HEALTHCARE EXECUTIVE

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LEADERSHIP FOR INTENSE TIMES

Why Agility and Responsiveness Are More Important Than Ever

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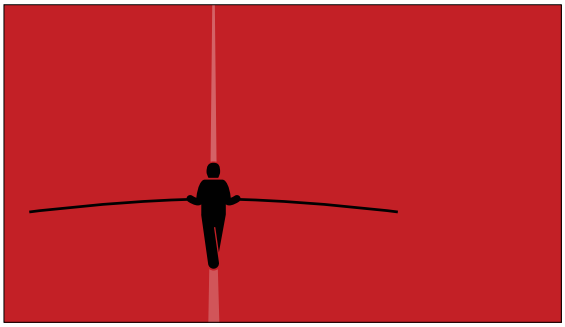

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As the healthcare field adjusts to what it has learned the past few years, many leaders are assessing how their roles and the priorities of their organizations may have changed.

Feature

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A strategy that relies on open lines of communication, integrity, compassion, accountability and more will be key to boosting the strength and health of teams.

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How DEI Contributes to Effective Leadership
Ensuring that diversity, equity and inclusion become part of a health system's bloodstream is vital to effective leadership that ensures provider teams feel well cared for, want to stay and perform at the top of their abilities.

The Value of Team
Recent research has demonstrated three elements (visibility/sight, location/proximity and access) can be implemented to ultimately improve communication and coordination of care, creating a physical business platform for clinical teams to deliver the highest value. These three elements can significantly improve the value of team space.

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Where AI Is Working in Healthcare Today
Julius Bogdan, vice president and general manager of the Digital Health Advisory team for North America at the Healthcare Information and Management Systems Society, discusses the growing use of artificial intelligence to improve care management, quicken diagnoses and streamline clinician workflow.

Revitalizing Your Quality Improvement Strategies
Richard G. Greenhill, DHA, FACHE, CPHQ, an internationally recognized expert in healthcare quality, delves into why quality is the most important aspect of healthcare delivery and how clinical and administrative leaders can work together to revitalize their organization's quality strategy.

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Emma O'Riley

Leading With Passion

A scene in the movie "Heartbreak Ridge," starring Clint Eastwood as aging Marine and platoon leader Gunnery Sgt. Tom Highway, shows the squad all wearing the same green T-shirts preparing for physical training, but they don't match Highway's orange shirt. When he orders them to remove their shirts, they complain and ask how they are supposed to know what he's going to wear. In response, he barks, "You improvise, you overcome, you adapt."

Faced with near-impossible tasks themselves the past two-plus years, healthcare executives are improvising, overcoming and adapting to the changing business environment and finding new ways to lead their organizations ever forward.

In the cover story, "Leadership for Intense Times: Why Agility and Responsiveness Are More Important Than Ever" (Page 8), executives from distinct disciplines explain that though issues like workforce shortages and access to care are the same as in previous years, their intensity has increased. As one CEO puts it, "Every challenge feels heightened or exacerbated." How they are successfully leading in these intense times is a testament to them and their organizations.

In the feature "Strategies for Developing Stronger, Healthier Teams" (Page 18), we talk to leaders who rely on open lines of communication, integrity, compassion, accountability, synergy and diversity to boost the strength and health of their teams.

You may have already noticed two new authors for the "Healthcare Management Ethics" column. I'd like to welcome Jason Lesandrini, FACHE, assistant vice president, ethics, advanced care planning and spiritual health, Wellstar Health System, Marietta, Ga., and Susan A. Reeves, EdD, RN, executive vice president, Dartmouth Hitchcock Medical Center, Lebanon, N.H. Both will be contributing to that column on a regular basis. Also, I want to thank Paul B. Hofmann, DrPH, LFACHE, and William A. Nelson, PhD, HFACHE, for their more than 20 years of writing the column, though they will continue to contribute from time to time.

I hope you enjoy this issue of *Healthcare Executive*. Please share your feedback with me at he-editor@ache.org. ▲

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Deborah J. Bowen, FACHE, CAE

The Reward of Giving Back

Sharing of ourselves makes us better leaders.

"We make a living by what we get, we make a life by what we give."

—Winston Churchill

Among the most distinguishing characteristics of leaders is a tireless capacity to give of themselves. Nowhere is this more apparent than on our front lines. Through storms, fires, pandemics—these everyday heroes are hard at work, fearlessly dedicating themselves to those who need us most.

While widely different in scope, the power of giving back is no less evident in our own professional community. Volunteers across all ranks are contributing: from shaping strategy and products to countless individual acts of helping others, whether advising, mentoring and more. These volunteers selflessly share expertise, time and talent to make our organization all that it is. This connection to purpose and making a difference is rooted in our DNA as leaders.

Most striking is the effect that volunteering and giving back has on us. One might argue we do this for others but, as it turns out, it is also good for us. In fact, there is some evidence that links these acts to improved well-being, including better physical and mental health. A recent study found that those who volunteer reported lower blood pressure and stress levels, less depression and higher self-esteem. A separate study found that people 55 and older who volunteered for two or more organizations were 44% less likely to die over a five-year period than those who didn't volunteer—even accounting for such factors as age, exercise and general health. Research also has shown that generosity provides psychological benefits by stimulating parts of the brain associated with empathy and happiness.

Beyond our own health, other benefits can be reaped.

Opportunity: Giving back connects us to people we might not ordinarily meet, providing us with unique opportunities to expand our professional circles and our network. Whether serving on a nonprofit board, volunteering with your local ACHE chapter or helping our community in other ways, the experience of learning more while forging new relationships enriches us. New opportunities often emerge as we do so.

Reward: Helping others gives us a greater sense of purpose and meaning. It reinforces why we do the work we do. It's a reward that comes in many forms such as the deep fulfillment we experience when offering our time to support someone else. Whether building houses or careers, there is a personal satisfaction that comes from helping others. We are natural servant leaders, putting others ahead of ourselves. As such, giving back is a gift—the realization that we can make a difference. Through these actions, we are somehow further shaped as leaders.

Part of giving back is also encouraging others to do the same. Instilling and sharing this part of us connects us and nurtures us as a leadership community. As we approach the season of giving and reflect on the year, let us also reflect on the power of giving back and how it can fuel and inspire us. Fostering this in others may be one of the most meaningful and enduring steps we can take as leaders.

Let me close by offering my thanks to each of you. In your service to patients, communities, colleagues and ACHE, you are the lifeblood of our professional society. Thank you for all you do. ▲

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

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LEADERSHIP FOR INTENSE TIMES

Why Agility and Responsiveness Are More Important Than Ever

by Maggie Van Dyke

As the healthcare field adjusts to what it has learned during the past few years, many leaders are assessing how their roles and the priorities of their organizations may have changed.

ACHE recently asked several healthcare executives from distinct disciplines for their insights. One takeaway is that healthcare organizations face similar challenges today as they did pre-pandemic, including workforce shortages and access issues. However, the intensity of these undertakings has increased.

"Every challenge feels heightened or exacerbated," says Mike Packnett, president and CEO, Parkview Health, Fort Wayne, Ind. "For instance, we've always had job openings that need filling. But today, that number is significantly higher than what we experienced before the pandemic. And that makes leadership more complex than it was pre-pandemic."

At the same time, a leader's role is similar to what it was before the pandemic, but not quite the same. "The core tenets of leadership remain constant, but the nature of their importance may have been reordered," says Jill Case-Wirth, RN, FAAN, senior vice president and chief nurse executive, Wellstar Health System, Marietta, Ga.

In the following Q&A, our participants dive deeper into how the pandemic has changed leadership, as well as how hospitals and health systems can address key challenges facing the field.

LEADERSHIP FOR INTENSE TIMES

How has the pandemic affected what is expected of healthcare leaders?

Milinazzo: Now more than ever, leaders are required to be agile. The last two years have demonstrated to healthcare organizations how quickly and dramatically the business environment can change, requiring leaders to find new ways to move forward.

Tsang: Pre-COVID-19, agility was important, too. But the pandemic has taught us that agility needs to be at the forefront of everything we do. We had to be flexible, nimble and able to pivot on a dime.

For example, at NYU Langone Health, we launched our telehealth program on very short notice after COVID-19 hit. We needed to ensure patient access to care and provide a financial cushion at a time when elected procedures were being canceled.

In about a month or two, we mobilized a lot of internal resources and departments to ensure we could provide telehealth in a way that addressed the patient experience while also making sure that everything complied with our EMR, with regulations, and in terms of billing and revenue cycle.

Padilla: I agree that leaders need to be agile and able to pivot. To me, that means being proactive and responsive. Leaders need to address immediate fires, such as staffing and financial issues. But, at the same time, they need to stretch their brain muscles to think five, 10 years from now.

A few years ago, during a CEO search, a board member of a health system said, "I want you to find a leader who can answer the questions we don't know to ask." In other words, senior leaders, especially CEOs, need to maintain a wide lens on the whole ecosystem of healthcare and identify potential disruptors, such as retail competition, that could change the healthcare market. They need to realize where things are going and then determine how to best lead the organization into the future.

What approaches can leaders use to be agile, proactive and responsive?

Case-Wirth: At Wellstar Health System, embracing a learning culture has been essential during the pandemic. It enabled us to think about how to strategically organize ourselves and have the necessary agility to mitigate COVID's impact.

When I think about a learning culture, I envision a leadership model that includes leaders at every level and function of the organization. It begins with those closest to the work who are caring for patients and engaged in the workflows. It's a bottom-up collaborative leadership approach that brings together the diverse talent of leaders to discuss the current state, problem-solve and rapidly implement solutions. Leaders then study and adjust based on the outcomes that we achieve.

During the pandemic, we thoughtfully put together COVID response teams. We quickly expanded the disaster preparedness teams and tools already in place. Response teams were on the ground at every patient care location across the system, and these teams would communicate with executive leaders multiple times a day.

The other thing that is fundamental in a learning culture is the ability to very quickly turn data into analytics and then report and use data findings. It was vital for us during the pandemic to understand, measure and monitor the impact of the decisions we made at a fast pace.

What other leadership skills and characteristics will be important in the future?

Packnett: Empathy is important, but it needs to go beyond just listening. When I think about our best leaders at Parkview Health, I see how the people who work for those leaders would walk through walls for them. I think it's because their employees feel seen, they feel heard because

the leader not only listens to them but also does something with the information that the employees shared; that's a big part of what separates good leaders from great leaders.

Padilla: Identifying and expressing the mission for the organization matters, too. Because it's infectious. If you don't feel like you have a leader who's completely dialed in to the mission of the organization, you don't want to follow them.

Packnett: One of our strong suits here at Parkview for the past 15 years has been our culture. Our leaders have a strong affinity for what we stand for. We have a six-word motto: "Excellent care every person every day." That's our true north.

Padilla: Another key skill set is emotional intelligence. Specifically, leaders need to consider their own strengths and weaknesses and then surround themselves with people who can balance out their weaknesses, creating a much smarter brain together.

You might also want to consider the leadership shadow that you cast. What does that look like? Is it a thick shadow that clouds out other people? Or do your words and actions help bring others out into the sunshine?

As you look to the future, what challenges do you see related to improving access to care?

Padilla: One consideration is how people from different generations and backgrounds access the health system. Leaders need to create entry points that feel comfortable for various groups in a diverse population. For instance, how my parents, who are in their 70s, want to interact with the health system is very different than how my tech-savvy teenager would. That's a tough balance. I have sat with my parents as they've tried to figure out portals and websites, and it is definitely a transition for some as we move to a more tech-based model of access.

Packnett: We've more than doubled in size in the last 15 years. And a big part of our success is tied to making sure that we're providing access to care, whether to physicians, outpatient centers or hospitals. We ask our leaders to have a growth mindset. This involves recognizing that many patients want access to our care, and then asking, "How are we going to deliver that care in the best possible way?"

THE PARTICIPANTS

Jill Case-Wirth, RN, FAAN
Senior vice president/chief nurse executive, Wellstar Health System, Marietta, Ga.

Michael Tsang, FACHE
Director, operations, NYU Langone Health, Rusk Rehabilitation, New York

Mike Packnett
President/CEO, Parkview Health, Fort Wayne, Ind.

Donna Padilla
Managing partner/practice leader, healthcare, WittKieffer, Chicago

Alan Milinazzo
Partner, Heidrick & Struggles, Boston, and regional managing partner of the global Healthcare & Life Sciences Practice in the Americas

Our patient base is split: half urban and half rural. We believe that the more care we can deliver locally to rural patients, the better. Clearly, workforce shortages in rural areas are difficult challenges. One of the physician residencies we've started at Parkview is a primary care residency with a focus on rural healthcare. If primary care physicians complete their residencies in rural areas, we hope they will decide to put down roots and stay in that community.

Tsang: I'm hoping that telehealth remains an ongoing priority in terms of reimbursement and legislative approvals. It's greatly impacted the manner in which healthcare is delivered and has allowed healthcare organizations to be innovative in the platforms that deliver patient care.

Telehealth has proven a win for us in terms of access to care. At Rusk Rehabilitation, which is a division within NYU Langone, we increased ambulatory volume by 10% with the help of telehealth, reinitiation of our strategic growth, and organic growth of our respective programs. We created a clinical pathway to help us identify whether therapy via telehealth is appropriate for each patient. The more complex patients needed to be seen in person.

Outcomes for telehealth patients are similar to those for patients we see in person and are sometimes better. We also saw an increase in our show rates for telehealth patients because patients didn't have to travel a long distance to the hospital or clinic.

How can leaders address workforce supply concerns, ranging from retention and diversity issues to building a pipeline of future employees?

Padilla: Ultimately, I think retention comes down to a healthy culture. It's all the things leaders do to keep people engaged. Because, at some point, salary and other extras are no longer the objective. It becomes about whether employees are plugged into the organization's mission and believe they can grow professionally and be their best selves. It's about them being happy to wear their badge home every night.

Milinazzo: The healthcare space has been making diversity, equity and inclusion a key leadership priority, seeking to drive substantial and sustainable improvements. This translates into shaping a workplace culture that fosters a strong sense of inclusion and belonging, while also promoting diversity in recruiting and building stronger pipelines of diverse talent for the future.

Packnett: One program we've initiated to retain employees is our matchmaker program. It's for employees who have worked at Parkview for a period of time but are struggling in their current positions. These employees have the qualities we are looking for, but for whatever reason, the position isn't working out. These employees are given the option to explore other employment opportunities in the health system.

We're seeing some good results from that program. A couple hundred people who might have left Parkview are now staying with the organization by assuming a role in a different department or with a different supervisor.

Case-Wirth: Wellstar is focusing on building its pipeline of nurses as well as developing nurse leaders. To expand the pipeline, we have worked to establish several academic partnerships. For instance, we partner with Georgia's Kennesaw State University.

We provide their nursing students with opportunities for clinical rotations so they can get needed experience. In addition, we have invested in KSU to help the university address the nursing faculty shortage. Our nursing leaders are also given the opportunity to serve as clinical faculty. The goal is for KSU to double its enrollment during the next five years,

which will help grow the number of nurses in Georgia and, hopefully, encourage nurses to work for Wellstar.

More recently, we've begun engaging high school, middle school and even elementary school students. These efforts are about educating young people on the many careers in healthcare and getting them excited about pursuing a job in nursing and technical fields like laboratory science. For instance, this summer, we worked with area high schools to hold a nursing camp with 250 students. We brought the students on-site and gave them immersion experiences to see what it is like to be a nurse.

In another example, we hired 66 certified nursing assistants in high school this past summer. Many high schools across the country now have career academies that allow students to obtain a credential.

Can you share any advice on how to develop nursing and other leaders?

Case-Wirth: At Wellstar, our goal is to promote 75% to 80% of our nurse leaders from within the organization. Currently, about 64% are promoted from within. To move toward our ideal state, we are focusing on developing middle managers. We have a formal talent planning process, which involves implementing individual development plans for our nurses who want to become nursing leaders.

We are also experimenting with more nimble models. For instance, we now have a pool of nurses who have expressed interest in being nurse leaders and who we believe have the requisite experience and competencies. When we have an interim vacancy in a nurse leader position, we consider placing one of these individuals in that interim position. That individual can also then be considered as a formal candidate for the job.

We also give our staff nurses opportunities to gain experience in various leadership skills. For example, we might ask them if they want to lead a quality improvement effort, participate in shared governance or conduct nursing research.

How can leaders engage the board to drive strategic goals?

Packnett: Clearly, a relationship of mutual trust and respect between the board and a hospital's leadership is vital. We're pleased to have a great relationship with our board. I believe that is due to us being very transparent with board leadership and the full board, both with good news and especially with bad news. We never shy away from talking to board leadership immediately about any issue that might be construed as negative.

I've worked with four different board chairs over 16 years, and each of those relationships has been great. I've been able to talk candidly with each chair about the most difficult issues. And they all have provided meaningful advice and perspectives on pivotal issues. As CEO, I've always felt responsible to actively build my relationship with the board chair. I think the key is intentional and frequent communication.

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

Editor's note: *Healthcare Executive* would like to thank the panelists for providing insights on this important topic. To help lead through these intense times, please consider the following ACHE resources:

- "Inspiring and Leading Change in Turbulent Times: Agility & Resilience in Healthcare Leadership" (**ache.org/AgilityResilience**)
- "The Employee Well-Being Ecosystem: Reimagining the Workplace of the Future" (**ache.org/EmployeeWellbeing**)
- "Leveraging a Virtual Workforce to Improve Engagement and Reduce Burnout" (**ache.org/VirtualWorkforce**)
- "Emerging Leaders" (**ache.org/EmergingLeaders**)

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References

1. American College of Healthcare Executives annual survey 2021

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Culture of Excellence Elevates Robotic Surgery Program

Well-structured program helps Hackensack Meridian Health deliver on the Quadruple Aim.

"Vertical alignment allows us to make actionable the idea of the Quadruple Aim."

—Michael Stifelman, MD
Chairman, Urology/Director, Robotic Surgery
Hackensack (N.J.) Meridian Health

Having performed more than 30,000 robotic procedures during the past five years, Hackensack (N.J.) Meridian Health has one of the busiest robotic surgery programs in the nation and is a leader in the field. Many factors have contributed to this area of the health system's culture of excellence. The thoughtful, strategic way in which it has been structured is one of the most significant aspects. A vertical alignment structure—which includes involvement from all key stakeholders across the surgical program—has contributed to the program's success in all four areas of the Quadruple Aim: reducing costs, improving population health and patient experience, and healthcare team well-being.

Vertical Alignment in Action

The overarching purpose of a vertical alignment structure is to create leadership continuity and alignment. "It starts with a collaborative dyad between executive leadership and the lead robotic surgeons, which starts with establishing goals and responsibilities and creating a road map for surgical excellence," says Mark Sparta, FACHE, president/CEO, Hackensack (N.J.) Meridian Health and University Medical Center.

Next, information derived from the program's leadership team cascades down to the group that provides operational oversight, which includes surgeons, anesthesiologists and OR team leads, head nurses, robotics coordinators, schedulers, and service line directors. This group is charged with program performance, including measuring goals and developing strategies for achieving them.

Information from that working group is then passed down to the staff members who work on the robotic units, including the attending physicians, OR nurses and med techs. The program allows for transparency and open communication, with all staff members having access to the same data—and working toward the same goals. The structure encourages flow of information—downstream and upstream. "Leaders can only be better at what they do when they have information that's coming upstream, and folks on the front lines are always better at what they do when we're fully transparent and everybody is on the same page," Sparta says.

Vertical alignment has allowed all team members to feel more empowered. "It gives the people who are working here day to day a voice and a pathway for them to enact and create change," says Michael Stifelman, MD, chairman, Urology, and director, Robotic Surgery. The collaborative culture has been a factor in the health system's growth, including its ability to provide robotic service 24/7. Hackensack Meridian Health conducts scheduled and acute procedures across 11 specialties in eight of its 17 facilities. Hackensack University Medical Center now has six robots, including one da Vinci single port robotic system. In 2018, it became one of the first healthcare organizations in the nation to acquire the innovative system, which allows surgeons to perform complex procedures through a one-inch incision.

The health system now has a large pool of clinicians who are trained on the robots. Additionally, all nurses are trained in robotics to ensure all appropriate patients are offered minimally invasive surgery. This has been a benefit during the pandemic, as the organization has not been immune to the industry's workforce shortages.

"In the beginning, there's this big piece of equipment in the room, and it can seem complicated," says Terri Freguletti, RN, CNOR, vice president, Perioperative Services, Hackensack University Medical Center. "As the physicians started to share stories about success with the robot, the nurses engaged even further." The team spirit manifests itself outside the OR just as much as inside it. Nurses look forward to training sessions, particularly an annual course co-taught by a Hackensack OR nurse and an Intuitive representative. Surgeons mentor other surgeons who want to learn robotic surgery. All these and other team-building efforts help grow and sustain the positive culture throughout the program.

Achieving the Quadruple Aim

The robotic surgery program's vertical alignment has helped the health system address all four areas of the Quadruple Aim.

"The vertical alignment allows us to make actionable the idea of the Quadruple Aim," Stifelman says. "It helps us gather the information about areas in which we're trying to improve, and it gives us a way to measure it. Then, by working together as a group, we're able to determine what the right things we want to measure are. Finally, it allows us to put our actions into place because leadership has direct communication with our teams who are working on the front lines day to day." Being able to offer 24/7 access to robotic surgery helps contribute to improved community health. Patient experience and outcomes are improved thanks to benefits such as shorter hospital stays, less pain after surgery, smaller scars and faster recovery times.

Several factors contribute to clinician well-being. Besides the ergonometric advantages of robotic surgery, there's the satisfaction that comes from being able to deliver what today's patients desire. "Patients want robotic surgery, and when they come to our surgeons' offices, the surgeons are able to offer what the patients are asking for," Freguletti says.

Improving patient outcomes and the lives of patients and their families also contributes to clinician well-being. "To know they are involved in something that results in better patient outcomes promotes personal well-being as well as their sense of purpose," Sparta says. The streamlined nature of robotic surgery and the improved outcomes that come with it contribute directly to reduced costs. For example, decreased blood loss means a reduced need for transfusions. Less risk of infection results in reduced complications and decreased lengths of stay.

"When we look beyond the direct costs associated with robotic surgery, our data for outcome-related metrics actually demonstrates robotic surgery is less costly and more cost-effective than traditional surgical approaches," Sparta says.

Actionable data allows the organization to make clinically smart decisions that improve its surgical programs. The health system uses internal benchmarking data from its EMR, and Intuitive provides national and international benchmarking data so Hackensack Meridian Health can see how it stacks up to its peers. Getting "granular" with procedure-specific and surgeon-specific data helps further promote program excellence and continuous process improvement.

"To look at everybody who does one type of operation, for example, and compare their outcomes to one another allows you to see where the outliers are—and where the opportunities are," Stifelman says.

For more information, please contact Samantha Martin, senior marketing manager, U.S. Hospitals, Intuitive, at executive.education@intusurg.com.

STRATEGIES

for Developing Stronger, Healthier Teams

By Ed Finkel

The issues many are facing in healthcare have been well-documented, but how leadership counters them will be crucial to ultimately transcending these challenges. A strategy that relies on open lines of communication, integrity, compassion, accountability, synergy and diversity will be a key to boosting the strength and health of teams.

Experts from two consulting firms share three strategies each for how leaders can work to produce stronger, healthier teams, and three provider organizations reveal their leadership approaches for creating stronger teams, such as being more diligent in making the workforce realize how much they are valued.

To learn more, go to **HealthcareExecutive.org/WebExtras** and read how DEI contributes to effective leadership.

What the Experts Recommend

Healthcare leaders have spent the past year or two in "a mad scramble to hold onto talent or acquire talent," says Sig Shirodkar, managing director for Accenture's talent and organizational/human potential services for the health, life sciences and public service realms. They've had to invest in nurse and other employee wellness programs, he says, and they're starting to run out of budget to put into such initiatives. Shirodkar recommends three leadership approaches to bolster teams.

"Look at the work. The work is going to have to change." Tasks outside the core clinical focus on the patient, such as scheduling or acquiring equipment, need to be taken off the plate of front-line staff, Shirodkar says, and each tier of staff needs to be focused on operating at the top of their licenses. "For hospitals, that requires a mindset shift," he says. "How does the organization, working 360 degrees around the nurse, bring about better resiliency for the job?"

Find the right task mix to avoid burnout. This will require balancing the delegation of rote, straightforward tasks with realizing that if workers have nothing besides "complex, cognitive, high-powered tasks, they're basically always on," says Shirodkar, which can be fatiguing. Sorting out roles requires noting the

> **The CEO is out there talking to people. It really does make a difference. I also think we need to pay more attention to having front-line workers be at the table for decision-making in an organization … so they can, with their wisdom, contribute and make decisions related to the care delivery processes.**
>
> —Karen Mayer, RN, FACHE
> Rush University Medical Center

various responsibilities that have been piled on, Shirodkar says, such as "running the floor, taking on more 'administrivia,' taking on more coordination, the kinds of things that take them away from patient care. We need to take a critical look at the roles as they have been organically put together. … We've got different tools and technologies to be able to say, 'This should not be part of your job.'"

Vary work settings and duties. Consider the degree to which nurses and other providers can still stay in the sweet spot of their licenses. "To the extent that there could be a rotation program, where one could be a nurse providing telehealth for an institution, working from home for a couple of shifts—giving relief that helps in many ways, including mental and physical well-being," he says. "You're also giving exposure to next-gen skill sets that extend the value of existing clinicians well into the future."

Quint Studer, an ACHE Member, co-founder of Healthcare Plus Solutions Group and a veteran of multiple healthcare organizations, agrees that rebuilding the workforce starts with a focus on well-being. He recommends the following:

Open up the conversation beyond asking, "Are you OK?" "How do you broach this topic of mental health and well-being with your workforce?" he says. "Healthcare is notoriously not good at well-being. And it's not a matter of resources—it's lack of utilization of those resources. Less than 5% of nurses use them." Studer asks staff at healthcare organizations with which he consults to evaluate their mental health pain level from one to 10 to try to pinpoint how they feel. He estimates that typically about half of any given workforce ranks themselves a seven or higher, which he says amounts to "trauma, not stress," and in nursing units the typical number is closer to eight. "Stress, we bounce back to normal. Trauma, we don't," he says.

Such tools, which Studer presents in a "nonthreatening" way, open up conversations and give employees access to the right tools to help them. "If you round at a hospital and ask employees how they're feeling, they say, 'Fine,'" he says. "One day, a leader said, 'If you were a phone battery, what level [of charge] would you be?' People felt comfortable saying, 'I'm an 80, I'm a 70, I'm a 40.' Then the 80s and 70s can say to the 40s, 'How can we help you?'"

Studer asked a woman at a recent workshop, "Where's your battery level today?" She said, "Negative." He adds, "She and I had a sidebar conversation that was serious, but we were able to access resources for her. If I had just said, 'How are you?' she would have said, 'Fine.'"

Query staff to find out the one or two skills they need the most help with right now. Organizations need to invest in those areas, limiting it to one or two so workers

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> I've had RNs and other staff choose us because … we give them a voice in the care they give and how they structure their daily workday.
>
> —Kevin Abel
> Logan Health Whitefish

don't get overwhelmed. Among the challenges healthcare managers currently face are that they have had less training and development and far fewer networking opportunities during the past couple of years, a particular problem for those with minimal experience, Studer says.

Managers and executives need to be more focused in their rounding. This means considering rounding without a "checklist," which can demonstrate trust. "Nurses don't have time to answer 11 questions," says Studer. "If you're cranking out a checklist, it looks too scripted, and you lose your authenticity. Instead, think about what's the one question you need to ask? If you want to increase retention, you've got to retain that middle manager. As an executive team, I've got to ask myself, 'What am I doing to support these middle managers right now? Am I giving them the training they need? Am I giving them the information they need? Are we onboarding correctly? … How are we investing in human capital?'"

What the Providers Are Doing

Rush University Medical Center: Saying 'No' to Violence—and 'Yes' to Wellness

Karen Mayer, RN, FACHE, a professor in the Rush University College of Nursing doctoral program who teaches about transformational leadership, brings experience on the ground to her classroom as a former vice president of patient care services at Rush Oak Park Hospital in a western suburb of Chicago.

She's thankful that, prior to the pandemic and all its patient-provider contentiousness, The Joint Commission published its 2016 white paper setting limits on the literal, physical pushback from patients that caregivers should feel they have to absorb.

"The transition to saying, 'No, we're setting limits, and if people are verbally or certainly physically abusive to you, call the police'—in a lot of organizations, that was unheard of. But it's necessary, especially in the emergency department," she says. "It was an aha! moment. That was a huge boost to the workforce, that sense of, 'Oh, we are valuable.'"

Some of that sense slipped during the pandemic, however, which has thrown into even higher relief the need for mental wellness in the workforce, Mayer says. Nurses and other front-line providers have needed greater psychological support as they all have gone "over and above," Mayer says. And while many systems have provided it, they've often made unforced errors by offering support only during times such as the Monday to Friday day shift. If the only available time is at 10 a.m. on a Tuesday, that doesn't help a night nurse who should be home in bed at that hour. "How wellness-oriented is that?" she asks.

Mayer believes that wellness efforts at Rush University Medical Center have been well-thought-out. Leadership has been rounding on all three shifts to have a presence, hear the issues and ask what they can do to help—in a timely, substantive way. "The CEO is out there talking to people. It really does make a difference," she says. "I also think we need to pay more attention to having front-line workers be at the table for

decision-making in an organization … so they can, with their wisdom, contribute and make decisions related to the care delivery processes."

Rush University has provided "Zen rooms" for people to take breaks, hand off patients to someone else and rest quietly, Mayer notes. "That dedication to making sure they get their breaks is also a psychological boost that someone cares about them," she says. "Even if you're having a super-busy day, getting away for 15 minutes helps."

Logan Health Whitefish: Providing Regular Staff Regular Input

Kevin Abel, CEO of Logan Health, Whitefish (Mont.), and an ACHE Member, presides over a 25-bed facility that offers wellness program incentives and a care for the caregiver program with massage therapy and spa services.

Named a top-20 critical access hospital by the National Rural Health Association, based on a performance index compiled by The Chartis Center for Rural Health, Logan Health Whitefish leverages shared leadership councils that create a sense of ownership and encourage a continuous focus on mission, vision and caring for the patient, Abel says.

"We provide protected time for council members to meet and come up with ideas in their areas for improvement," he says, adding that Logan Health Whitefish uses the Planetree "caring for the caregiver" model. "We have coaching and mentoring. In the middle of COVID, when things were bad, we hired a life coach to help counsel staff. We also offered check-ins through our behavioral health services."

Each month, Logan Health Whitefish identifies "care champions" in each department who come together to provide treats and other recognition. Abel and other executives round regularly to find out whether staffing is keeping up with the need, whether staff have enough equipment and supplies, and how people are doing overall. "I'm able to round the vast majority of the

Stress by the Numbers

Many healthcare workers experienced increased workload in the face of short staffing and shortages in critical PPE. This led to increasing anxiety and the risk of personal harm. Some healthcare workers report symptoms consistent with post-traumatic stress disorder related to the pandemic. Some also reported residual symptoms due to personal infection with COVID-19.

These issues were prevalent before the pandemic but became heightened soon after the stresses from the pandemic spiked. In a National Institutes of Health survey of 20,000 healthcare workers in the summer of 2020, women, people of color, inpatient workers, and categories of staff like medical assistants, nursing assistants and social workers reported the most stress.

49% reported feelings of burnout

43% said they were overloaded

38% reported anxiety and/or depression

61% said they feared exposure to COVID-19

> We have different groups and work strands going on that can come together under one umbrella and create that culture. It starts with transparent communication. … These are not new problems; the pandemic just brought them to a head.
>
> —Mary Beth Kingston, PhD, RN, FAAN
> Advocate Aurora Health

week, hit most departments and have a check-in with a structured approach," he says.

North Valley departments hold daily safety huddles, a standard 10 a.m. meeting during which managers check on staffing and volumes for the day. Throughout the pandemic, mostly on Zoom, the hospital has held regular, all-employee forums to disseminate information and give employees a chance to ask questions about COVID-19 status and progress, and whatever else they want to know, Abel says.

"I've had RNs and other staff choose us because we have those models [shared leadership and Planetree] and give them a voice in the care they give and how they structure their daily workday," he says. "People do want to have input in their daily workday. I think the wellness coach really helped in the middle of the pandemic. People who were struggling were able to meet with [the coach]. People who were considering leaving healthcare put things in perspective and stayed with us."

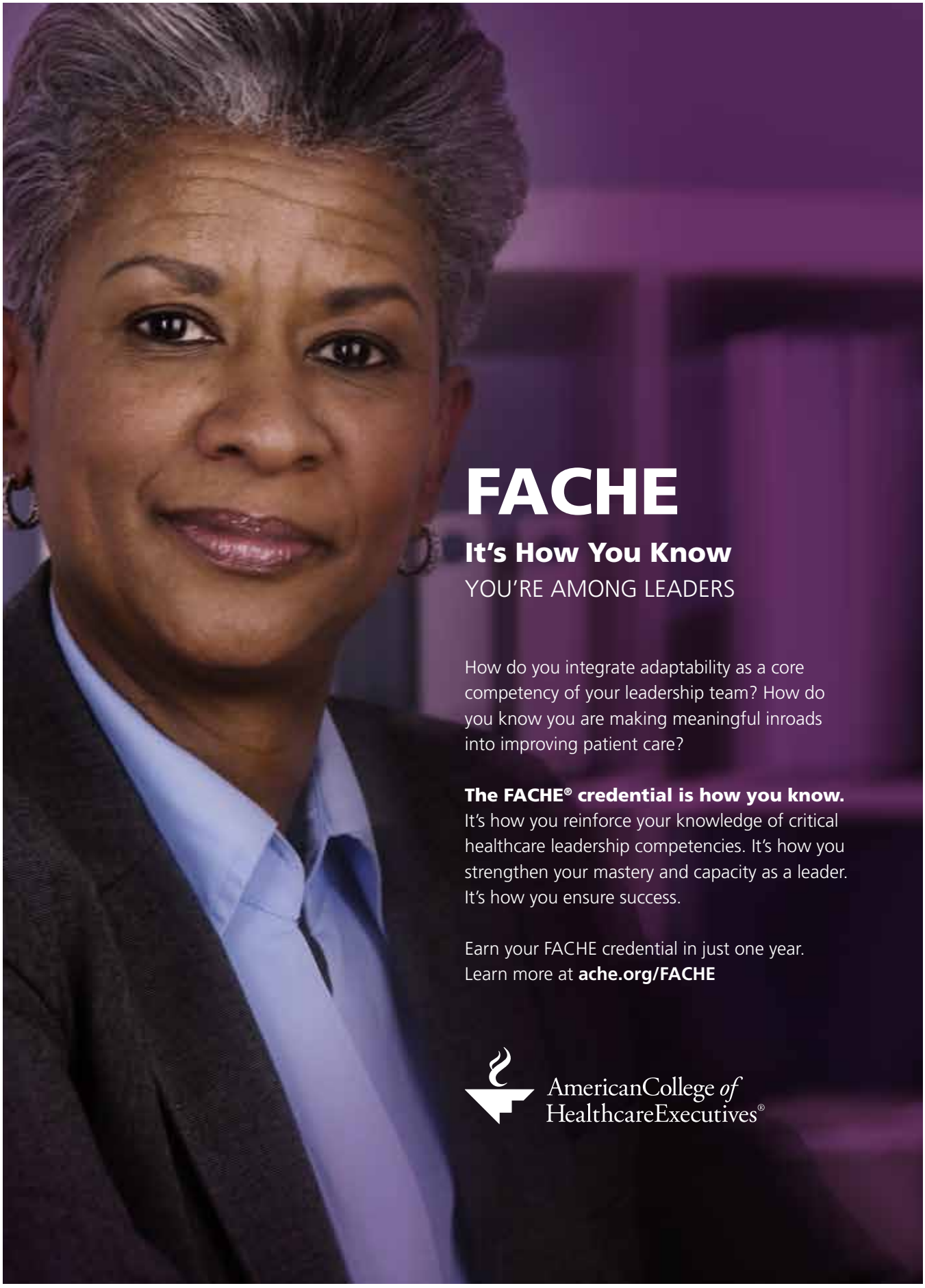
Advocate Aurora: Well-Being Council

Mary Beth Kingston, PhD, RN, FAAN, is CNO, and the Rev. Kathie Bender Schwich, FACHE, is chief spiritual officer at Advocate Aurora Health, based in Downers Grove, Ill., and Milwaukee, which created an interdisciplinary well-being council that's been central to efforts in attracting, retaining and satisfying nursing and allied health staff.

Launched shortly after COVID-19 began, the council views well-being through a few different lenses, with core teams assigned to each. "One is individual well-being," says Bender Schwich, who leads the council. "How do we help with the resources leaders need to create a culture of well-being in their units? And then we're focused with clinicians around efficiency of practice. What is sucking their time away from what caused them to go into medicine in the first place: spending time with patients?"

Among the council's specific efforts has been a zero-suicide initiative that encompasses both patients and team members, Kingston says. Workplace violence and providing a safe work environment has been another focus, given incivility that has sometimes cropped up around mask-wearing and other COVID-19-related protocols, for instance.

"We have different groups and work strands going on that can come together under one umbrella and create that culture," she says. "It starts with transparent communication. … Just acknowledging, 'We know there's stress.' They're nodding and saying, 'Good.' People need to know that leaders recognize that. These are not new problems; the pandemic just brought them to a head."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Advocate Aurora gives team members the option to take "renewal days" where they leave work for a day, which Kingston says gives them time, in a group setting, to reflect and process what's been happening. About 400 staff participated in 16 such events during the first eight months of 2022. "That's great for the majority of people; it's not for everyone. We don't mandate that," she says. "What one person responds to, another person finds difficult: 'I don't want to bear my soul in front of a group. But I don't mind talking to one person.'"

Bender Schwich's mission and spiritual care team has provided one-on-ones while rounding, offering nourishment in the form of both a tea cart as well as "psychological first aid," Kingston says. "That's often when conversations open up," she says.

Advocate Aurora has implemented a peer-to-peer support program, training team members of different disciplines, including a few hundred physicians, to help people deal with feelings of stress and burnout, Bender Schwich says. "The council also has focused on a variety of doors into mental health sources, everything from a 24-7 call line to talking to a chaplain confidentially, to psychological first aid, to more of a rapid entrée into behavioral health counseling," she shares. "But we don't say, if you have an issue, you immediately need counseling."

The well-being council in early 2021 created a web page that contains all the resources available to team members, with subpages specific to physicians, nurses and other providers, Bender Schwich says.

"I can say I need financial counseling, or I need mental health resources, or I need resources as a leader to be better for my team," she says. "We're lifting that up during recruitment: 'When you come here to work, we will take care of your whole person.'" The site has received roughly 100,000 visits per year.

Other initiatives have included:

- An internal Advocate Aurora well-being grant created in early 2022 that's awarded $10,000 total to 10 projects, including an indoor walking path, culinary workshop, caregiver choir and community garden.
- The launch of 10 "Yammer" communities to bring team members, physicians and advanced practice clinicians together to foster social connections.
- Training of more than 1,000 peer-support ambassadors since creating the "Together as One Peer Support" program mid-2020 to help create a more supportive environment.
- Partnership with leadership development team to create a two-hour course for leaders titled "Leadership that Fosters Well-Being."
- Development of a local well-being committee toolkit to assist sites with creating such committees.
- Addition of a resilience question to the 2022 annual engagement surveys to measure team member, physician and APC well-being.
- Rollout of "Scribble," a virtual scribe solution, to primary care providers to improve work-life balance.

"It's not just a program, or a day or a person you talk to—this is a key component of how we work," Kingston concludes.

Giving healthcare workers that sense of perspective—and hope that the future will be brighter now that the worst of the pandemic appears to be over—remains a challenge for leadership, but one that feels like it's getting more achievable as time marches onward.

Ed Finkel is a freelance writer based in the Chicago area.

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—Everett Cunningham
Chief Commercial Officer
Exact Sciences, Madison, Wis.

Rapid adoption of precision medicine in oncology has set the stage for health systems to reexamine their cancer care priorities to best benefit patients.

"As the delivery of cancer care evolves, health systems have a unique opportunity to expand their genomic testing in oncology," says Rick Baehner, MD, CMO, Precision Oncology, Madison, Wis.-based Exact Sciences.

By helping to catch cancer earlier and aiding in therapy selection via shared decision-making, molecular diagnostic testing can make a broad impact within health systems' patient populations. Healthcare provider organizations may find value in collaborating with leaders in genomics to address access to care and outcomes, including improving the patient experience and optimizing clinical workflow pathways. Following is a look at some of the key reasons why.

Addressing cancer at multiple points is essential. Cancer remains the second most common cause of death in the U.S., according to the Centers for Disease Control and Prevention. Research from the American Cancer Society—*Cancer Facts & Figures 2022*—shows prevention and early detection through screening are critical factors in decreasing the number of deaths from cancer. Addressing screening and care across the entire cancer continuum is especially beneficial and is what Exact Sciences' suite of testing solutions is designed to accomplish.

"We're really focusing in on that continuum: before, during and after a cancer diagnosis," Baehner says. "It's about helping providers and patients more rapidly get results that are actionable and life changing."

For example, the company's noninvasive colorectal cancer screening test, Cologuard®, gives patients a noninvasive choice to be appropriately screened. The Oncotype DX® tests use advanced genomic science to analyze the biology of each patient's tumor to help guide treatment decisions.

Exact Sciences' acquisition of PreventionGenetics gives providers the solutions they need to identify patients who are at risk of developing disease by determining germline risk of cancer or ones who might already harbor an invasive tumor to catch it earlier and treat it effectively. Exact Sciences is researching multicancer early detection, an innovative blood test that can find cancer at the earliest stages, when it is most treatable.

Health systems can't do this alone. Strategic partnerships are vital to success when health systems aim to bring optimal cancer care to their communities. In addition to offering multiple testing solutions, Exact Sciences can support health systems throughout the process from ordering through resulting.

Exact Sciences also collaborates with health systems on implementing health information technology solutions that find, remind, engage and retain patients across the cancer journey. It understands that providing actionable data about patient populations is critical to making timely treatment decisions. It is also committed to streamlining testing processes

EXACT SCIENCES

that improve patient and financial outcomes and promote effective, evidence-based treatment care pathways.

They can also support health systems as they implement operational components of testing, including health information technology interoperability and integration to improve the ordering and resulting experience. Exact Sciences is committed to health information technology optimization, which can help health systems identify gaps in patient screening, as well as information insights that can be used to create personalized screening protocols.

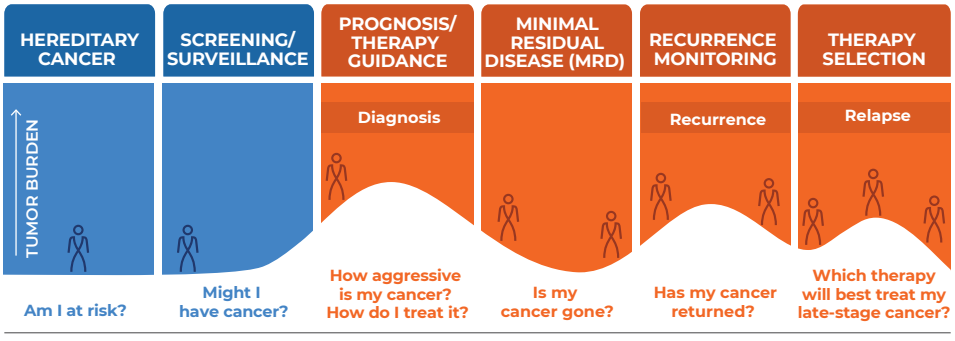
Its long history of partnerships includes work with academic medical centers such as Mayo Clinic, Johns Hopkins Medicine and the University of Oxford. "Our collaborations with health systems are about innovation—they're about making sure we can get more people screened for cancer and, for those with cancer, ensuring they have access to the best assays to aid in therapy selection," says Everett Cunningham, chief commercial officer, Exact Sciences.

Diagnostic tests can help in the quest for care equity. As health systems work to address disparities in care, cancer screening tools can play an important role. Cunningham points to sobering statistics from the American Cancer Society as calls to action, such as the fact that Black Americans are more likely to develop and die from colorectal cancer and that cancer in general is the lading cause of death among the Latinx population. Exact Sciences has a team focused on health equity, including making sure its products are available to all regardless of socioeconomic status. Cologuard®, Cunningham notes, helps address the specific disparity of transportation insecurity, meeting patients where they're at. Through collaborations focused on integration and interoperability, Exact Sciences helps provide insights into vulnerable patient populations that can help health systems identify and remove barriers to care.

"If we can help them hit their cancer screening rate goals, we all win: They hit their quality and access performance measures, and we make more people aware of the importance of early detection," Cunningham says. "It's a partnership where we're both in this to get more people screened for cancer—that's what it's all about."

For more information, including how Exact Sciences can support with health information technology optimization that improves patient outcomes, please contact Marissa Alvord, senior manager, Enterprise Collaborations, Exact Sciences, at malvord@exactsciences.com.

ELEVATING CANCER CARE ACROSS THE CONTINUUM



Susan A. Reeves, EdD, RN

Building Capacity for Organizational Ethics

A strategic imperative exists to bolster the resources leaders need.

The pandemic years have taught those of us who lead healthcare organizations several lessons. Some of them were learned the hard way such as the need for more flexible supply chains. Other lessons have been most welcomed such as how to discard cumbersome bureaucratic decision-making structures in favor of ones that are more nimble, and how to center decision-making closest to those who possess the subject matter expertise needed in the moment.

For many of the leaders who had to convene committees and task forces to deal with these dilemmas, one of the most significant challenges was to find specially trained and educated professionals in the field of organizational ethics.

Perhaps one of the most significant lessons we owe to the pandemic is just how critical it became to have available organizational resources to support leaders with the management of the many ethical challenges that faced healthcare institutions. And we found these were resources that were in desperately short supply.

Many healthcare organizations have long histories of sponsoring clinical ethics committees and the work they do in support of high-quality clinical care delivery. The everyday work of these committees to support patients, families and clinicians as they sort through challenging issues such as decisional capacity, medical futility and other such ethical dilemmas is now well-established in our organizations.

Yet, as we entered the pandemic in the late winter of 2020 and supplies, such as PPEs and ventilators, became scarce, and with the need to allocate these scarce resources to critically ill and dying patients, healthcare organizations were thrust into taking a different approach to these types of ethical challenges.

We began to wrestle with crisis standards of care and the need to shift our focus from concentrating on each individual patient to one of stewarding our limited resources to derive the best possible outcome for our communities and populations as a whole.

This shift introduced new ethical principles such as the need to safeguard our workforce; promotion of the moral equality of people and the mandate to design allocation tools and algorithms that preserved equity; the duty to care; and the duty to plan. Transparency in communication and its ethically related principle of veracity (truth telling) also presented challenges for leaders. Searching for that right balance between communicating essential information to our communities without provoking a fear response was a daunting task. Indeed, the organizational-level ethical dilemmas healthcare leaders confronted were numerous and seemingly a daily challenge.

For many of the leaders who had to convene committees and task forces to deal with these dilemmas—which were so very different than the ones that confront a clinical ethics committee—one of the most significant challenges was to find specially trained and educated professionals in the field of organizational ethics.

Of course, there was heavy reliance on literature published early in the pandemic, which provided urgently needed ethical guidance. Of note was *Ethical Framework for Health Care*

Institutions Responding to Novel Coronavirus SARS-CoV-2 (COVID-19): Managing Uncertainty, Safeguarding Communities, Guiding Practice (The Hastings Center, 2020), authored by Nancy Berlinger, PhD; Matthew Wynia, MD; and Tia Powell, MD, et al.

Another resource was *Allocation of Scarce Critical Care Resources During a Public Health Emergency*, published in 2021 and authored by Douglas White, MD, and Bernard Lo, MD, with the Department of Critical Care Medicine, School of Medicine, University of Pittsburgh.

As we entered the pandemic, supplies became scarce and healthcare organizations were thrust into taking a different approach to these types of ethical challenges.

In some of the academic medical centers, there were ethicists who did have organizational ethics training that provided additional support.

Still, most administrative and clinical professionals serving on crisis standards development teams and pandemic policy committees (and even some who served on organizational ethics committees in institutions that had them) believed they were overwhelmingly underprepared to manage the ethical dilemmas the pandemic was presenting.

It is, then, critical to heed this lesson served up by the pandemic and to ask how we better prepare our institutions and our leaders to manage the organizational-level ethical dilemmas they already have and will continue to confront in the future.

Exactly what kind of training will be required to elevate our collective knowledge and skill regarding organizational ethics? Just as clinical ethics consultants and committees undergo training to prepare themselves for their work, a core curriculum for organizational ethics training is needed for both consultants and committees.

A suggested core curriculum for organizational ethics might include such elements as the following:

- The nature and purpose of an organizational ethics committee.
- The key competencies (knowledge, skills and characteristics) for a member of an organizational ethics committee.
- Principles and philosophical underpinning that reinforce organizational ethics.
- A framework for organizational ethics decision-making.
- Case studies for learning.
- An extensive bibliography and set of online resources.

Finally, one might ask why we should consider the development of these organizational ethics resources a strategic imperative. Imperatives are things that simply must be done, no matter what; to not do them would have negative, if not dire, consequences.

If healthcare leaders were asked, "What was the most difficult aspect of leading a healthcare organization through the last few years?" most would acknowledge the intense pressure they experienced in trying to make good decisions in what were, sometimes, impossible situations.

The moral uncertainty in trying to "do the right thing" was many times akin to carrying a 100-pound weight on one's shoulders. And, truthfully, this weight has persisted.

The workforce and financial stressors that have been left in the pandemic's wake continue to provide ongoing pressure to live in a world with increasingly scarce resources that require allocation among our staff, the patients and families we serve, and our communities.

We must do whatever we can to lighten this burden that our leaders are carrying. Bolstering the breadth and depth of our organizational ethics resources will provide leaders and their healthcare organizations with a stronger understanding of guiding ethical principles and philosophies to draw upon.

In addition, a much-needed ethical decision-making framework will help give us confidence that we are indeed making better, ethically grounded decisions for those we serve. ▲

Susan A. Reeves, EdD, RN, is executive vice president, Dartmouth Hitchcock Medical Center, Lebanon, N.H. (susan.a.reeves@hitchcock.org).

Shelly Trumbo

Jason Wells, FACHE

Investing in Community Well-Being

How one health system is finding success.

Community well-being has never been more important and is a focus for Adventist Health. A West Coast-based nonprofit health system serving communities in California, Hawaii and Oregon, the organization has homed in on two primary areas of focus: Everyone must have equal access to care, and healthcare must begin in the community.

Adventist Health's renewed focus on equitable, community-based well-being is a welcome healthcare evolution. But this shift demanded internal changes in thinking—and a humble recognition that the health system could not go it alone.

Adventist Health faced community challenges long before COVID-19 reached the United States. Even as the organization cared for skyrocketing numbers of coronavirus patients, it supported victims of the deadliest wildfires in the state's history, all while dealing with the loss of one hospital from a blaze not long before the pandemic began. These crises were exacerbated by high levels of homelessness and soaring substance use disorders in the communities served by the organization.

Changing the focus to better serve its patients outside clinic and hospital walls provided the resilience Adventist Health needed to come through the perils of the past years intact and improving. The strategy included two essential parts:

1. A Disciplined Approach

For years, the health system had been building response infrastructure using Affordable Care Act-mandated community benefit funds to address social and health needs in its service areas. Reform efforts focused on a disciplined approach to community benefit investment and included:

- The adoption of industry-standard definitions and processes for establishing community health priorities, strengthening the ACA-required community health needs assessments and subsequent prioritization for community benefit investments.
- A disciplined approach to measuring the outcomes of community benefit investments through alignment with the Well-Being in the Nation Network measures and its pillars of people, places and equity.
- Implementation of equitable, comprehensive and culturally competent primary data methods facilitated to authentically engage a diverse group of stakeholders representative of each community.
- Implementation of rigorous secondary data analysis methods through partnership with the University of Missouri's Center for Applied Research and Engagement Systems and the development of a comprehensive data health portal for each community.

The results of this process prioritized initiatives that would most benefit underserved populations—uninsured or underinsured people whose living circumstances lead to poor health outcomes. The community benefit funds were used to build transitional housing, strengthen community ecosystems, establish and train community response teams and fill gaps in social services.

2. Upstream Investments in Well-Being

As its community benefit programs grew, so too did the conviction that Adventist Health needed to go further upstream to shape community well-being, while continuing to invest in equitable access for underserved populations.

A comprehensive review of research convinced the health system that individual health outcomes are determined by expansive, integrated community ecosystems. This led to a partnership with Blue Zones, which applies its research of the world's longest-lived cultures to empower community transformation programs that measurably and sustainably improve well-being. Conditions in these places include environments that foster natural physical movement and create a strong sense of purpose and connection. This was a powerful next step for Adventist Health, as it noted the Blue Zones Project's proven results in reducing health risks and improving overall well-being in communities across the United States.

Although barely one year into a multiyear systemwide partnership initiative, Adventist Health communities are achieving process measures that predict outcomes typical in mature Blue Zones communities. For example, Beach Cities, Calif., saw a 36% drop in smoking, received $8.1 million in grants for bike paths and infrastructure improvements, and saw a 68% reduction in childhood obesity from 2007 to 2019. These results show the importance of community well-being work and expose the risk of inaction.

A Path Forward

Adventist Health's early findings support the two-pronged approach of applying rigorous discipline to community benefit investment strategies and leveraging community ecosystem models as a viable method for improving health outcomes within a healthcare-centric service delivery system. Putting theory into practice, the system has applied and evaluated this work. By using the Wilder Collaboration Factors Inventory, Adventist Health has determined that participating communities show statistically significant improvements in multiple domains, including collaboration characteristics, stakeholder engagement and level of commitment to the project.

Even mired in hardship during 2020, stakeholders from across systems, sectors and cultures combined forces to advocate for the health and well-being of all people. Following are recommendations for health systems to continue this momentum toward community-based well-being:

- ***Strategic discipline matters***. Apply rigorous standards to the community health needs assessment and community health improvement strategy processes. This work deserves the same application of existing healthcare disciplines such as measurement, data collection and analysis methods, and process standardization. Make the unwavering commitment to leverage community benefit investments for measurable and sustainable impact.
- ***Think transformational over transactional***. Demonstrate outcomes that go beyond strictly transactional healthcare. Look to community wisdom: Commit to authentic listening and partnership to identify root causes and engage underserved communities to make long-term improvements to community health outcomes.
- ***Cultivate authentic collaborations***. Shifts in funding models mean upstream investments finally make sense. Clinical-community partnerships offer collaboration, community empowerment and equitable access.
- ***Empower the ecosystems that already exist***. A community's ability to respond quickly in times of crisis—whether a natural disaster or public health concern—can be accelerated through established methods of communication, trust among stakeholders and community partnerships.
- ***Prioritize data through stories***. Without awareness, effective projects are at risk of being overlooked, misunderstood or, worse, seen as disposable. By incorporating qualitative and quantitative external evaluation, performance management and mixed methods, community health needs assessments can create an engine for sparking engagement and fueling momentum and sustainability.

Having a structured focus on equitable, community-based well-being can make a substantial positive impact on health systems' ability to better serve their patient populations. Healthcare systems and community groups are aligning to take responsibility for the health of their communities. Without engagement from a broad and diverse swath of stakeholders, no single group has the leverage or authority to make change. Engaging a community to improve equity and well-being measurably and sustainably can be that strong unifying strategy—one that betters the health of all. ▲

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Leading Through Disruption

Benefis Health System strengthens its commitment to employees.

It's 6:30 on a Tuesday evening one year into the pandemic as an exhausted Benefis Health System ICU nurse picks up dinner for his family on the way home from work following a nearly 13-hour shift. The fatigue he faces is indistinguishable from healthcare workers across the nation during this period. What is different about this employee's experience, however, is his choice of location for the meal: the cafeteria at Benefis.

It may seem like a small gesture, but offering family dinners prepared from scratch and ready to eat during a time when employees were strained and local food resources were restricted is illustrative of Benefis Health System's culture in supporting its employees during disruptive times.

The organization's COVID-19 response reinforced to employees how committed executive leadership is to them and their well-being. Following are examples of how the Great Falls, Mont.-based health system achieved this, and lessons learned that can be applied moving forward.

Supporting Employees Yields Innovation

The support Benefis gave employees and their families during the height of pandemic-imposed shutdowns didn't stop with meal preparation. When local schools closed, Benefis opened a temporary childcare center for employees' school-aged children. This offering, which became fondly referred to as "COVID Academy," allowed many employees to avoid taking time off as Benefis began to feel the impacts of the pandemic.

The effort hospital leadership made to find innovative ways to support employees during the crisis paid off through the ingenuity employees in turn showed in their roles supporting the organization. For example, when basic supplies like medical masks became difficult to attain via traditional channels, members of the supply chain department acquired sewing machines and turned a conference room into a workroom to produce masks. For weeks, the room resembled a clothing production facility, complete with full-time seamstresses producing thousands of needed masks. Some members of the mask-production team were employees from areas that had temporarily closed because of the pandemic, and the team members shifted to mask production at their normal rates of pay.

As Benefis embraced the opportunity the pandemic presented to reinforce the organization's commitments to its employees, executive leadership demonstrated steadfast dedication to upholding the health system's long-standing no-layoff guarantee and continued to offer housewide annual pay increases. When various clinical services were temporarily shut down, the organization found ways to stabilize production-based provider compensation. This built goodwill with the provider team later in the pandemic as patient volumes increased and clinicians were asked to assist with tasks that fell outside the typical scopes of work outlined in their contracts.

Another key facet of Benefis Health System's approach was an increasing focus on employees' mental health. The extreme demand brought on by high patient census, along with the challenges that supply chain disruptions and staffing shortages posed, placed a mental burden on employees unlike anything experienced previously. In response, Benefis developed a committee to roll out a variety of mental health and wellness initiatives.

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Examples of some of these initiatives include playing "Here Comes the Sun" by the Beatles over the health system's housewide intercom system every time a COVID-19 patient is discharged and implementing "resiliency rounds" during which mental health providers round on inpatient floors to check with staff about how they're doing. The health system also offers staff free access to mindfulness apps that encourage taking moments to decompress. And it added dedicated meditation rooms within the organization for staff to go have a moment to themselves. The committee has proven extremely popular, with employees across the health system volunteering to serve as champions for wellness within their areas, and it is expected to remain in place indefinitely.

Advice for Leaders

When it comes to employees, the adage that companies get back what they give has never been more apparent than now, after a multiyear period of disruption. Key lessons from Benefis Health System's experience in leading through the pandemic that can be carried into the future include:

- ***Keeping employees at the forefront of decision-making.*** In difficult situations, it's easy to get distracted by the problem of the minute. But when leaders make a dedicated effort to keep their employees in mind during these times, the organization positions itself to help them through the very real challenges of navigating daily life during a disruption like the pandemic that saw schools, restaurants and other local businesses close.
- ***Letting employees know you care.*** A vital component of leading through disruption is to ensure that your employees know you care about them as people. Reminding the workforce that leadership is dedicated to maintaining their pay and benefits during a financially uncertain time can be crucial to maintaining employee support and engagement throughout most disruptions.
- ***Communicating often.*** Employees want transparent communication. Don't be afraid to share the good and the bad with them as they continue to serve on the front lines. The amount of uncertainty and the number of rumors dispelled by simple housewide emails and routine leadership rounding was invaluable during the height of the pandemic and continues to benefit the organization today.

The past few years have tested all companies' ability to deliver on promises made to employees regarding stability and benefits. It is imperative that health systems bolster the art of rising to leadership challenges and adapt to changing conditions in a way that lets employees know they are cared about and valued. ▲

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During the early days of the pandemic, members of Benefis Health System's supply chain department turned a conference room into a sewing room to produce masks. Photo courtesy of Benefis Health System marketing team.

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Paul H. Keckley, PhD

The Other Food Problem: Nutritional Health

Nutritional deficiency is increasing across all sociodemographic cohorts.

In the U.S. health system and in policy circles, much attention has been given to food insecurity, and understandably so: In 2020, 10.5% of U.S. households, and 7.6% with children in the home, faced problems putting food on their dinner tables, according to a September 2021 report from the U.S. Department of Agriculture's Economic Research Service. It's considered a social determinant of health for those most directly impacted—low-income populations in both urban and rural settings.

Hospitals are increasingly attentive to nutrition in their patient care activities.

A second but equally important problem is that of nutritional health, which is a function of eating habits. Consider these data from the U.S. Centers for Disease Control and Prevention and the USDA:

- People with healthy eating patterns live longer and are at lower risk for serious health problems such as heart disease, Type 2 diabetes, obesity and cancer. For people with chronic diseases, healthy eating can help mitigate the progression of these conditions and prevent complications.
- Breastfeeding helps protect against childhood illnesses, including ear and respiratory infections, asthma and sudden infant death syndrome. Though 80% of mothers start breastfeeding their infants, only one in four continues for the recommended full year.
- Only 2.7% of Americans have a "healthy lifestyle," meaning they meet four qualifications: being sufficiently active, eating a healthy diet, being a nonsmoker and having a healthy body fat percentage, according to the Mayo Clinic.
- The Healthy People 2020 Progress Update released late last year by the Department of Health and Human Services reported that improvement in the nation's nutrition and weight status from 2010 to 2020 was "negligible"; only one of the 31 milestones set for nutrition and weight status improvement had been met, and for 21 of the milestones, there was no improvement at all.

Nutritional Deficiency Is Rising

Though nutritional deficiency is higher in low-income populations, it's pervasive and increasing across all sociodemographic cohorts. And it's worsened as a result of the pandemic.

In response, some state officials have targeted food sufficiency in their public health departments and enhanced benefits for their Medicaid enrollees. Federal officials have increased funding slightly for programs like the Supplemental Nutrition Assistance Program; school meals; the Special Supplemental Nutrition Program for Women, Infants, and Children; and the Community Eligibility Provision and Summer Electronic Benefit Transfer, the last of which expands access to school meals. But their impact on the nutritional health in households and communities has been negligible. It's a tricky issue for lawmakers for several reasons:

High food prices. Food prices, along with energy costs, have risen dramatically in the past year. Prices overall increased 8.5% from August 2021–July 2022, and prices for food eaten at home increased 13.1%, according to the U.S. Bureau of Labor Consumer Price Index report issued Aug. 10. Thus, encouraging consumers to buy healthier foods at a time when inflation and food prices are high is challenging for physicians, public health officials and nutritionists.

Access to and understanding of nutritional information. Equally vexing is that the public acknowledges the linkage between healthy eating and better health, but directives from trusted sources are not readily accessible. Physicians, nurses and dietitians are considered

trusted sources; 87% of the public say they look at nutrition facts on food labels and 70% say they pay attention to calories on restaurant menus, according to a 2021 Food Safety News article. However, knowledge of nutritional information has not translated to a widespread shift to healthy eating.

Roadblocks to Improving Nutritional Health

To reverse the trend of increasing nutritional deficiency, there are four areas that warrant greater focus from policymakers and healthcare providers:

Direct engagement with food manufacturers. Collaboration between the USDA and Food and Drug Administration has focused on improvements in the food supply chain, including regulatory efforts to improve food manufacturing processes and food safety. Per the U.S. Bureau of Labor Statistics, the 37,437 U.S. food manufacturers employ 1.7 million, but a significant portion of the food supply is imported. Although the government is working to improve oversight of domestic and global food manufacturing, policies to encourage domestic sourcing have also intensified. Thus, manufacturers are actively engaged in policymaking aimed at food safety and nutritional health.

Nutritional literacy. Polls show the majority of Americans understand the correlation between what they eat and potential problems resulting from poor eating habits, but many source what they know from TV ads and social media, not health professionals. Terms like gluten-free, fat-free, natural, organic and others are not readily understood, contributing to poor health habits. Nutritional literacy begins in homes, schools and workplaces.

Physician advocacy for their patients. Physicians acknowledge the importance of nutrition in patient care, but 22% of polled physicians recall receiving no nutrition education in medical school, according to a 2017 study published in *The American Journal of Medicine*. The National Academy of Sciences recommends a minimum of 25–30 classroom hours dedicated to nutrition, yet only 40% of medical schools meet that goal. A 2010 study of 127 accredited U.S. medical schools found that most of the 109 responding schools (94%) required "some form of nutrition education," with only 25% of 105 respondents answering questions about courses actually requiring a dedicated nutrition course. Physicians enjoy the public's trust: Their active encouragement of healthy eating coupled with credible information could be the difference in winning or losing the nutrition war.

Nutrition benefit inclusion in insurance coverage. With the exception of Medicare Advantage plans, which offer meals and nutritional support as supplemental benefits, health insurance coverage and employer benefits play a negligible role in advancing nutritional sufficiency and personal health habits. Notably, among all supplemental benefits offered by Medicare Advantage plans, food, produce and meal services are the most valued by enrollees. However, insurers have, by and large, not been proactive in advancing nutrition despite research having shown a strong correlation to avoidable health costs.

Food insecurity is an issue directly impacting one in 10 U.S. households, but poor eating habits contribute to an even bigger problem: nutritional deficiency. Both lead to poor health and avoidable medical bills, and both need attention.

Hospitals are increasingly attentive to nutrition in their patient care activities. A significant emphasis has been placed on treating malnutrition in patients but less on nutritional deficiency and eating habits overall. Input from dietitians is routinely included in care plans for inpatients, and community health education classes frequently focus on nutritional directives specific to diagnoses like heart disease and diabetes. But more can be done, such as:

- Monitoring the nutritional competence of physicians, advanced practice nurses and clinical staff.
- Evaluating and updating the inclusion of nutritional considerations in standing orders and step therapies, and ensuring that dietitians play a more active role in care plans.
- Prioritizing nutrition and healthy eating in community outreach programs.

By taking these additional measures, healthcare leaders can be catalysts for nutritional improvement in the communities they serve. ▲

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Kimberly A. Russel, FACHE

The Workforce Shortage

The current situation warrants governance-level attention.

As workforce scarcities intensify for nearly all healthcare organizations, a common question (usually voiced in anxious tones) is arising in many boardrooms: "What is happening with staffing?" And many CEOs may be silently thinking, "Staffing is in my lane—the board should focus on governance." However, a discussion about the board's role with respect to workforce shortages is highly relevant amid today's labor challenges.

Although staffing and human capital remain the chief executive's responsibility, the severity and long-haul nature of the current round of healthcare workforce shortages have elevated this subject to governance-level attention. It is appropriate for the governing body to develop an understanding of the long-term strategic implications of a severe workforce shortage. And because these deficiencies are affecting organizational financial health, growth plans and even mission fulfillment, a certain level of board involvement should be expected. Finally, boards are not immune to persistent media coverage about the nationwide healthcare workforce shortage.

The board is accustomed to considering the financial ramifications of all major decisions; workforce ramifications will be added as an essential consideration in future boardroom decisions.

As with most matters on the board's agenda, the directors' focus should be overarching and strategic rather than tactical. Successful CEOs are working with board leadership to ensure governing bodies' contributions are additive, not redundant of management's work, and in keeping with the board's oversight role.

The CEO's Action Plan

The CEO can heavily influence the board's approach to workforce-related matters. When CEOs implement the following action steps, the board is more likely to produce thoughtful contributions at the governance level.

Provide the board with a macro-level overview of labor challenges in the hospital or health system's service area. This summary should encompass demographic trends and labor challenges in all sectors of the region's economy.

The idea is to provide context for a more specific briefing to the board about the local healthcare workforce scenario. This discussion should cover the clinical and nonclinical workforce, including professional and support, and salaried and hourly markets. The goal is for the board to gain an accurate understanding of the current situation along with a longer-term forecast.

A further goal is to focus the board on trends rather than anecdotes.

Present the organization's workforce development strategy to the board. The presentation, given by

The Bottom Line

- Provide the board with a macro-level overview of labor, as well as an overview of regional and national organized labor trends.
- Present the organization's workforce development strategy to the board.
- The full board should understand the connection between the current workforce situation and the organization's financial health.
- Involve the board (or the appropriate board committee) in a formal review and update to the enterprise risk management plan.
- The board should understand the barriers and risk points of care transformation.

This article was published in partnership with The Governance Institute.

the CEO or C-suite designee, should avoid tactical detail and instead focus on primary themes. The goal is for the board to gain an understanding of management's approach to tackling the ongoing workforce development challenge, including time frames, financial commitments and expected outcomes.

Led by the CFO and the finance committee, the full board should understand the connection between the current workforce situation and the organization's financial health. Internal forecasts of labor availability and associated costs may alter growth plans and capital projects. The board needs to understand these realities.

For both context and benchmarking purposes, boards may also benefit from a brief overview of national financial trends.

All boards should be up to speed on regional and national organized labor trends, even if an organization is nonunion. The pandemic galvanized organized labor across nearly all sectors of the economy.

For healthcare organizations with active union contracts, the board should receive information about the relevant labor union's recent history related to work stoppages and contract negotiations.

For nonunion organizations, a confidential boardroom discussion about unionization in healthcare may be in order. In this instance, boards may wish to create a document outlining the board's philosophy related to labor unions.

Involve the board (or the appropriate board committee) in a formal review and update to the enterprise risk management plan. Many organizations are adding workforce challenges to the "significant risk" category. The board's review of mitigation strategies surrounding this identified risk creates another opportunity for the CEO (or C-suite designee) to reinforce the organization's comprehensive workforce development strategy.

The board should understand the barriers and risk points of care transformation. Many hospitals and health systems are pursuing care transformation across all clinical divisions. Although care transformation is an operational matter, providing information and education to the board before executing a care transformation strategy is a proactive step. When educating the board on the hospital or health system's care transformation plans, start by defining what "care transformation" means to your organization. Boards may not be familiar with this term, which is often defined differently at hospitals and health systems across the nation.

Benefits to the CEO

When the healthcare workforce discussion is conducted at the governance level, the CEO can expect these benefits:

- The board will serve as a thought partner with the CEO.
- Board members with experience in other sectors of the economy will enrich the discussion as they add a nonhealthcare perspective. The board will understand that staffing shortages in today's complex healthcare environment will not be resolved quickly or easily; workforce development in healthcare will require long-range strategies with significant investment.
- The board will have a solid understanding of the direct linkage between staffing and financial results.
- The board is accustomed to considering the financial ramifications of all major decisions; workforce ramifications will be added as an essential consideration in future boardroom decisions.

Final Thoughts

It will be tempting for CEOs to handle human capital-related matters with minimal board communication, which was often the standard in the pre-pandemic world; however, the depth and complexity of workforce shortages has elevated this subject to a higher level of governance attention. Transparency is a highly effective tool to reassure the board that management is appropriately prioritizing energy and effort on workforce matters. ▲

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Editor's note: For additional information, see The Governance Institute's April 2022 publication, *Healthcare Workforce Scarcities: The Governance Role*.

Christina Southey

Luisana Henriquez Garcia

Ensuring Equitable Age-Friendly Care

Six steps to address inequities in the care of older adults.

The Age-Friendly Health Systems movement is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement, in partnership with the American Hospital Association and the Catholic Health Association of the United States. The aim is to provide age-friendly care to all older adults across a system regardless of race, ethnicity, language, sexual orientation, gender identity or social circumstance. The movement defines age-friendly care as that which follows an essential set of evidence-based practices, causes no harm and aligns care with what matters to older adults, their family and their caregivers. An Age-Friendly Health System reliably provides a set of four evidence-based elements of high-quality care, known as the 4Ms, which include What Matters, Medication, Mentation and Mobility, to all older adults in its system.

To fully meet this aim, leaders of Age-Friendly Health Systems must seek to understand and address existing inequities in the experience of care for older adults, particularly for populations that have been traditionally marginalized. To increase the likelihood of the 4Ms being experienced equitably for all older adults, healthcare organizations participating in the movement have, over the past year, developed considerations for equity at each step of the journey to becoming an Age-Friendly Health System. These considerations align with the recommended six steps for testing and implementing the 4Ms in hospitals and ambulatory care, nursing homes and other care settings.

The emerging framework for equitable age-friendly care described below is informed by both previous and ongoing work at IHI focused on equity, and the increasing recognition by Age-Friendly Health Systems' leaders and participants of the impact of bias and systemic racism on health. The framework's six steps and associated guidance are derived from the experiences and insights of leaders in U.S. health systems participating in the AFHS movement, including Brigham and Women's Hospital, Houston Methodist Hospital, Oregon Health & Science University, the University of Chicago SHARE Network, and others.

Framework for Equitable Age-Friendly Care

1. Identify how older adults are represented in your system's current work on equity.

Consider examining some of the following:

- What are your health system's capabilities to stratify data by race, ethnicity and language, sexual orientation and gender identity, or other factors?
- How are older adults considered and engaged in conversations about existing inequities in care?
- What is the historical relationship with older adults in traditionally marginalized populations in your community? How might this relationship affect care today?
- What existing relationships with community partners focus on older adults from diverse populations and with diverse needs?
- Does the team that is working to improve care for older adults in your system have a relationship with the system leaders focused on diversity, equity and inclusion? Are they working together to look for opportunities to align their goals?

2. Advocate for equity as a central component of your Age-Friendly Health Systems journey.

- Include equity in your team aim. For example, "Our system will provide 4Ms care equitably to 75% of older adults who receive care in our system by Dec. 31, 2023, as

evidenced by stratification of data for our 4Ms measures."
- Work alongside teams testing and implementing age-friendly care to identify how your approach to assessing and acting on all 4Ms will address inequities in access to care and support. Where you have questions about equity, seek to gain a better understanding through review of existing data and discussions with older adults and caregivers from traditionally marginalized groups.

3. Support teams in examining workflows and testing change ideas related to assessing and acting on the 4Ms to address known inequities in care for older adults from diverse populations and with diverse needs.

- Access to regular medical visits (e.g., annual wellness visits) and access to technology (e.g., telehealth, EHRs) may not be equitable between groups. When integrating the 4Ms into older adult care, ensure that variation in access to care and technology are considered.
- Consider evaluating potential change ideas using a structured equity lens that guides leaders and teams through a series of questions to consider projects from multiple perspectives. This lens can be helpful in prompting reflection that might not otherwise emerge.

4. Support teams in providing equitable 4Ms care that meets the needs of diverse older adults.

- Prioritize asking and acting on What Matters with older adults from traditionally marginalized communities when testing and implementing changes in your system.
- Identify how the 4Ms can be integrated into programs designed to serve traditionally marginalized communities. Where opportunities exist, partner with community organizations and leverage existing outreach programs that serve older adults in marginalized populations.
- Assess for social determinants of health because they impact the 4Ms for older adults. If your system is not already assessing for social determinants, consider this as a focus area to support care for all age groups. Advocate for changes that might be required in EHRs and care processes. Collect and review this information to guide care.

5. Support teams with the resources needed to stratify data for 4Ms measures and identify inequities in process or outcome measures between groups.

Start by understanding your system's current ability to collect and stratify data based on race, ethnicity, language, and sexual orientation and gender identity, and how to access stratified data for 4Ms measures. Once you know the possibilities in your system, ensure teams can access the required support to obtain stratified data for at least one measure. If your system does not have adequate self-reported demographic data to allow for such stratification, advocate for a focus on the collection of that data as a priority in your system.

6. Eliminate inequities while sustaining care consistent with the 4Ms.

While working to fully integrate the 4Ms into care for older adults, inquire about how teams have adapted workflows to address needs for diverse populations (e.g., different races, languages, literacy levels, sexual orientations, cultures). Support and encourage teams to take the time to ensure that changes in care processes meet the needs of the diverse older adults you care for before fully embedding them into your system. When considering spread of 4Ms care throughout your system, prioritize areas that serve older adults from traditionally marginalized populations.

Leaders striving to provide age-friendly care have an influential role in supporting teams to focus on equity. Leaders can ask probing questions about inequities in care for traditionally marginalized groups, and they can advocate for the resources required to collect and stratify data on key measures in support of more equitable age-friendly care. They can also support teams to reach out and connect with older adults in marginalized populations, as well as the organizations that support these communities. When leaders truly seek to provide equitable 4Ms care for all older adults they serve, the focus on equity must be a clear and central part of the work. ▲

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Editor's note: For more information about Age-Friendly Health Systems resources, visit ihi.org/agefriendly.

Ashley M. Dickinson, FACHE

Leading and Meeting Your Community Needs

Achieving goals calls for accountability and extreme ownership by leadership.

To provide leadership and direction, it's imperative to understand the community you serve.

We know that community health is important for public health, but what drives community health is far more complicated than health status. Access, economics and social interaction intersect to form a complex health system that looks different in each town, region and state across the country.

An important part of our development strategy focuses on expanding services, especially to communities that have fewer resources for patients.

A question every CEO should ask, and re-ask, as demographics change and new challenges and opportunities appear is, "Does our healthcare system reflect the community we serve?"

Enhancing Outreach

Northwest Health's leadership strives to listen to the communities it serves and deliver services based on those needs. Accomplishing this comes with unique challenges that include geography and demographics, as many patients in our service area live in underserved communities in northwest and north central Indiana.

Through regular communications with our team of healthcare experts and outreach specialists, the organization learns more about its patients such as the unique barriers they face and which services drive patient access to healthcare.

One of the most important aspects of care for CEOs to include in their leadership portfolio is to remind themselves that patients are some of our greatest teachers. Just as a disease manifests itself uniquely in each patient, so do the circumstances around that patient's treatment and healthcare experience.

As a CEO, I believe it's important that we maintain open lines of communication with the people we serve, which is why I regularly host small group meetings with leaders throughout our service area. These face-to-face sessions serve as a valuable opportunity to listen to the community's needs and suggestions so we can identify possible areas of improvement and growth.

Directing Resources

Understanding the community and the patients you serve is essential to knowing where to direct your resources as a healthcare leader.

Northwest Health continues to evolve as it allocates resources toward increased services, facilities and technologies that are important to our patients. This includes new artificial intelligence technology that aids in the early detection of colon cancer by highlighting suspicious polyps with a visual marker in real time. The AI technology is a powerful new ally in the fight against colorectal cancer, especially for our patients who live in rural areas. A study released in 2017 (the most recent available) by the Centers for Disease Control and Prevention demonstrated that there are greater increases in incidence and higher rates of early-onset colorectal cancer among the rural population when compared with their urban counterparts.

We also launched a new bariatric and medical weight loss program designed to meet the needs of all individuals who are ready to improve their health. The multifaceted program is customized to patients' medical histories and specific needs to help them lose weight, improve their overall health and regain their quality of life.

An important part of our development strategy focuses on expanding services, especially to communities that have fewer resources for patients. Northwest Health recently opened

three clinics and outpatient centers in La Porte, Portage and Michigan City, as well as recruited 23 new providers to practice in our communities. These services are a welcome addition to the telemedicine visits that most of our physicians already offer.

One of our goals has been to increase access to specialty services, and several physicians recently expanded their office locations so more patients can benefit from a multidisciplinary approach to specialized care management.

Executing a Long-Term Strategy

The pandemic heightened the need for medical care. Our greatest strength—our team members—made it possible to deliver quality care to all patients during the most challenging of times.

As we move forward, we are executing a strategy that meets the changing needs of our community as our healthcare providers continue to manage the challenges that come with navigating an unprecedented pandemic.

Some components of our strategy involve entering new markets and expanding service lines to offer primary care services and treatments in more areas. Our goals also include fostering and building upon strong relationships with local communities and creating a "yes" culture at Northwest Health that ensures all patients receive the quality of care they deserve closer to home.

Our strategy is based on empirical data as well as a boots-on-the-ground approach that fosters interaction with community leaders and patients. This tactic allows us to complement that hard data with anecdotal evidence based on individual experiences and observations and put a plan into motion that meets these needs.

Success requires a constant dedication to meet and achieve our goals. Follow-through is everything, as meeting those goals calls for accountability and extreme ownership by hospital leadership. ▲

Ashley M. Dickinson, FACHE, is CEO of Northwest Health, a regional health system with hospitals in La Porte, Valparaiso and Knox, Ind. (a.dickinson@nwhealthin.com).

ACHE MEMBER UPDATE

Interim Regent Appointed


Schwartz

Lexie Schwartz, FACHE, vice president, Operations, OSF Healthcare, Bloomington, Ill., has been appointed Interim Regent for Illinois—Central & Southern.

Dent, McGaw Student Scholarships Awarded for 2022


Bacon


Dawson

ACHE recently presented its Albert W. Dent and Foster G. McGaw student scholarships to 15 outstanding graduate students preparing for careers in healthcare management.

The following students each received a grant in tribute to the late Albert W. Dent, the first Black healthcare executive to achieve ACHE Fellow status:

Simone Bacon, University of North Carolina at Chapel Hill.

Alexa Bragg, Boston University.

Grace A. Goschen, University of Colorado Denver.

Ricardo Iglesias III, University of Michigan, School of Public Health, Ann Arbor, Mich.

Alberto Ornelas, University of the Incarnate Word, San Antonio, Texas.

SSgt Kendall J. Ranges Jr., IUPUI (Indiana University and Purdue University), Indianapolis.

Dana Varughese, University of Minnesota–Twin Cities, Minneapolis.

Jazmine Walker, University of North Carolina at Chapel Hill.

The Dent scholarship is bestowed annually to outstanding racially and/or ethnically diverse and LGBTQ students who are enrolled in graduate programs in health services administration.

In addition, ACHE awarded the Foster G. McGaw Student Scholarship to the following individuals:

Allison Castiblanco, University of Florida, Gainesville, Fla.

Jared M. Dawson, Virginia Commonwealth University, Richmond, Va.

Abby Edwards, University of South Carolina, Columbia, S.C.

Trey McCoy, University of Iowa, College of Public Health, Iowa City, Iowa.

Ashley Paschl, The Pennsylvania State University, University Park, Pa.

Meryum Waqif, Texas Woman's University, Denton, Texas.

Nina Ziemba, University of North Carolina at Wilmington.

The late Foster G. McGaw, founder of the American Hospital Supply Corporation, contributed funds for this award, which is given annually to outstanding students enrolled in graduate programs in health services administration.

Applications for the 2023 Dent and McGaw graduate student scholarships will be accepted between Jan. 1 and March 31, 2023. The number of awards varies from year to year. For more information, visit **ache.org/Students** and click the "Scholarships and Awards" link in the "Become a Student Associate" section.

In Memoriam

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

James W. Halbert, FACHE
Towson, Md.

Marshall C. Petring, FACHE
Fort Collins, Colo.

William C. Richardson, PhD, HFACHE
Hickory Corners, Mich.

Jennifer G. Schiffgens, FACHE
Parkland, Fla.

ACHE Members Elected to the AHA Board

The following ACHE members have been elected to a three-year term on the American Hospital Association's board of trustees beginning Jan. 1, 2023:

Victoria W. Bayless, CEO, Luminis Health, Annapolis, Md.

Mary Ann Fuchs, DNP, RN, vice president, patient care/system chief nurse executive, Duke University Health System, Durham, N.C., and associate dean, clinical affairs, Duke University School of Nursing, Durham, N.C.

Lori J. Morgan, MD, president/CEO, Huntington Health, Pasadena, Calif.

Stephen A. Purves, FACHE, president/CEO, Valleywise Health, Phoenix.

Terika R. Richardson, FACHE, COO, Ardent Health Services, Nashville, Tenn.

In addition, **Russ Gronewald**, president/CEO, Bryan Health, Lincoln, Neb., was reappointed to a full term as a member of the board and chair of Regional Policy Board 6. He was elected last year to fill a vacancy on the board for one year, effective Jan. 1, 2021.

ACHE Members Chosen as AHA Next Generation Fellows

Twelve ACHE Members are among the 41 emerging hospital and health system leaders who will participate in the 2022–2023 class of the AHA's Next Generation Leaders Fellowship. Participants will hone essential skills such as expanding on innovation capacity, driving organizational change and digital transformation, and leading the shift from healthcare to well care. The 12 ACHE Members are:

Ashley E. Abbondandolo, director, Business Development & Physician Relations, Memorial Healthcare System, Hollywood, Fla.

William Bryant III, DNP, RN, NE-BC, vice president, Perioperative Services, ChristianaCare, Wilmington, Del.

Chris Keeley, COO, Ambulatory Care, NYC Health + Hospitals, New York.

Lyndsy McIntyre, RN, vice president, Patient Care Services/CNO, Springfield (Vt.) Hospital.

Tiffany N. Morales, senior project manager, Stanford Health Care, Palo Alto, Calif.

Kimberly L. Pfeifer, director, Quality Optimization and Regulatory Reporting, Henry Ford Health, Detroit.

Jonathan Rosenthal, market director, Clinical Operations, Ascension Illinois, Chicago.

Wade T. Swenson, MD, medical director, Lake Region Healthcare, Fergus Falls, Minn.

Ryan Thompson, COO, Rome (N.Y.) Health.

Donna M. Wellington, RN, vice president, System Primary Health/COO, Behavioral Health Services, Henry Ford Health, Detroit.

Nathan E. Ziegler, PhD, system vice president, Diversity, Leadership and Performance Excellence, CommonSpirit Health, Chicago.

Andrew O. Zwers, president, PIH Health, Whittier, Calif.

LEADERS IN ACTION

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

Anthony A. Armada, FACHE
Chair
California Association of Healthcare Leaders
Annual Meeting and Awards Ceremony
Walnut Creek, Calif.
(August 2022)

Kansas Association of Healthcare Executives/Kansas Hospital Association
Fall Educational Event
Overland Park, Kan.
(September 2022)

ACHE STAFF NEWS

ACHE Announces New Hires, Title Changes, Promotions and a Retirement

Following are new hire, title change, promotion and retirement announcements.

Emily R. Alford welcomed as digital marketing specialist, Department of Communications and Marketing.


Athey

Leslie A. Athey retired as vice president, Strategy & Research, Executive Office. Leslie joined ACHE in 2011 as director, Research, Executive Office, and in 2021, she was promoted to her current position. During her tenure with ACHE, her contributions to the organization have covered a wide span of studies for the field, as well as member surveys and market research. Most recently, Leslie played a central role in creating ACHE's new Strategic Plan. Members will enjoy her imprint for years to come. We thank Leslie for her many years of service to the healthcare field.

Sheila T. Brown's title was changed to chapter relations specialist, Chapter Relations, Department of Executive Engagement, from chapter specialist, Regional Services.

Jennifer L. Connelly, FACHE, CAE's title was changed to vice president, Volunteer Relations, Executive Office, from vice president, Regional Services, Department of Executive Engagement.

Sonia S. Hernandez promoted to governance coordinator, Executive Office, from senior secretary.

Stacey A. Kidd promoted to director, Chapter Relations, Department of Executive Engagement, from regional director, Regional Services.

Lisa M. Lagger welcomed as senior vice president, Department of Communications and Marketing.

Gregg A. Lapin welcomed as director, Event Experience, Professional Development, Department of Learning.

Nate R. Muckley's title was changed to volunteer relations assistant, Volunteer Relations, Executive Office, from district services assistant, Regional Services, Department of Executive Engagement.

Emma O'Riley promoted to vice president, Operations, Department of Communications and Marketing, from director, Product Marketing.

Lea E. Radick's title was changed to publications editor, Department of Communications and Marketing, from writer.

Kim A. Rock promoted to governance specialist, Executive Office, from executive assistant to the president/CEO.

Rachel R. Rubinson welcomed as email marketing specialist, Department of Communications and Marketing.

Phillip T. Shaffer was named chapter relations manager, Chapter Relations, Department of Executive Engagement, from regional director, Regional Services.

Sylvia Vargas welcomed as meeting planner, Professional Development, Department of Learning.

Research Fellows Announced

Tianxing "Norman" Guo and **Ziyi Li** have been selected as Research Fellows within Strategy & Research, Executive Office. Guo graduated in August 2022 with a master's degree in public policy as well as data analysis and health policy certificates from the University of Chicago Harris School of Public Policy. Additionally, he has an MBA from Bowling Green (Ohio) State University, and a bachelor's degree in international tourism management from Macau (China) University of Science and Technology.

His most recent experience includes co-leading a customer relationship management system upgrade as a strategy analyst intern with Digital Factory, Chicago.

Li graduated with honors in June 2021 with a master's degree in public policy and a data analysis certificate from the University of Chicago Harris School of Public Policy. Additionally, she has a Bachelor of Science degree in business administration from Boston University and recent experience as a data analyst with the American Hospital Association, Chicago, where she conducted projects such as using machine learning techniques to predict patient clinical outcomes from Medicare claims and U.S. Census data.

During their fellowships with ACHE, Guo and Li will assist with analyzing and presenting member and survey response data and developing and tracking metrics.

Factors Affecting Burnout Among Healthcare Leaders

Results by ACHE's Executive Office, Research.

As healthcare leaders strive to create resilient organizations, one of the key elements they are addressing is employee burnout. Burnout is a concern at all organizational levels, including among those who lead. Healthcare leaders set the direction, standards and tone for their teams. Having leadership teams well-positioned to cope with the challenges that come to them is critical to organizational success.

In June 2021, ACHE collaborated with Thom A. Mayer, MD, FACHE, founder, BestPractices, medical director, NFL Players Association, and executive vice president, Leadership, LogixHealth, Bedford, Mass., and Stanford University researchers Tait Shanafelt, MD, and Mickey Trockel, MD, PhD, to examine burnout and other stress-related symptoms among healthcare administrators. A survey was sent to 5,670 ACHE members holding positions of department head/director and above in healthcare provider organizations. Of those, 1,269 responded, resulting in a 22% response rate among eligible respondents who received the survey.

The survey results indicated that one-third of healthcare leaders in the study had burnout scores in the high range. The survey also measured various aspects of leaders' feelings about their work lives and health habits, with some interesting findings. (See "CEO Survey" and "Executive Survey" in the July/August and September/October 2022 issues of *Healthcare Executive*, respectively, for additional findings from this survey related to challenges in addressing job stress for leaders and leaders with high-range burnout scores.) Overall, respondents were largely satisfied with their careers, with 88.1% agreeing (39.6%) or strongly agreeing (48.5%) with the statement "I like my job." Similarly, 86.8% agreed (42.8%) or strongly agreed (44.0%) that they would "recommend a career in healthcare leadership as a good field for young people."

The degree to which leaders responding to the study felt professionally fulfilled was assessed using the Stanford Professional Fulfillment Index, which includes evaluation of meaning in work, sense of control when dealing with problems at work, feeling happy or worthwhile at work, and contributing professionally in the ways an individual values most. Healthcare leaders scored comparatively higher in this dimension than did physicians in earlier studies; 57% of leaders in this study had professional fulfillment scores in the high range.

Two individual factors were found to be strongly associated with higher burnout scores and less favorable professional fulfillment scores among healthcare leaders in the study after adjusting for differences in age, gender, relationship status, parental status, hours worked and position. The first was sleep-related impairment. Those respondents reporting evidence of poor sleep were more likely to have higher burnout scores and lower professional fulfillment scores. The second was self-valuation, a measure that looks at two things: a tendency to respond to personal imperfections with the desire to learn and improve rather than with self-disparagement, and appropriate prioritization of self-care and personal well-being. Higher burnout scores and lower professional fulfillment scores were found among leaders with lower self-valuation scores. The study results suggest that these areas merit attention as leaders consider their approaches to their work lives and organizations develop ways to address and reduce leader burnout.

A more extensive presentation of the study methods and results can be found in the September/October issue of the *Journal of Healthcare Management*.

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

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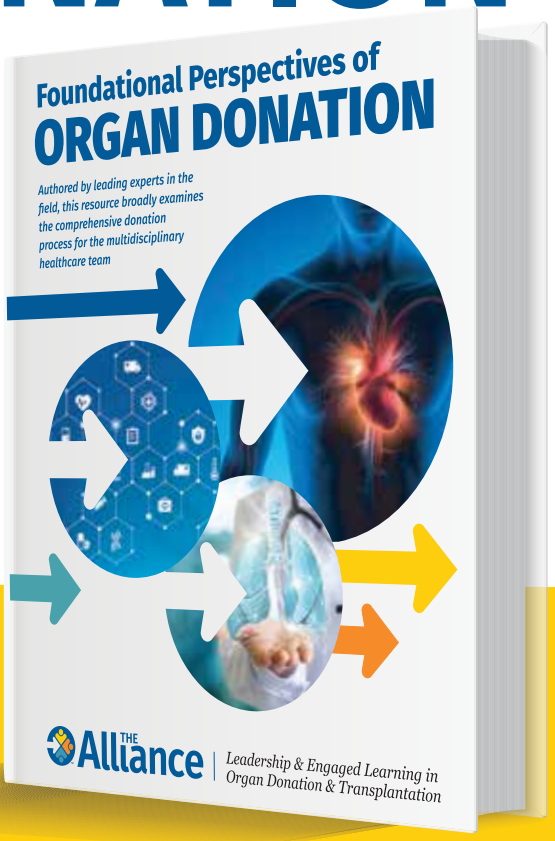

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Bosse


Carroll


Cash


Hammeran


Lotten-Barbarin


Rogalski

Allison K. Bosse to administrator/CEO, Baptist Memorial Hospital for Women, Memphis, Tenn., and the Spence and Becky Wilson Baptist Children's Hospital, from pediatric service line administrator, Baptist Women's Hospital, also in Memphis.

Patricia Carroll, FACHE, to president/chief hospital executive, Old Bridge Medical Center and Raritan Bay Medical Center, both in Old Bridge, N.J., and part of Hackensack (N.J.) Meridian Health, from COO, Palisades Medical Center, North Bergen, N.J.

Kofi A. Cash, FACHE, to COO, UofL Health Jewish Medical Center, Louisville, Ky., from vice president, operations, HCA-Fairview Park Hospital, Dublin, Ga.

Elizabeth (Betty) J. Craig, DNP, RN, FACHE, to senior vice president/CNO, Main Line Health, Radnor, Pa., from CNO, Pennsylvania Hospital, part of the University of Pennsylvania Health System, Philadelphia.

Scott Edelman to interim executive director, Burke Rehabilitation Hospital, White Plains, N.Y., from senior vice president/CFO.

Alanna (Lani) R. Fast to CEO, St. Bernard Parish Hospital, New Orleans, from associate administrator.

Kevin R. Hammeran to retirement from CEO/administrator, Baptist Women's Hospital and Baptist Children's Hospital, Memphis, Tenn. We would like to thank Kevin for his years of service to the healthcare field.

LaSharndra (Sharn) Lotten-Barbarin, FACHE, to CEO, Medical City Arlington (Texas), from CEO, Medical City Lewisville (Texas).

Julie Marston, RN, to CEO, Marston Yoder Healthcare Consultants, El Dorado Hills, Calif., from RN supervisor, UC Davis Health, Sacramento, Calif.

Brad H. Parsons, FACHE, to vice president/CEO, Baptist Memorial Hospital–Memphis (Tenn.), from administrator/CEO.

Simon K. Ratliff to CEO, Wilkes-Barre (Pa.) General Hospital, from president/CEO, Raleigh General Hospital, Beckley, W.Va.

Edward J. Rogalski, FACHE, to CEO, Genesis Medical Center, DeWitt (Iowa). Rogalski will also continue as administrator, Genesis Medical Center, Aledo (Ill.).

Tracie Stratton to CEO, Los Alamos (N.M.) Medical Center, from interim CEO.

Jill J. VanKuren, FACHE, to president/CEO, Saratoga Hospital, Saratoga Springs, N.Y., from senior vice president, operations/COO, MedStar Franklin Square Medical Center, Baltimore.

Kelly O. Watson, DNP, RN, FACHE, to CNO, Rutland (Vt.) Regional Medical Center from CNO, UCHealth Highlands Ranch (Colo.) Hospital.

Want to submit?

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

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

IMAGINE THE POSSIBILITIES

WHEREVER YOU ARE, YOUR CHAPTER IS THERE.

ACHE.ORG/CHAPTERS

American College *of* Healthcare Executives
for leaders who care®

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

Kevin Broom, PhD, associate professor/MHA program director, University of Pittsburgh, received the Outstanding Educator Award from the Regent for Pennsylvania.

Peter J. Castagna, president/CEO, Hospital Central Services, Allentown, Pa., received the Senior-Level Healthcare Executive Award from the Regent for Pennsylvania–Southeast & Southern New Jersey.

Alan J. Goldberg, LFACHE, received the Lifetime Achievement Award from the Regent for Massachusetts.

Alvin C. Hoover Jr., FACHE, CEO, King's Daughters Medical Center, Ashland, Ky., received the Senior-Level Healthcare Executive Award from the Regent for Mississippi.

Helen M. Johnson, FACHE, president, Sparrow Eaton Hospital, Charlotte, Mich., received the Senior-Level Healthcare Executive Award from the Regent for Michigan & Northwest Ohio.

Priscilla J. Kimboko, PhD, professor, Grand Valley State University, Allendale, Mich., received the Faculty Award from the Regent for Michigan & Northwest Ohio.

Kristia Le, business manager, Beaumont Health, Southfield, Mich., received the Early Career Healthcare Executive Award from the Regent for Michigan & Northwest Ohio.

Sana Matloub received the Student Award from the Regent for Michigan & Northwest Ohio.

Jessica Niles, RN, clinic supervisor, Hawaii Pacific Health/Straub Medical Center, Honolulu, received the Early Career Healthcare Leadership Award from the Regent for Hawaii/Pacific.

Lindsay M. Peters, FACHE, senior director, field engagement, Michigan Health & Hospital Association, Okemos, Mich., received the Early Career Healthcare Executive Award from the Regent for Michigan & Northwest Ohio.

Maia Platt, PhD, chairperson, HSA program/associate professor, University of Detroit Mercy, received the Faculty Award from the Regent for Michigan & Northwest Ohio.

Maria Sermania, administrative fellow, Allegheny Health Network, Pittsburgh, received the Leadership Extraordinaire Award from the Regent for Pennsylvania.

Raymond P. Vara Jr., president/CEO, Hawaii Pacific Health, Honolulu, received the Executive Leadership Excellence Award from the Regent for Hawaii/Pacific.

Mini Virmani, director, performance improvement, Office of Quality, Atrium Health System, Macon, Ga., received the Emerging Leaders in Healthcare Award 2022 from the National Diversity Awards as part of its Health Equity and Inclusion Conference 2022.

Eugene A. Woods, FACHE, president/CEO, Atrium Health, Charlotte, N.C., was awarded the National Center for Healthcare Leadership's 2022 Gail L. Warden Leadership Excellence Award.

Want to submit?

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

ACHE Recognition Program

SHOW YOUR STARS

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

Award levels:

★★★ Exemplary Service Award = 125 points

★★ Distinguished Service Award = 75 points

★ Service Award = 30 points

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Collaborate, Learn and Network

ACHE chapters connect members with local groups.

CT Association of Healthcare Executives and ACHE—North Florida Chapter worked with the U.S. Dept. of Veterans Affairs and local universities, respectively, to bring valuable education and networking opportunities to their members. Learn more about the programs from these ACHE chapters.

Caring for Those Who Serve

CT Association of Healthcare Executives co-hosted an educational event this past spring at the VA Connecticut Healthcare System with the Regent for Veterans Affairs. The session was titled "Caring for Those Who Served: VA Care: Excellence in Mental Health, Research, High Reliability and Innovation—An Educational Networking Program."

The event was the brainchild of Leslie Zucker, FACHE, health system specialist, Office of the Director/CEO, VA Connecticut Healthcare System, and CT Association of Healthcare Executives' co-chair of the Higher Education Committee. She brought the idea to the chapter and coordinated the entire event. Attendees acknowledged it provided an excellent educational experience and networking opportunity for the chapter's membership.

Participants received an overview of the Veterans Affairs healthcare system, with a warm welcome from Russel Armstead, acting medical director for VA Connecticut Healthcare System, and an ACHE Member.

Three topics of interest were presented. The first was "Oncology Clinical Trials Program and Care Coordination," which was particularly interesting to attendees because of the significant amount of research the VA does with cancer trials benefiting patients and research.

Next was "Mental Health & the Opioid Epidemic Through Innovation, Research and Service Integration." It acknowledged that substance use remains a challenge for all Connecticut residents, and veterans are no exception. The VA and VACHS are addressing this issue in a multipronged approach, and this presentation addressed the services and treatments available for veterans at VACHS as well as innovative initiatives, including safe opioid prescribing initiatives and harm reduction modalities.

The final presentation of the day was "Battlefield Acupuncture," facilitated by Daniel Federman, MD, FACP, chief of medicine, VA Connecticut Healthcare System, and professor/vice chair of medicine, Yale University School of Medicine, New Haven, Conn. Battlefield acupuncture is an alternative chronic pain management treatment provided to veterans at the chronic pain clinic at the VA Medical Center in West Haven, Conn. Attendees were impressed to hear how this therapy can be used in the clinical setting.

CT Association of Healthcare Executives co-hosted an educational event titled "Caring for Those Who Served: VA Care: Excellence in Mental Health, Research, High Reliability and Innovation—An Educational Networking Program."

The Importance of Networking With New Graduates

Networking opportunities became limited during the shutdown. Organizations got creative with virtual connections, but making meaningful connections virtually became challenging. Networking with various members of healthcare organizations is even more critical for graduating college students than professionals already in the field.

That is why this past May, ACHE—North Florida Chapter collaborated with the University of North Florida to host its first in-person event of the year. The chapter

sponsored the University of North Florida's Healthcare Administration Student Alliance banquet, which served as a celebration of undergraduate and graduate students' academic and extracurricular achievements. Numerous students were recognized by their professors, support staff and mentors for their hard work and dedication to their studies, commitment to the healthcare administrative field and commitment to the overall well-being of the community.

The audience enjoyed an informative presentation from Mary O'Connor, MD, co-founder/CMO, Vori Health, who shared her life and challenges as a pioneer female orthopedic surgeon.

The banquet did more than celebrate the students. It alerted the local healthcare leadership of the amazing local pool of talent waiting to join their organizations and make meaningful connections with them.

ACHE—North Florida Chapter currently hosts and collaborates with five universities within its region, which produce hundreds of graduates into the local job market every year. The chapter has been working to increase its collaboration efforts with universities this year and pledges to provide more opportunities for graduates to connect with local healthcare executives. ▲

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

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e. Total Free or Nominal Rate Distribution *(Sum of 15d (1), (2), (3) and (4))*			707	1,585
f. Total Distribution *(Sum of 15c and 15e)* ▶			40,817	40,912
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h. Total *(Sum of 15f and g)*			42,196	42,294
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* If you are claiming electronic copies, go to line 16 on page 3. If you are not claiming electronic copies, skip to line 17 on page 3.

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17. Publication of Statement of Ownership

☒ If the publication is a general publication, publication of this statement is required. Will be printed in the Nov/Dec 2022 issue of this publication. ☐ Publication not required.

18. Signature and Title of Editor, Publisher, Business Manager, or Owner	Date
Vice President, DoCM	Sept. 27, 2022

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

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POLICY STATEMENT

Access to Affordable Healthcare

Approved by the Board of Governors Dec. 6, 2021

Statement of the Issue

Providing appropriate access to affordable healthcare has been an ongoing challenge for the United States' health system. Although great advancements have been made in protecting vulnerable populations with the passing of the Patient Protection and Affordable Care Act in 2010, the U.S. Census Bureau Report noted that approximately 28 million Americans did not have healthcare coverage in 2020.

Even as healthcare reform decreases the number of uninsured and defines mandated benefits, the problem of access to affordable care will be exacerbated by limited community-based resources that provide preventive services, primary care access and ongoing care for patients with chronic conditions. In response, there will be a need to increase capacity to serve more patients, while improving outcomes, reducing health disparities and becoming more efficient—all within the context of significant challenges to receiving adequate payment levels.

Healthcare executives are committed to facilitating the effort to enroll individuals in emerging coverage options and expanding needed services to help ensure access to affordable care. However, fulfilling those commitments can strain resources and put some organizations in financial peril unless adequate payment levels are established. Fortunately, as leaders within the community, healthcare executives are well positioned to be active participants in discussions about healthcare reform, providing their expertise regarding approaches to positively implement healthcare reform at a local level. They can be instrumental in reaching community consensus on how healthcare resources and needs should be balanced so that there is affordable access to the right level of care in the right setting at the right time.

Policy Position

The American College of Healthcare Executives believes no person should be denied necessary healthcare services because of an inability to pay or a lack of accessible services. Further, ACHE believes ensuring the availability of affordable healthcare is a shared responsibility of healthcare organizations, as well as the government, community groups and the private insurance market. To this end, ACHE urges healthcare executives to lead the effort within their organizations and on behalf of the communities their organizations serve to address issues related to organizing and providing affordable, accessible healthcare services. Consistent with ACHE's *Code of Ethics* and its Policy Statement, "Ethical Decision-Making for Healthcare Executives," there is a responsibility to consider broader community and societal implications, as well as individual and organizational impact, when addressing issues such as those affecting access and affordability.

Leadership responsibilities for healthcare executives include, but are not limited to:

- Supporting efforts to enroll uninsured individuals into emerging options for providing coverage.
- Working to improve the distribution and quantity of needed services for vulnerable populations so that care not only is covered but also is available.

- Developing and communicating access-to-care policies within their organizations and to the community so that individuals know that care is equally accessible, regardless of specific type of coverage.
- Managing their organizations efficiently and effectively to help control healthcare costs that might be associated with expanding coverage.
- Encouraging and assisting trade and other professional associations to take proactive roles in access-to-care issues.
- Organizing or participating in local, state and regional initiatives to resolve access problems.
- Spearheading discussions with key decision-makers (e.g., legislators) and key stakeholders (e.g., public agencies) to identify community health priorities so available resources can be allocated equitably and effectively.

An important role for healthcare executives has always been to translate social values into workable healthcare programs. In keeping with this role, healthcare executives have the opportunity to participate in the ongoing public dialogue about the implementation of new ways to finance and deliver healthcare so no one is denied care because of the inability to pay or limited availability of needed services.

Policy created: May 1986
Last revised: November 2016

LEADERSHIP

Recruiting and Retaining Top Talent

This is a challenging time for companies across the board and particularly in healthcare services, contending with an uncertain economic backdrop, labor market challenges and ever-evolving patient preferences.

Leadership teams must prepare for a variety of economic environments, making critical operational changes and shoring up ample capital to prepare for the future.

At the same time, however, it's important for leaders to continue to invest in their most valued resources: their employees. Coping with skilled labor shortages is one of today's biggest challenges, and business leaders do not want to be forced to curtail expansion plans or patient engagement improvements because they cannot recruit and retain talent with the right skill sets. Even in uncertainty, investments in training, skill expansion and mobility opportunity support can enable healthcare companies to attract and motivate employees, deepening innovation to improve the patient experience and to drive better clinical outcomes.

Foster an Innovative Workplace

A key differentiator of healthcare companies that successfully retain qualified talent is a commitment from leadership to foster innovation. Genuinely motivated employees tasked with driving innovation require the resources and flexibility to think creatively and put ideas into action.

- Inspiring leadership often means thinking big: Identify the big-picture objective, outline the steps to achieve it, and resist the impulse to be distracted by daily pressures and challenges.
- Eliminating bureaucracy can be the friend of innovation: Remain dedicated to removing roadblocks for innovators in the organization.
- Fostering internal advocacy is key: Create internal branding for innovative solutions to expedite adoption.

Streamline Processes and Workflows

In this constrained labor environment, it's critically important to look for and minimize potential strains on your employees.

Recent research by J.P. Morgan shows that 75% of healthcare providers continue to use paper and manual processes for payment collections, and 74% of providers say it takes more than one statement to collect. And we all know that paper-based transactions can be slow and cumbersome, not to mention costly to manage both internally and externally.

Through targeted investments in the right technology and resources, healthcare companies can help to automate administrative tasks, streamline processes and reduce pressure on their teams.

Invest Now for the Long Term

Leaders who prioritize the shift to digital will drive efficiencies, creating opportunities for fresh thinking and improving the patient and employee experience alike.

The challenging labor market is likely to persist for some time, so it is critical that leaders stay focused on their long-term visions and the crucial role that employees play in carrying those out while serving their patients and partners, setting up businesses to thrive long term.

Source: From an article by Lauren Ruane, co-head of healthcare, Middle Market Banking & Specialized Industries, J.P. Morgan Commercial Banking.

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