, Defense Health Agency, Falls Church, Va.

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Jason Lesandrini,
PhD, FACHE

Culture: Addressing Workforce Challenges

Ethical values are increasingly important to the modern workplace.

Building and maintaining an ethical culture has emerged as a vital strategy for today's healthcare organizations to address workforce challenges like recruitment, retention and burnout. Modern healthcare professionals are increasingly looking for purpose-driven employment that prioritizes ethical values. This means building an ethical culture is now a critical strategic imperative and central to meeting employees' expectations and their desire to feel connected, valued and engaged in meaningful work.

By creating environments where healthcare professionals can practice according to their highest values, organizations address the deeper needs driving current workforce challenges.

The Changing Workforce Landscape

Healthcare organizations face unprecedented challenges in workforce retention and satisfaction. High patient volumes, complex regulatory environments and the emotional toll of patient care contribute to widespread burnout and dissatisfaction. Simultaneously, a fundamental shift in employee expectations has emerged, with professionals evaluating potential employers based on alignment with their values and the organization's ethical practices. This shift represents more than a temporary trend—it reflects a fundamental change in how healthcare workers view their relationships with employers.

What Is Ethical Culture in Healthcare?

Culture is commonly described as the system of shared beliefs, attitudes and behavioral norms shared among a group. Organizational culture forms the backbone of any institution, establishing the environment in which employees work and interact daily. This cultural framework shapes how decisions are made, problems are solved and relationships are formed, creating either a fertile ground for innovation and collaboration or barriers to progress.

Ethical culture in healthcare can then be understood as a slice of the overall organizational culture. While organizational culture broadly encompasses "how we do things around here," ethical culture specifically addresses "how we do things around here in relation to ethics and ethical behavior." Ethical culture is a system of shared beliefs, attitudes and behavioral norms that represent an organization's ethical principles and standards.

In their book *Managing Business Ethics: Straight Talk about How to Do It Right, Eighth Edition* (Wiley, 2021), Linda K. Treviño and Katherine A. Nelson write that ethical culture comprises multiple interconnected systems that must align to support ethical judgment and action. These systems include formal and informal elements:

Formal Systems:

- Executive leadership
- Selection and hiring practices
- Policies and codes
- Orientation and training
- Performance management systems
- Authority structures
- Decision-making processes

Informal Systems:

- Role models and heroes
- Norms
- Organizational rituals
- Myths/stories
- Language that reinforces ethical commitments

When these systems consistently support ethical behavior, healthcare

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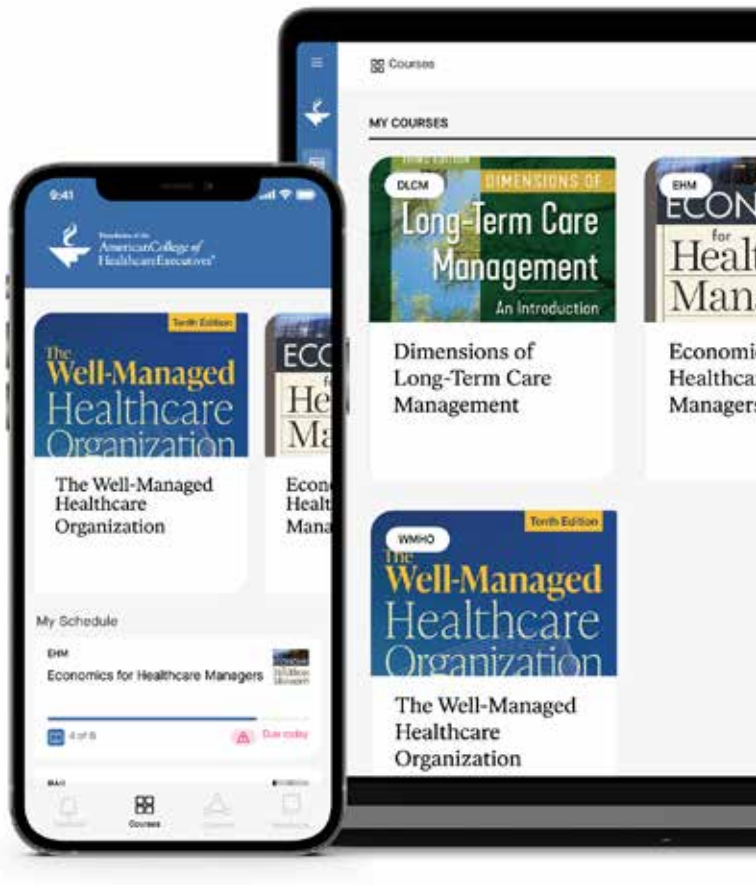

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organizations develop cultures where professionals can thrive while delivering high-quality, patient-centered care. The alignment between formal and informal systems, therefore, is crucial to creating high functioning, ethical organizations. The adage "culture eats strategy for breakfast," by Peter Drucker, seems appropriate here. Organizations might articulate a clear set of values and claim to be ethical, but if both the formal and informal culture do not align with those values, they become meaningless. In the end, the underlying culture will always prevail.

While all these components are important to building an ethical culture within an organization, a few stand out as particularly relevant to the conversation around addressing workforce struggles: executive leadership, selection and hiring practices, and language.

Executive Leadership

The tone from the top of an organization is often noted as a crucial element of establishing and maintaining a culture. This is especially true in building an ethical culture. Discussed extensively in another column I authored for *Healthcare Executive* ("Ethical Leadership: Doing What It Takes," November/December 2023), ethical leadership is fundamental to developing an ethical culture. As noted there, ethical leadership is the composite of certain characteristics (being a moral person) and behaviors (being a moral manager) leaders exhibit. Key characteristics include humility, trustworthiness, fairness and integrity, among others.

Being an ethical leader, however, does not only involve possessing certain characteristics. Leaders must also exhibit certain behaviors, such as demonstrating ethics is a priority, supporting ethics programs, using the right incentives, practicing ethical decision-making and setting clear expectations around ethical practice.

For example, an ethical leader thinks about how they support the ethics work within their organization and integrate that work into their practice. Supporting programs involves enabling staff access to ethics consultation services to navigate values-based challenges in their daily work or allowing team members time to participate in ethics training or ethics education opportunities.

Selection Systems and Hiring Practice

Selection systems serve as the formal mechanisms for recruiting and hiring new employees. When thoughtfully designed, an organization's selection processes can help it improve ethical culture by recruiting individuals who are aware of the values-based decision-making so frequently encountered in healthcare.

A key strength of the healthcare economy is the diversity of perspectives that foster fresh ideas and innovative solutions to complex problems. Organizations should seek out team members who integrate values into their decision-making process and can understand and apply the organizational values in their choices. Doing so will reinforce a values-focused culture in the organization and its reputation within the community.

Although standard vetting procedures like background checks, reference verification, integrity assessments and social media reviews remain important, these methods often fall short in evaluating a candidate's values-based decision-making capabilities. To better assess alignment with their organization's ethical culture, leaders should consider incorporating scenario-based questions into their interview process, such as, "In healthcare, we sometimes face tensions between what seems ethically right and what appears most efficient for the organization. Can you share an experience when you encountered such a dilemma and how you navigated it?"

To stress to future employees that values matter to an organization, healthcare leaders should also ensure that organizational values are prominently featured throughout the recruitment journey, from initial job postings and career website content to interviewer guidelines, candidate correspondence and onboarding materials. The constant reinforcement and authentic demonstration of these values throughout the employee life cycle will not only attract candidates who share your ethical priorities but also strengthen your organization's ability to deliver compassionate, high-quality care while maintaining financial sustainability.

Language That Reinforces Ethical Commitments

Just as selection systems form the foundation of an organization's ethical culture, the language used throughout the organization communicates and reinforces its values

daily. In truly ethical organizations, moral considerations become integrated into everyday conversations at all levels.

In high-performing healthcare environments, clinical and administrative staff feel comfortable discussing ethical dimensions of their work with peers and leadership.

Organizational values actively inform decision-making processes, with managers regularly incorporating ethical frameworks when guiding their teams. This integration can be as straightforward as consistently asking whether a proposed course of action aligns with operational objectives and core institutional values.

For many healthcare executives, explicitly addressing ethics in routine discussions may initially feel awkward or forced.

However, when leaders hesitate to employ ethical language, they inadvertently signal to their organizations that values are secondary considerations rather than central guideposts. Healthcare leaders can normalize ethics-centered dialogue by demonstrating that such discussions are not only welcome but also expected. For instance, when communicating strategic decisions, frame the rationale in both practical and ethical terms.

For example, a leader might say, "We're expanding our behavioral health services this fiscal year because we've identified significant access barriers in our rural communities that contradict our commitment to equitable care delivery."

Practical Strategies for Healthcare Leaders

Although an ethical culture is a complex phenomenon and as difficult to change as overall organizational culture, leaders can implement practical strategies to foster improvement, such as the following.

Conduct an assessment. Assessments provide critical data for targeted interventions that address specific workforce needs and challenges. A reasonable assessment should at least include a comprehensive survey that looks at the formal structures above. In addition, to discover more about their ethical culture, organizations can host focus groups with staff and review exit interviews for values-based language, providing measures of positive and negative aspects of the ethical culture.

Develop a strong code of ethics. Most organizations have core values and codes of conducts, but very few have codes of ethics. Many institutions mistakenly use these terms interchangeably or consolidate them into a single document. However, each serves a distinct and complementary purpose in building an ethical culture. Unlike broad organizational values that articulate what your institution believes, a well-crafted code of ethics offers your healthcare team a decision-making framework for navigating the moral complexities inherent in modern healthcare delivery.

Create an ethics leadership training program. This should involve specialized training for leaders on how to make ethical decisions, including how to use an organizational ethics decision-making framework, what it means to be an ethical leader, and how to strengthen and reinforce key character traits and behaviors. By embedding ethical decision-making into leadership development, organizations can create a culture where ethical considerations become a natural part of daily operations.

The Path Forward

Building an ethical culture represents more than a solution to immediate workforce challenges—it creates the foundation for sustainable healthcare organizations, where professionals can thrive while delivering exceptional patient care. By creating environments where healthcare professionals can practice according to their highest values, organizations address the deeper needs driving current workforce challenges: the desire for purpose and meaning, and alignment between personal and organizational values.

Organizations that succeed in building strong ethical cultures will not only better retain and engage their current workforce but will attract professionals seeking environments where they can do their best work. In this way, ethical culture becomes both a solution to present challenges and an investment in future organizational success. ▲

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

Owais A. Farooqi, DDS, FACHE

Leading From the Middle

How a mid-level executive team applied systems thinking, human-centered leadership.

Mid-level executives frequently find themselves in the messy midst of everything. They must ensure daily operations are in sync with the organization's strategic goals and keep up with technical and regulatory landscape changes. Their unique vantage point also enables them to identify signs of misalignment that are not always easily discernible to senior executives or front-line team members.

In early 2019, the front-line team of a clinical service at the VA Greater Los Angeles Healthcare System found itself reacting to one situation after another, with no clarity on how to escape the reactionary behavior. As a result, metrics indicated plummeting productivity and employee satisfaction. In the midst of this, an error during an outpatient clinical procedure resulted in preventable harm to a patient. An analysis unearthed an alarming trend not previously identified within the clinical service.

With that procedure remedied, a change in the clinical service's mid-level leadership offered an opportunity to reset. No one underestimated the challenge of overhauling a sizable, intricate and complex multisite clinical service; strong resistance was expected. By applying human-centered leadership and critical systems thinking, however, the newly hired mid-level leadership was able to turn the ailing service around. The following case study serves as an example of effective middle management.

The changes mid-level leadership implemented … made measurably positive impacts on patient and employee satisfaction.

Background: What Are HCL and CST?

Human-centered leadership, or HCL, is not just a leadership style; it's a philosophy that fosters a supportive work environment even in the face of strong resistance. It recognizes that when team members feel understood and valued, they are more likely to put in their best effort.

Critical systems thinking, or CST, is a powerful problem-solving approach. Often credited to British scientist and author Michael C. Jackson, it involves seeing issues or problems as a system made of parts. All parts come together to affect the outcome or behavior, which is more than the sum of its parts. In this holistic viewpoint, effective solutions can only be achieved when every system is seen as part of a larger system.

At the outset, the clinical service's new leaders took the following human-centered leadership actions:

- Establishing a feedback loop between front-line managers and staff via a tiered system of huddles, regular check-ins and opportunities to provide anonymous feedback.
- Offering team-building activities for staff to participate in at least once per quarter.
- Providing active mentoring and one-on-one coaching of front-line supervisors.
- Fostering psychological safety by admitting mistakes and setbacks.
- Sharing experiences and vulnerabilities exhibiting authenticity.

Implementing these human-centered leadership actions and reviewing challenges through a critical systems thinking lens resulted in the following outcomes for the clinical service.

Improved Patient Safety

A critical systems thinking-driven analysis of incidents within the

clinical service revealed that most of the procedural errors transpired when no auxiliary support was available. With that substantiated, leadership committed to the onboarding of more support staff.

Another contributing risk factor to clinical errors was the high ratio of trainees to attending clinicians. Attending clinicians were unable to adequately supervise all trainees. This called for rightsizing training programs by reducing the number of trainees.

The team also created a safety checklist in conjunction with the standard time-out surgical checklist to ensure all safety steps are followed. Following implementation of these improvements, the number of safety incidents over a three-year period decreased by more than 70%.

Improved Effectiveness

A considerable fraction of patients were found to need repeat care. The critical systems thinking-driven analysis picked up two trends as likely causes: clinically unjustifiable variation in practices and inconsistent adherence to evidence-based clinical practice guidelines. The leadership team's brainstorming sessions for remedial measures also revealed a lack of opportunities for peer-to-peer learning.

Leaders determined two solutions to these problems: establishing treatment planning boards—groups of clinicians, including specialists, who work together to create patients' treatment plans—and securing protected time in clinicians' schedules for other

peer-to-peer learning activities. The treatment planning boards also oversee the implementation of evidence-based clinical practice guidelines across sites. These measures have had an enormously positive impact, as reflected in the patient and employee experience metrics covered later in this article.

Improved Access, Timeliness and Efficiency

Patients in the clinical service often complained about the inability to get appointments when they wanted. The critical systems thinking-driven analysis compelled the service's new team leaders to look beyond a perceived lack of providers as the likely cause. A deeper review revealed missed opportunities that could be traced to inefficient workflows, frequent equipment breakdowns, supply interruptions and unfilled appointment slots due to late cancellations. These issues were connected to nonclinical services in other facility services, including administration, biomedical engineering, sterile processing and supply chain management. To fix these problems, the team established real-time communication channels and set up biweekly meetings for mutual accountability among clinical and nonclinical team members.

The leadership team used a multipronged approach to address pain points. First, they revised the script used for reminder calls, which are now made within 48 hours of patients' appointments and must clearly state the time, day and location. Next, a second script was developed for clinicians to use while seeing the patients. It framed no-shows as more than just a missed appointment for one patient-provider and highlighted adverse effects on access to care for other patients when an appointment slot remain unused.

At VA Greater Los Angeles Healthcare System, combining the two leadership methods turned out to be a practical—and successful—approach to leading from the middle.

The team also updated performance standards to include reasonable and measurable productivity goals. Using national productivity data for VA clinicians, rating criteria were clearly defined. For example, clinicians must be at least above the 25th percentile to be considered "satisfactory" in their annual assessments. A higher rating was given only to those exceeding at least the 50th percentile in clinical productivity. The team also set a goal to attain a minimum of 90% clinic slot utilization in line with industry standards.

Mid-Level Leaders' Actions Lead to Positive Changes

These changes took time, but the efforts bore fruit over four years. Thanks to a more engaged clinical team and improved patient-provider relationships, the clinical service's no-show rate was slashed to less than 10% from a high of 25% in some clinics. Overall, appointment slot utilization reached 90%-95%. That, combined with improved efficiency in healthcare delivery thanks to robust support from other facility services, boosted overall access to care by over 22% by the end of 2024. In addition, the clinical service provided care valued at $22.6 million in fiscal year 2024 compared to $14.3 million in FY 2019.

The changes mid-level leadership implemented also made measurably positive impacts on patient and employee satisfaction. Of the patients surveyed, those rating care 9 or 10 (on a scale of 1 to 10) gradually rose to 85% in 2024 over four years of implementation of changes, from 68% in 2019. Employee satisfaction also gradually increased each year. In the most recent all-employees survey (August 2024), employees' overall satisfaction was a 4.2 on a scale of 1 (high dissatisfaction) to 5 (high satisfaction), compared to a rating of 2.8 in 2019.

Critical systems thinking helped the clinical service's leaders see the bigger picture—to view the service as a work ecosystem with all its components, connections and behavior. Human-centered leadership allowed for maximum buy-in from clinical and nonclinical stakeholders. At VA Greater Los Angeles Healthcare System, combining the two leadership methods turned out to be a practical—and successful—approach to leading from the middle. ▲

Owais A. Farooqi, DDS, FACHE, is director/chief, dental service, VA Greater Los Angeles Healthcare System (owais.dds@gmail.com). The opinions expressed are solely of the author and do not necessarily represent opinion of the author's employer.

Late might be too late.

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

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*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. Ebner DW, Kisiel JB, Fendrick AM, et al. Estimated average-risk colorectal cancer screening-eligible population in the US. *JAMA Netw Open*. 2024;7(3):e245537 **2.** 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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Paul H. Keckley, PhD

Second Term Policy Changes Signal a Shift

Guidance for leaders through a fluctuating landscape.

All eyes have been on Washington, D.C., as the Trump administration implements numerous policy changes. Context is key for understanding how these changes will impact the U.S. healthcare system.

Midway through the first 100 days of Trump 2.0, the administration's core beliefs about governing and how the federal government should operate seem clear and focused on the following:

- ***Overall size***. The federal government is too big. It is wasteful, inefficient and resistant to change. To improve its performance, urgent action is necessary. The Department of Government Efficiency will lead the process.
- ***Private investments***. Private investment solutions are better than government programs. Entrepreneurship and private investment are essential.
- ***States' rights***. States' rights should take precedence over the federal government. Major decisions about health and education should be made at the state level via voter-approved referenda or legislation.
- ***Limited taxation***. Taxes from individuals and employers should fund only essential services—nothing more.
- ***Consumer choice***. Consumers should be able to make choices based on their values without unnecessary legal constraint.

Prior to the 2024 election, Trump voters were concerned about prices, including the cost and affordability of healthcare, according to Kaiser Family Foundation tracking polls. Polling also showed antipathy toward the medical system, with two out of three adults believing the system is fundamentally flawed and in need of transformational change. Notably, voters blamed insurers, drug companies and hospitals for the system's problems, concluding its priority is profit over patient care.

The administration's predisposition toward the U.S. healthcare system revolves around numerous presumptions:

- "Making America Healthy Again" is the key to population health and lower healthcare costs. The healthcare system has failed to address primary care and chronic disease prevalence.
- The healthcare system operates with inadequate accountability. It is prone to waste, fraud and abuse and lack of transparency about its costs, prices, business practices and outcomes. Transparency is antiseptic to poor performance.
- Private insurance coverage is necessary but overregulated as a result of the Affordable Care Act. Coverage options should be increased to stimulate competition and lower costs for individuals, employers and government programs.
- The Affordable Care Act contributes to unnecessary spending through marketplace subsidized insurance coverage and Medicaid expansion. It should be repealed.
- Medicare, Medicaid, the Children's Health Insurance Program, Veterans Health Administration and public health need modernization. Technology-enabled cost-effectiveness and incentive changes are necessary.
- States should lead efforts in Medicaid, CHIP and public health. Federal oversight and funding obligations should be reduced.
- Hospitals need more competition to lower prices for consumers and employers. Consolidation has protected them.

The Trump administration is executing its healthcare policies across three domains of activity: leadership designations/appointments, executive orders and federal budgeting. As of mid-March, here's a recap of what has been done or is targeted for attention.

Visit **HealthcareExecutive.org** for more on this topic.

1. Leadership Designations/ Appointments

Robert F. Kennedy Jr. was confirmed as Secretary of Health and Human Services despite concern about his views on vaccines. Kennedy testified his focus would be chronic diseases, nutrition and alternative health. Addressing school meal plans and public health issues will require him to collaborate with the U.S. Department of Agriculture, which controls school lunch programs; the Food and Drug Administration, which controls certain aspects of over-the-counter remedies; and the Departments of Defense and Veterans Affairs, which operate health programs outside the purview of HHS oversight.

Mehmet Oz, MD, was confirmed as the administrator of the Centers for Medicare & Medicaid Services. Oz lacks direct government experience. He has advocated for unproven treatments and has been a proponent of Medicare Advantage.

Marty Makary, MD, was confirmed as FDA Commissioner. Makary is a Johns Hopkins surgeon who advocated for herd immunity during the COVID-19 pandemic.

DOGE—led by Elon Musk and notable senior leaders with direct healthcare experience that include Amy Gleason, Steve Davis and Brad Smith—aims to reduce healthcare spending by $2 trillion over 10 years. The department has already implemented workforce reductions in virtually every health agency.

2. Executive Orders

Presidential executive orders can be set aside by future administrations and do not have the power of law. In most instances, each order requires enabling legislation and will encounter legal challenges and industry pushback. Nonetheless, they require action, or compliance, on the part of healthcare organizations.

It is anticipated the White House will issue executive orders granting states the authority to add work requirements in Medicaid eligibility determinations and expand scope-of-practice opportunities for pharmacists and mid-level clinical professionals.

3. Federal Budgeting

Appropriations for federal healthcare programs are controlled by Congress and subject to political influence. In a continuing resolution to keep the federal government operating (and funded) through September 2025, Congress eliminated cuts to Medicaid Disproportionate Share Hospitals, extended and expanded Medicare telehealth and hospital-at-home programs and rural health support but failed to offset physician pay cuts and community health center shortfalls.

The budgeting process for healthcare is ripe for Trump 2.0 influence, potentially impacting organizations. Funding cuts to Medicaid and Medicare also are likely.

Key Takeaways for Leaders

Trump 2.0 represents a formidable challenge for healthcare leaders. Core Republican voters and lawmakers are supportive of the Trump administration's "flood the zone" approach, which is aimed at lowering federal spending and reining in waste, fraud and abuse in the federal government. Given that, leaders in every organization must attend to four urgent imperatives:

Monitor regulatory changes. The pace of news from the administration will increase as the 2026 midterm election approaches. While the Trump Healthcare 2.0 federal directives continue, state-level actions will accelerate even more. Compliance risk management must be a high priority.

Use measured messaging. Health system leaders who cast blame on regulators, insurers and drug companies risk a loss of credibility when noncompliance with price transparency mandates, validation of charity care and community benefit contributions, and excessive indirect operating costs and executive compensation in their organization cannot be justified.

Seek board accountability. Many healthcare board members are inadequately educated about issues and trends impacting the future for their organization. Take this opportunity to inform the board of changes.

Build community support. Most community leaders, employers and consumers consider the well-being of their local hospital vital to the economic stability of their communities and families. Leaders must effectively and loudly advocate for their local hospitals.

The Trump administration's approach to healthcare in his second term is not a repeat of the approach during his first term. Its lessons learned appear to have hardened antipathy toward the industry and softened views about private investment, consolidation and stimulants for competition between organizations.

Stay tuned. ▲

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

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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, 2025

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ache.org/Hudgens

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

Becka DeSmidt

Lauren Scanlon

Kate Hilton, JD

Improving Workforce Well-Being

Five guiding principles.

The challenges to healthcare workers' well-being have been well known for years, as have been the direct consequences of low levels of well-being on patient care. That's why, in 2022, the Health Resources and Services Administration funded a three-year partnership to guide organizations through the implementation of evidence-based strategies to improve health and well-being.

This continuous, bidirectional communication loop of deep listening, acknowledgment, follow-through and listening again is a hallmark of organizations with a trusting environment.

This initiative, called the Workplace Change Collaborative, brought together four organizations, including the Institute for Healthcare Improvement, in an effort to significantly reduce burnout, suicide and other mental health conditions in the workforces of 44 grantee organizations in 25 states, including many in rural and underserved communities. Other organizations involved include the Fitzhugh Mullan Institute for Health Workforce Equity at George Washington University, Moral Injury of Healthcare and the American Federation of Teachers Health Care.

Although each grantee organization tailored its own interventions to best support their unique populations, five common principles emerged.

1. Bring Intention to Language

A foundational step to addressing any challenge is appropriately naming and describing the problem. Impediments to workforce well-being take many forms, but we identified four commonly used terms and definitions that describe the various conditions experienced by health workers. These conditions are experienced and measured differently, can manifest simultaneously and often exacerbate one another.

- ***Burnout***: Defined in the World Health Organization's classification of diseases as stress characterized by exhaustion; a feeling of distance, negativity or cynicism toward one's job; and a sense of ineffectiveness.
- ***Compassion fatigue***: Refers to a state or intensity of exhaustion or burnout that limits one's ability to engage in the essential caring relationships required for effective care delivery.
- ***Moral distress***: Occurs when the environment and circumstances of the job limit one's ability to act in accordance with their ethics and values.
- ***Moral injury***: Occurs when a worker is forced to violate their moral and ethical beliefs by operating in a system that doesn't allow them to hold true to their deeply held values.

It is a leader's job to accurately diagnose the manifestations and causes of these four conditions in the workforce, and to understand that different people prefer different descriptions of these similar and interconnected issues. This requires deep listening, effective communication and trusting relationships. Depending on the person and the circumstances, interventions aimed

at mitigating these four conditions must be designed with a clear understanding of the unique aspects of each.

2. Acknowledge and Address Burnout, Moral Injury

The four conditions described above can affect any healthcare worker, regardless of title, level or specific responsibilities. Workforce well-being interventions and initiatives need to be designed and implemented for all. Leadership participation in well-being activities is an effective demonstration of vulnerability that builds trust and reinforces the reality that delivering patient care is a collective endeavor.

Acknowledging the issues faced by healthcare workers at all levels also helps break down the silos that often plague healthcare organizations. Designing well-being initiatives for interprofessional cohorts goes even further in breaking down barriers between various parts of the health system. Yet despite the advantages of an interprofessional approach, leaders can acknowledge that various groups of workers each face unique stressors. Peers coming together to consult with each other and offer support remains an important mechanism for improving well-being. A blended approach to well-being interventions allows for both peer-to-peer support and new connections between colleagues who work in different parts of the system.

3. Rebuild Trust and Create Strong Communication Channels

One of the first casualties caused by burnout and moral injury is trust. Though everyone in an

organization has an essential role in building and maintaining trust, it is the leader's responsibility to create the conditions and systems to reinforce trust and rebuild it when damaged or lost.

Building trust and effectively communicating require a leader to move slowly and deliberately. Truly listening to the concerns, constraints and hopes of the workforce cannot be rushed. It is an essential first step in creating a trusting environment. Just as important is the deliberate sharing back of what leaders heard, and listening again to any corrections or nuances offered by the workforce. Only then should leaders act on what they learned.

This continuous, bidirectional communication loop of deep listening, acknowledgment, follow-through and listening again is a hallmark of organizations with a trusting environment. In addition, levels of trust within an organization are clearly correlated with lower levels of stress, dissatisfaction and burnout.

4. Commit to Organizational Change Alongside Individual Interventions

The national framework for addressing burnout and moral injury developed by the Workplace Change Collaborative makes clear that, like any large-scale change initiative, improving workforce well-being requires systemic, structural and cultural change. It requires not only buy-in from senior leadership but also direct participation and advocacy. A combination of action at the whole system level (such as flexible working and reduced administrative burden) with interventions such as access to counseling, peer support programs, coaching and leadership development, and mindfulness-based stress reduction leads to measurable, sustainable improvement.

Leadership participation in well-being activities is an effective demonstration of vulnerability that builds trust and reinforces the reality that delivering patient care is a collective endeavor.

5. Articulate the Need for Institutional Commitment and Investment in Well-Being

Closely linked to principle No. 4 is the final guiding principle: the need for clear and actionable two-way communication about the critical importance of workforce well-being. In many cases, the Workplace Change Collaborative grantees needed to convince their leadership of the need for investment and prioritization. Doing so required understanding leaders' viewpoints and linking workforce well-being to the mission and existing organizational priorities.

Just as important is the data used to make the case. Grantees found that using data generated by validated survey tools was an effective way of both identifying the need for change and evaluating the effectiveness, or lack thereof, of the interventions selected to improve well-being. Financial data demonstrating a return on investment is another important indicator of the benefits of well-being initiatives.

The Workplace Change Collaborative also highlighted the importance of storytelling in motivating stakeholders to invest and participate in well-being programs. Effective narratives communicate the value of workforce well-being efforts by highlighting what's at stake in our collective experience of acting in the service of others. Fundamentally, workforce well-being is about dignity, respect, fairness, equality, justice, love and kindness. Effective narratives connect everyone to these fundamental values.

There is no single definition of workforce well-being, and efforts to improve it can and will take myriad forms. These five principles serve as a guide for leaders at any level of an organization to design, implement, and evaluate programs and initiatives that aim to harness and support any organization's most important resource—its people. ▲

Becka DeSmidt is a former project director at the Institute for Healthcare Improvement (becka@sustainablepurchasing.org). Lauren Scanlon is senior project manager at IHI (lscanlon@ihi.org). Kate Hilton, JD, is faculty at IHI (kate@innovationcapital.org).

Editor's note: To learn more visit: ihi.org/publications/principles-improving-workforce-well-being.

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Brandon M. Nudd, FACHE

Uncommon Compassion in a Time of Disaster

Hurricane Helene and how one health system responded.

One of the leading priorities for today's healthcare executives is the integration of organizational values into daily operations. The permeation of such ideals into the smallest of tasks offers countless opportunities to shape patient care and share the "why" behind our mission. In a crisis, we rely on this cultural foundation to reconcile the realities of providing essential care in the chaos of disaster.

This became evident on Sept. 27, 2024, when Hurricane Helene ripped through the mountains of Western North Carolina with wind gusts topping 90 mph, spawning numerous tornadoes and bringing up to 30 inches of rain to areas. Within 24 hours, countless communities were isolated by unprecedented floods, mudslides and tree damage. The storm eliminated nearly all essential utilities and travel capabilities within the region, leaving many to face the harsh reality of finding shelter, provisions and, most importantly, loved ones with almost no functional communication systems. At the heart of the storm's damage, AdventHealth Hendersonville launched into action to serve the community it has been part of since 1910.

Leading up to the storm, AdventHealth's leadership stayed in constant communication with local emergency management to solidify protocols, meeting numerous times as a group to ensure appropriate measures were in place for patient and team member management. With this preparation, a dedicated group of leaders was in place to navigate the initial 48 hours following the storm.

The storm eliminated nearly all essential utilities and travel capabilities within the region, leaving many to face the harsh reality of finding shelter, provisions and, most importantly, loved ones with almost no functional communication systems.

Due to the catastrophic conditions, team members were unable to reach the hospital for their shifts, and those on-site were unable to contact their families because all communication on campus became compromised. In addition, nearly all diagnostic capabilities were eliminated, reducing care to only the most basic and emergency services.

For the first couple of days, executive leadership was forced to leave the hospital nearly every two hours for a 10-minute drive to find reliable cell coverage and coordinate vital relief efforts. With the initial care team completely isolated, the team worked alongside the corporate office in Altamonte Springs, Fla., to begin securing critical resources to sustain patient care and team member support for the unknown challenges ahead.

On day three after the storm, much-needed support from AdventHealth arrived as executives from AdventHealth Georgia brought first responder resources like ATVs, ambulances and a fresh team of nurses and paramedics ready to support our team and community. Through AdventHealth's Emergency Management process, team member

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Official Notice

for the 2025–2026 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 51,000 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. 12, 2025. If you submit your letter of intent and you haven't received confirmation by Sept. 15, 2025, contact Jennifer Frantom at jfrantom@ache.org.

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

Please note:

- To be an eligible Regent candidate, Fellows must work and reside in the Regent area they would represent.
- Elected Regents will serve a three-year term on the Council of Regents beginning at the close of the March 2026 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.

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roles and responsibilities were more effectively defined, providing a road map back to normalcy. Team members across different specialties worked tirelessly to restore hospital capabilities, such as electricity, water, communications, sterile processing, diagnostic labs and imaging. In addition to consistently evaluating patient care, leadership contacted all 1,700 team members and physicians, as well as local first responders, to evaluate recovery needs.

To further complicate matters, St. Luke's Hospital, Columbus, N.C., was scheduled to integrate into AdventHealth only three days after Hurricane Helene hit. As the team battled to restore operations, executive leadership also faced the challenge of onboarding nearly 300 new team members into the AdventHealth system in the wake of an unprecedented storm. Leaders across AdventHealth helped support the transition of critical infrastructures like human resources and IT, coordinate relief efforts and, most importantly, maintain access to healthcare in Polk County.

Within seven to 10 days following the storm, some hospitals and healthcare providers in Western North Carolina were able to resume normal capabilities, but those within the Buncombe County area were anticipating nearly two months of limited operations due to water outages. During this period, the challenge to meet the healthcare needs of the local community seemed overwhelming.

Furthermore, as communications were reestablished, team members began to receive word from their families. For many, that word was they no longer had a home to go back to. Others learned their entire family had been swept away in a mudslide. With more than 135 team members impacted, the regionwide trauma of Hurricane Helene quickly became realized.

Over the past year, the AdventHealth team has journeyed through a series called Uncommon Compassion. Team members know the mission of AdventHealth well; we are here to extend the healing ministry of Christ to every person that may walk through our doors. Uncommon Compassion is merely a reinforcement of how imperative empathetic responses are in patient care and bringing that mission to life. How do we help heal in the way that Christ did? We simply try to love the person in front of us by meeting their needs, whether physical, emotional or spiritual, as they arise. On a normal day, a team member's uncommon compassion may be a lifeline to those entering the facility in crisis. But in a regional disaster, how much more do these moments of empathy matter in the healing of whole communities?

Over the past year, the AdventHealth team has journeyed through a series called Uncommon Compassion. Team members know the mission of AdventHealth well; we are here to extend the healing ministry of Christ to every person that may walk through our doors.

With the support of our state and government partners, community heroes, a network of nonprofits and churches, and our broader organization, we were able to address the overwhelming physical needs around us. More than 6,000 gallons of water, 8,300 gallons of generator and vehicle fuel, a mobile chiller and deionized water truck, pharmaceuticals, food, bottled

5 Things I Learned as the CEO

1. **Embrace the unexpected.** Diligently plan for the crisis, but when it doesn't go as planned, lead with positivity.
2. **Avoid chaos in a chaotic environment.** Creating clarity is essential when many team members could be working in an unfamiliar capacity.
3. **Trust your team.** Leaders throughout the organization will make the best decisions they can with the information they have in front of them.
4. **Care for your team.** Be attentive to the health and well-being of your team because every team member will have significant responsibilities and stresses outside of work during a natural disaster.
5. **Lean into your mission.** Whole-person care will occur when you care for your team, repair your infrastructure capabilities and engage the community in the community.

water, and oxygen were delivered to maintain patient care and support team members. The team worked alongside these partners to set up a distribution center within the hospital to provide critical resources based on the circumstances each team member faced post-storm.

Through the generosity of local funders and a systemwide AdventHealth campaign, we distributed more than $400,000 to allow team members severely impacted by the storm to begin critical home repairs or secure respite housing. Additionally, community-facing leaders traveled more than 2,000 miles within the first month after the storm to bring resources and relief to the areas of greatest need within the community.

Recent estimates place the cost of Hurricane Helene's damage close to $200 billion. That may make these actions seem like just a drop in the bucket, but for our team and community members that benefited from the relief efforts, this was perhaps the first moment of hope and a reminder of how foundational uncommon compassion is to healthcare and to AdventHealth.

Countless AdventHealth team members dedicated themselves to serving their teammates and the community around them, despite many facing the very same hardships. It was their individual ownership in every shift, every task, that helped share the burdens of the tragedy. Ultimately, the cultural significance AdventHealth places upon empathy in healing could not become any clearer than when team members found validation in the shared griefs and joys of the Hurricane Helene disaster.

Healthcare leaders so often find themselves combating the unknown. When it comes to leading through tragedy, we certainly hope to have prepared our team with the skills to overcome. But by giving of ourselves, we achieve much more as leaders. As we support the local community, they in turn rally to support their team of caregivers. When we bring empathy into our leadership skills, we see that it is despite catastrophe that our excellence in patient and community care continues to thrive in a culture of uncommon compassion. ▲

Brandon M. Nudd, FACHE, is president and CEO of AdventHealth Hendersonville (N.C.). This article is dedicated to the AdventHealth Hendersonville and AdventHealth Polk teams and the WNC community, resilient through it all. #WNCstrong.

AdventHealth team members packaging donated food to support teammates in need. (Photo Credit: Victoria Dunkle, AdventHealth Hendersonville Communications)

Stephen B. Williams, MD, FACHE, FACS

Quint Studer

Reviving the Spirit of Medicine

Valuing physicians in an evolving healthcare landscape.

Do you know how your physicians are feeling about their place in today's healthcare industry? And what can you do to make their role more rewarding and more enriching for the organizations, colleagues, and patients and communities who count on their expertise?

One way to make leader development more impactful is to personalize it. Everyone has different experience levels, skill needs and learning preferences.

As healthcare undergoes massive changes—rapid growth in technology, the transition to value-based care, the shifting expectations of consumers—valuing doctors and seizing opportunities to create a culture that recognizes and supports the industry's exceptional (though increasingly depleted) workforce can go a long way toward reinvigorating the spirit of medicine.

Consider the following seven practical steps:

1. ***Reducing administrative burdens***. Streamlining documentation processes through better technology and support staff can free physicians to focus more on patient care. The University of Texas Medical Branch Health System recently piloted artificial intelligence to perform outpatient clinical documentation. It's collecting data to understand the impact on workflow, patient experience, clinician burnout and job satisfaction. Such incorporation of value-added technology and front-line assessment by doctors is key to focusing more on patient care and less on "administrative creep."

   Engaging doctors in such process improvements not only demonstrates organizational commitment to their well-being but also gives autonomy back to them. This is key given that doctors want to and should be lead stewards in providing the best care for patients.

2. ***Engaging physicians in decision-making***. UTMB leaders recently deployed an initiative aimed at understanding how to get community, contracted and faculty doctors to work alongside one another to reduce time to consultation. The physicians they involved created standard consult work processes that led to a dramatic reduction in consult times by over 50%, with improved communication among doctors. This is one of many examples of ways to harness swarm intelligence and restore autonomy and respect back to physicians.

3. ***Asking what would make their days easier and better***. Here are two examples:

   Medical staff dashboard. From staffing to responsiveness and communication, physicians often offer actionable suggestions. Leaders should consider setting goals for such suggestions and tracking their efforts. Then, progress can be shared with physicians

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monthly. This approach also helps issues to be caught and corrected quickly.

Preference cards. Organizations often use preference cards to help surgeons identify needs such as instrumentation and other items that optimize their time in the OR. They might also create preference cards for all physicians. The idea is to ask each one what they need to provide great care. This focused attention provides a better practice environment and demonstrates that all physicians are valued and important.

Healthcare organizations (like businesses in all sectors) realize that today's talent expects employers to help them stay psychologically healthy.

4. ***Providing recognition and rewards***. Regularly acknowledging the hard work and achievements of physicians can boost morale and job satisfaction. For example, at the start of board meetings, recognize a nonphysician and a physician by sharing a story of why they're being recognized. This prompts the board to take time to thank them. Wonderful personal stories are shared, and physicians walk out feeling much better than when they walked in. Plus, they have a positive feeling about the board. Remember: Rewarded and recognized behaviors get repeated.

5. ***Focusing on leadership development***. Investing in leadership training and creating supportive structures within hospitals can enhance the effectiveness of healthcare teams (including physicians) and improve overall patient outcomes. Strong leadership at every level helps streamline operations, reduce stress and burnout, and foster a collaborative environment that benefits everyone—including patients. Physicians have numerous characteristics that can be applied to leadership roles such as diagnosing and treating patients according to evidence-based guideline recommendations. Similarly, leadership roles require diagnosing an opportunity to improve and provide standard work, according to evidence-based care. Further leadership skill-building and career development are key to leveraging these innate qualities. They also support fostering additional positive leadership traits (e.g., humility).

   One way to make leader development more impactful is to personalize it. Everyone has different experience levels, skill needs and learning preferences. When one assesses someone's skill set, collaboratively designs the best method to enhance their skill set, and frees up time and resources to do so, not only does it help each leader thrive but it also creates a more effective and harmonious environment for doctors to practice in.

6. ***Prioritizing mental health***: Organizations must prioritize the mental health of physicians with the same diligence applied to other employees. As the demands on healthcare professionals grow, it becomes increasingly essential for leaders to monitor and support their well-being. Prioritizing mental health not only helps reduce burnout and stress among doctors but also enhances overall job satisfaction and effectiveness and ensures that physicians are better equipped to provide high-quality care.

   Healthcare organizations (like businesses in all sectors) realize that today's talent expects employers to help them stay psychologically healthy. Leaders are working to reduce the stigma around mental health issues, emphasize the availability of resources, and get more proactive in assessing employee well-being. With this increased focus on mental wellness in general, it seems likely that more organizations will zero in on the unique needs of physicians and develop solutions to guard and nurture their mental health.

7. ***Sweating the small stuff***. Organizational leaders can strengthen critical relationships through regular rounding that engages physicians. Scheduled quarterly fireside chats provide another excellent opportunity in a relaxed environment for doctors to discuss any opportunities for improvement. The issues that come up may often

seem small but actually have a big impact. For example, some UTMB doctors explained they had challenges with physician parking access. UTMB leaders learned this impacted timely care to critical patients, and thus linked parking access to key outcomes. Once parking access was linked to core values in providing best care, it became imperative to take action. Similar "small stuff" was identified, like toilet paper or coffee types/dispensers. The lesson? Take every opportunity to improve the lives and work of doctors seriously. It continuously refills their emotional bank account and makes them the biggest stewards for your organization.

Yes, addressing these issues improves the work environment for doctors. But also, engaged and satisfied doctors are better equipped to provide high-quality care, which benefits patients and the entire healthcare system.

Valuing physicians helps bring meaning back to medicine. This is not just about retaining talent; it's about recognizing the crucial role doctors play in the healthcare ecosystem. Investing in doctors is investing in the future of healthcare—and an important step in ensuring better outcomes for all. ▲

Stephen B. Williams, MD, FACHE, FACS, is the associate CMO, University of Texas Medical Branch Clear Lake, and medical director for high-value care for UTMB Health System. Quint Studer is co-founder and partner, Healthcare Plus Solutions Group, and an ACHE Member.

ACHE MEMBER UPDATE

Sutton Installed as 2025–2026 ACHE Chair

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

She 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, health 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. 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.

Cárdenas Elected 2025–2026 ACHE Chair-Elect

Noel J. Cárdenas, FACHE, senior vice president/CEO, Memorial Hermann Southeast and Pearland Hospitals, Houston, was installed as ACHE's Chair-Elect on March 22 during the Council of Regents meeting at the Congress on Healthcare Leadership.

Board certified in healthcare management as an ACHE Fellow, Mr. Cárdenas served as an ACHE Governor from 2022 to 2025, the ACHE Regent for Army from 2013 to 2015, and as president of the ACHE–SouthEast Texas Chapter from 2020 to 2021. He also served on several ACHE committees.

Before assuming his current role in 2020, he was vice president, operations/COO, Memorial Hermann Northeast Hospital, Humble, Texas, from 2015 to 2020. Prior to that, Mr. Cárdenas served in the U.S. Army and Texas National Guard in the following roles: CEO/hospital commander, Reynolds Army Community Hospital, Fort Sill, Okla., from 2013 to 2015; COO, Brooke Army Medical Center/ Healthcare System, Fort Sam Houston, Texas, from 2010 to 2013; CEO/commander, 421st Multifunctional Medical Battalion, Wiesbaden, Germany, from 2008 to 2010; CEO/commander, Medical Task Force 421st Multifunctional Medical, Balad, Iraq, from 2008 to 2009; COO, Evans Army Community Hospital, Fort Carson, Colo., from 2006 to 2008; and COO, Raymond W. Bliss Army Health Center, Fort Huachuca, Ariz., from 2004 to 2006.

In addition to his service to ACHE, Mr. Cárdenas is a board member of the Bay Area Houston Economic Partnership and Texas A&M University School of Public Health External Advisory Council.

He received the Senior-Level Healthcare Executive Regent Award from ACHE in 2008 and 2023 as well as the Distinguished Service Award (2014) and the Exemplary Service Award (2016) through the ACHE Recognition Program, and an ACHE Governors Award in 2016.

Mr. Cárdenas earned a Master of Healthcare Administration degree from Baylor University, Waco, Texas, and a bachelor's degree in biology from the University of Texas, Austin. In 2017, he participated in the Memorial Hermann Physician Network and Rice University Executive Education Program.

Alderfer, Harper, Panlasigui and Wright Elected ACHE Governors

Four ACHE Fellows were elected to serve three-year terms on ACHE's Board of Governors. Each took office March 22.

Jennifer D. Alderfer, FACHE, is president, Lifepoint Health, Western Division, Brentwood, Tenn.

Board certified in healthcare management as an ACHE Fellow, Ms. Alderfer served as the Regent for Colorado from 2013 to 2016 and on various ACHE committees.

Prior to her current role, Ms. Alderfer served as market president, Intermountain Health's Montana | Wyoming Market/president, St. Vincent Healthcare, Billings, Mont., from 2021 to 2023. She also served as system transformation officer, SCL Health, Broomfield, Colo., from 2019 to 2021, and president, Good Samaritan Medical Center, Lafayette, Colo, from 2017 to 2021. Ms. Alderfer served HCA's North Suburban Medical Center in Thornton, Colo., as president/CEO from 2010 to 2017 and COO from 2007 to 2010. She was also associate administrator/COO, HCA The Medical Center of Aurora (Colo.) from 2003 to 2006.

In addition to her service to ACHE, Ms. Alderfer has held several leadership positions in professional and community organizations, including serving on the board of directors for the Colorado Hospital Association and the Montana Hospital Association. She also served on the board of directors for Big Sky Care Connect and the Billings (Mont.) Chamber of Commerce. In 2019, she was the chair of the American Heart Association's Go Red for Women campaign in Denver.

In 2017, Ms. Alderfer was a *Denver Business Journal* Outstanding Women in Business finalist. She received the Distinguished Service Award (2017) and the Service Award (2014) through ACHE's Recognition Program. Additionally, she received the Regent Award in 2010 from ACHE.

Ms. Alderfer holds Master of Business Administration and Master of Health Administration degrees from the University of Colorado at Denver and a Bachelor of Science degree in biology from Kansas State University.

ACHE MEMBER UPDATE

Corwin N. Harper, FACHE, is president, Kaiser Foundation Health Plan of Georgia, Atlanta.

Board certified in healthcare management as an ACHE Fellow, Mr. Harper served as the ACHE Regent-at-Large for District 5 in 2021 and on various ACHE committees.

Prior to his current role, Mr. Harper served as CEO, Ochsner LSU Health North Louisiana, Covington, La., from 2023 to 2024. He also served as the regional CEO/chief growth officer, Ochsner Health, New Orleans, from 2021 to 2023; senior vice president/area manager, Kaiser Permanente Napa—Solano Area, Vallejo, Calif., from 2014 to 2021; and senior vice president/area manager, Kaiser Permanente, Modesto, Calif., from 2005 to 2014. He also served Kaiser Permanente, Fresno, Calif., in a variety of roles, including senior vice president/area manager, from 2004 to 2005; medical group administrator/director, hospital operations, from 2002 to 2004; and medical group administrator from 1996 to 2002. Additionally, he served as vice president, professional services, Mt. Sinai Hospital Medical Center, Chicago, from 1994 to 1996.

In addition to his service to ACHE, Mr. Harper serves as a preceptor for the U.S. Army-Baylor University Residency Program. He previously served on the University of the Pacific Board of Regents Finance Committee.

In 2022, Mr. Harper received the Bernard J. Tyson Award from the National Association of Health Services Executives, and *Savoy Magazine* named him to its "Most Influential Black Executives in Corporate America" list. He also received the Service Award in 2008 through ACHE's Recognition Program.

Mr. Harper earned a Master of Health Care Administration degree from Baylor University and a bachelor's degree in biology from The Citadel.

Bonnie Panlasigui, FACHE, is senior vice president, Kaiser Permanente Santa Clara (Calif.) Service Area.

Board certified in healthcare management as an ACHE Fellow, Ms. Panlasigui served as the ACHE Regent-at-Large for District 5 from 2021 to 2023 and on various ACHE committees.

Ms. Panlasigui serves as an adjunct professor for the George Washington University online executive MHA program. Most recently, she served as president, Summa Health Hospitals, Akron, Ohio, from 2023 to 2024. She also served as COO, Dignity Health—St. Mary Medical Center, Long Beach, Calif., from 2018 to 2023; consultant, WittKieffer, from 2016 to 2018, chief administrative officer, Alameda (Calif.) Hospital from 2014 to 2016; and COO, Dupont Hospital—Lutheran Health Network, from 2011 to 2014. Ms. Panlasigui also served as associate administrator, HCA—Riverside (Calif.) Community Hospital and Horizon Medical Center, Nashville, Tenn., from 2006 to 2010.

In addition to her service to ACHE, Ms. Panlasigui serves on the board of Akron Symphony Orchestra and is part of Signature Class 41 with Leadership Akron. She is also president of the George Washington University MHA Alumni Association.

Ms. Panlasigui received the Senior-Level Healthcare Executive Regent Award from ACHE in 2017. Additionally, Ms. Panlasigui was named an "Up & Comer" by *Modern Healthcare* in 2016. In 2005, she was a founding board member of the Asian Healthcare Leaders Association, which is now ACHE's Asian Healthcare Leaders Community Committee.

Ms. Panlasigui earned a Master of Health Services Administration degree from George Washington University's Milken School of Public Health, Washington, D.C., and a bachelor's degree in health promotion

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disease prevention from the University of Southern California's Keck School of Medicine. She also participated in the Summer Enrichment Program through ACHE and the American Hospital Association's Institute for Diversity and Health Equity.

Peter J. Wright, FACHE, is president/CEO, Northwestern Medical Center, St. Albans, Vt.

Board certified in healthcare management as an ACHE Fellow, Mr. Wright served as the ACHE Regent for New Hampshire from 2012 to 2015 and on various ACHE committees. He was also president of the ACHE of Northern New England chapter from 2010 to 2012, in addition to serving as the chair of various chapter committees.

Prior to his current role, Mr. Wright served as president, Bridgton (Maine) Hospital and Rumford (Maine) Hospital/senior vice president, Central Maine Healthcare, Lewiston, Maine, from 2019 to 2022. He also served as the president/CEO, Valley Regional Healthcare, Claremont, N.H., from 2013 to 2019; COO, Littleton (N.H.) Regional Healthcare, from 2007 to 2013; and senior director of planning, Development/Medical Group Operations, Copley Health Systems, Morrisville, Vt., from 2006 to 2007.

In addition to his service to ACHE, Mr. Wright has held several leadership positions, including serving on the American Hospital Association's board of trustees and as the chair of the AHA's regional policy board for New England. He is also a former trustee of Vermont State University. Additionally, he has served as a mentor for the Thomas C. Dolan Diversity in Executive Leadership Program and the AHA Next Generation Leadership Fellowship.

Mr. Wright received the Exemplary Service Award (2014), the Distinguished Service Award (2011) and the Service Award (2008) through ACHE's Recognition Program. He also received a Regent Award in 2008 from ACHE. He also received the Lyndon State College Loyalty Award in 2007.

Mr. Wright earned a master's degree in healthcare delivery science from Dartmouth College, a master's degree in administration from St. Michael's College and a bachelor's degree from Lyndon State College.

ACHE Welcomes New Regents

Seventeen healthcare executives have been elected to serve three-year terms as Regents, and two have been appointed to serve as Regents-at-Large for District 3 and District 5. The Regents took office March 22 at the Council of Regents Meeting preceding ACHE's 68th Congress on Healthcare Leadership. In addition, four Regents were appointed to represent members on an interim basis in New Hampshire, North Dakota, Rhode Island and Tennessee, and one Regent-at-Large has been appointed on an interim basis to serve District 1.

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:

Air Force: Lt Col Archie R. Phlegar, FACHE

Alaska: Stephanie D. Spencer, FACHE

Arkansas: Adam T. Head, FACHE

California–Northern & Central: Nikhil Singal, FACHE

Connecticut: Ysmael A. Peguero, DBA, FACHE

Florida–Eastern: Haroula P. Norden, FACHE

Illinois–Metropolitan Chicago: Pierre Monice, FACHE

Indiana: Patricia D. Griffin, FACHE

Iowa: John M. Heinemann, FACHE


Ashby


Bewley


Carlton


Danilko


Dick


Gianelli


Goodrich


Griffin


Head


Heinemann


Hurley


Joginpally


Lunsford


Monice


Norden


Peguero


Phlegar


Puncochar


Singal


Spencer


Tyrol


Velez


Weiss


Zheng

Kentucky: Lee W. Bewley, PhD, FACHE

Maine: Jennifer M. Goodrich, FACHE

Missouri: Darinda J. Dick, FACHE

New Hampshire: Anne E. Tyrol, RN, FACHE (Interim Regent)

New York–Metropolitan New York: Arthur A. Gianelli, FACHE

North Dakota: Alan J. Hurley, FACHE (Interim Regent)

Rhode Island: Robert M. Weiss, FACHE (Interim Regent)

South Dakota: Ashli B. Danilko, FACHE

Tennessee: Jonathan Puncochar, FACHE (Interim Regent)

Texas–Central & South: Lance Lunsford Jr., FACHE

ACHE MEMBER UPDATE

Veterans Affairs: George Velez, DHA, FACHE

West Virginia & Western Virginia: Erik L. Carlton, DrPH, FACHE

Regent-at-Large, District 1: Jim Zheng, FACHE (Interim Regent)

Regent-at-Large, District 3: Anthony Ashby, FACHE

Regent-at-Large, District 5: Sujit K. Joginpally, MD, FACHE

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

Call for Candidates for ACHE's 2026 Leadership Slate

ACHE's 2025–2026 Nominating Committee is looking for experienced leaders to serve in ACHE's top leadership ranks for terms beginning in 2026. ACHE Fellows are eligible for the Chair-Elect and Governor vacancies, as well as the Nominating Committee vacancies within their districts. Those interested in pursuing applications should review the candidate guidelines, which detail the competencies and qualifications required for these roles. Open positions on the slate include:

- Nominating Committee member, District 1 (two-year term ending in 2028).
- Nominating Committee member, District 4 (two-year term ending in 2028).
- Nominating Committee member, District 5 (two-year term ending in 2028).
- Four Governors (three-year terms ending in 2029).
- Chair-Elect.

Refer to the following district designations for the open positions:

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

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

More details are included in 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 submit a letter of self-nomination and a copy of their resume. Due to the importance and nature of work conducted by the Nominating Committee, candidates should demonstrate effective and successful experience as a healthcare leader and an ACHE volunteer.

Applications to serve and self-nominations should be addressed to Delvecchio S. Finley, FACHE, Nominating Committee Chair, and can be submitted to Kim Rock at krock@ache.org.

All applications must be received by Monday, July 28.

Following the July 28 submission deadline, the committee may meet to determine which candidates for Chair-Elect and Governor will be interviewed. All candidates will be notified of the committee's decision by Sept. 26, and candidates for Chair-Elect and Governor will be interviewed in person Oct. 23 in Chicago.

If you have any questions, contact Kim Rock at (312) 424-9375 or krock@ache.org.

Four ACHE Members Receive Baldrige Foundation National Leadership Awards

The Baldrige Foundation presented an ACHE Fellow with the Harry S. Hertz Leadership Award during the 36th annual Quest for Excellence Conference in Baltimore, March 30–April 2.

Brian Dieter, FACHE, president and CEO, Mary Greeley Medical Center, Ames, Iowa, was the recipient of the Hertz Leadership Award, which recognizes role-model leaders that challenge, encourage and empower others to achieve performance excellence.

The Baldrige Foundation also presented three ACHE members with Foundation Awards for Leadership Excellence, which recognize leaders in the business, nonprofit, government, healthcare, education, cybersecurity and community sectors who provide exceptionally outstanding support to Baldrige and the foundation's mission. The winners in the healthcare sector included **John Polikandriotis, PhD, FACHE**, CEO, South Florida Orthopaedics and Sports Medicine, Stuart, Fla.; **Quint Studer**, co-founder and partner, Healthcare Plus Solutions Group, Pensacola, Fla.; and **Eugene A. Woods, FACHE**, CEO, Advocate Health, Charlotte, N.C.

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

ACHE Member Receives AHA Rural Hospital Leadership Team Award

Erik Thorsen, FACHE, CEO, Columbia Memorial Hospital, Astoria, Ore., was awarded the American Hospital Association's 2024 Rural Hospital Leadership Team Award. The award recognizes 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 the 38th annual AHA Rural Health Care Leadership Conference held Feb. 23–26 in San Antonio.

In Memoriam

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

George Burke III, PHD, LFACHE
New Braunfels, Texas

Peter M. Lawson, FACHE
Naples, Fla.

Beaufort B. Longest Jr., PhD, LFACHE
Pittsburgh

James E. Ross
Jackson, Tenn.

Francis M. Saba
Milford, Mass.

Vanda Lee Scott, EdD, FACHE
Knoxville, Tenn.
District 04–Governor 2012–2015
Tennessee–Regent 2009–2012

PEOPLE

ACHE Announces New Hires

Jennifer Frantom welcomed as volunteer relations coordinator, Executive Office.

Alexandria "Alex" McNunn welcomed as events coordinator, Learning.

Mark Pajor welcomed as web content editor, Communications and Marketing.

Prathyusha "Usha" Yerabati welcomed as salesforce administrator, Business Excellence.

2025 Chapter Management and Awards Program Winners

	Chapter members eligible to advance	Chapter event programming	Net membership growth	Chapter member satisfaction
Award for Chapter Excellence				
American College of Healthcare Executives of Central Florida		✓	✓	✓
East Texas ACHE Forum	✓		✓	✓
Award of Chapter Distinction				
ACHE-Nevada Chapter		✓		✓
ACHE-North Florida Chapter		✓	✓	
ACHE-San Diego			✓	✓
ACHE-SouthEast Texas Chapter			✓	✓
ACHE of Arkansas		✓	✓	
ACHE of East Tennessee			✓	✓
ACHE of Georgia		✓	✓	
ACHE of Middle Tennessee		✓		✓
American College of Healthcare Executives of Mississippi		✓		✓
CT Association Healthcare Executives		✓		✓
Kentucky ACHE Chapter			✓	✓
North Dakota Healthcare Executives Forum	✓		✓	
Triangle Healthcare Executives' Forum		✓		✓
Utah Healthcare Executives		✓	✓	

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	Chapter members eligible to advance	Chapter event programming	Net membership growth	Chapter member satisfaction
Award of Chapter Merit				
ACHE-MN			✓	
ACHE of Alabama		✓		
ACHE of Iowa		✓		
ACHE of Louisiana		✓		
ACHE of North Texas				✓
ACHE of Oklahoma			✓	
ACHE of South Florida				✓
ACHE of Southern California				✓
ACHE of the Southwest			✓	
ACHE of the Triad			✓	
Alaska Healthcare Executives Network			✓	
American College of Healthcare Executives of Greater Charlotte		✓		
California Association of Healthcare Leaders			✓	
Central Illinois Chapter of ACHE				✓
Chicago Health Executives Forum			✓	
Healthcare Executive Forum			✓	
Kansas Association of Health Care Executives				✓
National Capital Healthcare Executives			✓	
New Mexico Healthcare Executives			✓	
Texas Midwest HealthCare Executives				✓
Washington State Chapter of ACHE			✓	
West Virginia Chapter of the American College of Healthcare Executives		✓		

Award for Sustained Performance
ACHE - North Florida Chapter
ACHE - Southeast Texas Chapter
ACHE of Arkansas
ACHE of Georgia
ACHE of North Texas
American College of Healthcare Executies of Greater Charlotte
CT Association of Healthcare Executives
Triangle Healthcare Executives' Forum


Benoit


Castree Benyo


Billington


Fosina


Kalohelani


Zonies

Kyle E. Benoit, FACHE, to executive vice president/COO, Bayhealth, Dover, Del., from senior vice president/COO, Riverside Healthcare, Kankakee, Ill.

Katie Castree Benyo, CPHQ, CSSBB, to vice president/market leader, Lab Operational Excellence, hc1+Accumen, St. Louis, from client engagement executive.

Carole Billington to president/CNO, Saint Anne's Hospital, Brown University Health, Providence, R.I., from interim president/CNO.

David Callecod, FACHE, to CEO, Ochsner LSU Health System of North Louisiana, Shreveport, La., from interim CEO.

Janet L. Carlson, RN, CRN, NE-BC, FACHE, to executive director, Ambulatory Surgery Centers, Commonwealth Pain & Spine, Louisville, Ky., from president, BEST Health System, Cincinnati.

Tricia Costigan, FACHE, to president, MaineHealth Memorial Hospital, North Conway, N.H., from president, Northern Light Inland Hospital and Continuing Care, Waterville, Maine.

Gregory D. Eberhart, FACHE, to CMO, The Memorial Medical Center, Las Cruces, N.M., from area medical officer, Adventist Health North Coast network, Roseville, Calif.

Luanne Thomas Ewald, FACHE, to CEO, DMC Children's Hospital of Michigan, Detroit, from vice president, business development and strategic planning, and interim CEO.

Michael J. Fosina, FACHE, to president, Calvary Hospital, New York City, from COO.

Ron Holder, FACHE, FACMPE, to chief administrative officer, Hendrick Clinic and Hendrick Anesthesia Network, Abilene, Texas, from COO, Medical Group Management Association.

Mark Holyoak, FACHE, to CEO, Castleview Hospital, Price, Utah, from CEO, Lourdes Health, Pasco, Wash.

Kevin Jenkins to president, Intermountain Health Good Samaritan Hospital, Lafayette, Colo., from market CEO, CommonSpirit's Holy Cross Hospital, Salt Lake City.

Robin Kalohelani, RN, FACHE, to senior vice president/COO/associate CNO, The Queen's Medical Center—West Oahu and The Queen's Medical Center—Wahiawā, from vice president, operations/associate CNO.

Greg P. Ohe, FACHE, to senior vice president, ambulatory, Orlando (Fla.) Health, from president, Orlando Health's Health Central Hospital.

Cole Stockton to CEO, Highpoint Health–Riverview, Carthage, Tenn., and Highpoint Health–Trousdale, Hartsville, Tenn., from vice president, operations, Memorial Health University Medical Center, Savannah, Ga.

David Zonies, MD, FACHE, FACS, to CMO/associate dean, University of Washington School of Medicine, and professor of surgery, University of Washington, Harborview Medical Center, Seattle, from associate CMO, Oregon Health and Science University, Portland, Ore.

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